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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395743 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/16/2026 |
| NAME OF PROVIDER OR SUPPLIER Carnegie Park Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 1848 Greentree Road Pittsburgh, PA 15220 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| <p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility policy, and staff interviews, it was determined that the facility failed to permit one of three residents reviewed to return to the facility after hospitalization (Resident R1). Findings include:Review of facility Bed Hold and Returns, dated 3/10/26, revealed the facility has a requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payor source. Residents that seek to return to the facility within the bed hold time period are allowed to return to their previous room. Following hospitalization, residents whom staff are concerned about permitting to return due to their clinical/behavioral condition at the time of transfer are evaluated based on their current condition, not their condition when originally transferred.Review of Resident R1's clinical record revealed Resident R1 was re-admitted to the facility on [DATE], with diagnoses that included schizoaffective (mental health condition that combines the symptoms of schizophrenia [serious mental disorder that affects how a person thinks, feels, and behaves] and mood disorder, depression and anxiety.Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 3/2/26, indicated the diagnoses remain current.Review of a progress note dated 3/17/26, at 3:27 p.m. indicated Resident R1 told staff that they were depressed and stated I am better off dead. I was planning on slitting my wrists at dinner time.Further review of the progress notes indicated:-On 3/17/26, at 3:30 p.m. Resident R1 was sent to the local emergency room for thoughts of self-harm.-On 3/17/26, at 9:41 p.m. Update from the hospital indicated Resident R1 was staying overnight for a psychiatric evaluation (mental health assessment to understand your mental, emotional, and behavioral health) in the morning.-On 3/18/26, at 12:43 p.m. Resident R1 returned to the facility. The hospital reported to the facility that Resident R1 denied any thoughts of self-harm, and they were happy. When Resident R1 returned to the facility they stated they were very depressed, the hospital did nothing for them, and do not give them anything sharp or they would self-harm.-On 3/18/26, Resident R1 was transferred to the inpatient mental health hospital.Review of Resident R1's clinical record revealed no documented evidence that the facility was unable to meet Resident R1's care needs.During an interview on 4/16/26, at 10:00 a.m. the Director of Nursing stated the facility was unable to provide care needed for Resident R1 due to facility staffing concerns. They were unable to provide the date the resident was refused admission.During a telephone interview on 4/16/26, at 10:10 a.m. Physician Employee E2 stated the facility did not allow Resident R1 to return to the facility because the facility did not have the staff needed to provide one-on-one monitoring that they would require should Resident R1 return to the facility.During an interview on 4/16/26, at 2:00 p.m. the Nursing Home Administrator (NHA) confirmed the facility failed to permit Resident R1 to return to the facility after hospitalization without a documented reason in the clinical record. The NHA was unable to provide a date Resident R1 was denied re-admission to the facility.28 Pa. Code 201.29(f)(g)(h) Resident Rights</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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