STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395743	A. Building B. Wing	03/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carnegie Park Post Acute	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, medication regimen reviews, and staff interviews, it was determined that the facility failed to respond in a timely manner to pharmacy recommendations for two of five residents (Resident R2 and R22).Findings include:Review of facility policy Medication Regimen Review reviewed 4/4/25 and 3/10/26, indicated the drug regimen of each resident is reviewed at least once a month by a licensed pharmacist. The Medication Regimen Review (MRR) includes review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. It looks for irregularities like ensuring a written diagnosis, indication, or documented objective findings to support each medication. Recommendations are acted upon and documented by the staff and/or the prescriber. The Director of Nursing (DON) or designated licensed nurse address and document recommendations that do not require a physician intervention.Review of the clinical record revealed Resident R2 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's Disease (gradual loss of memory and cognitive abilities, eventually leading to inability to perform simple tasks), dementia (group of symptoms affecting memory, thinking and social abilities), and anxiety.Review of the Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 2/5/26, indicated the diagnoses remain current.Review of a physician's order dated 3/9/26, indicated to give Haloperidol (antipsychotic medication - used to treat nervous, emotional, and mental conditions) oral concentrate 2mg/ml (milligrams per milliliter) give 0.5 mg by mouth every six hours as needed for anxiousness for 14 days. (*Anxiousness is not an appropriate diagnosis for this medication.)Review of the Interim Medication Regimen Review dated 12/22/25, indicated the pharmacy recommendations for Resident R2 included: Per state and federal regulations, suggest that there is a diagnosis/indication listed on the POFs (Physician Order Forms)/MARs (Medication Administration Record) for each medication prescribed.This resident (Resident R2) is receiving the antipsychotic agent HALOPERIDOL but lacks an allowable diagnosis to support its use. The following are considered appropriate diagnoses/conditions:- Schizophrenia (serious mental disorder that affects how a person thinks, feels, and behaves)- Schizoaffective (mental health condition that combines the symptoms of schizophrenia and mood disorders)- Delusional disorder (one or more firmly held false beliefs that persist for at least one month without other symptoms of psychosis)- Mania (abnormally elevated mood, energy, and activity levels), bipolar type (fluctuations in mood, energy, and behavior), depression with psychotic features (symptoms of psychosis during an episode of depression), treatment- Refractory major depression (major depression that does not respond to conventional treatments)- Schizophreniform disorder (symptoms like schizophrenia, but lasting less than six months)- Psychosis NOS (not otherwise specified) (used when someone exhibits clear psychotic symptoms but does not fit in a specific disorder)- Atypical psychosis (category of psychotic symptoms that do not fit in a specific disorder)- Brief psychotic disorder (sudden and temporary psychiatric condition)- Dementing illnesses with associated behavioral symptoms (loss of thinking, remembering, and reasoning skills- Medical illnesses/delirium with manic/psychotic symptoms/treatment (confusion due to a medical condition/illness and is usually temporary)- Related (continued on next page)

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.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	psychosis/mania Further review of the Interim Medication Regimen Review revealed Certified Registered Nurse Practitioner (CRNP) Employee E4 marked the pharmacy recommendation as Disagree, signed the form but failed to date the form. Review of a mental health provider consult report dated 2/12/26, indicated haloperidol was prescribed for dementia with behavioral disturbances.Review of the clinical record indicated Resident R22 was admitted to the facility on [DATE], with diagnoses that included dementia, diabetes, and senile degeneration of the brain (progressive deterioration of brain tissue and function).Review of the MDS dated [DATE], revealed the diagnoses remain current.Review of a physician's order dated 12/29/25, indicated Risperidone (antipsychotic medication) 0.25 mg give two tablets one time a day for agitation/mood for a total of 0.5 mg. (*Agitation/mood is not an appropriate diagnosis for this medication.)Review of the Consultant Pharmacist Recommendation to Physical dated 12/23/25, indicated the pharmacy recommendations for Resident R22 included: This resident (Resident R22) is receiving the antipsychotic agent RISPERIDONE but lacks an allowable diagnosis to support its use.The following are considered appropriate diagnoses/conditions:- Schizophrenia - Schizoaffective- Delusional disorder - Mania, bipolar type, depression with psychotic features, treatment- Refractory major depression - Schizophreniform disorder - Psychosis NOS - Atypical psychosis - Brief psychotic disorder - Dementing illnesses with associated behavioral symptoms - Medical illnesses/delirium with manic/psychotic symptoms/treatment - Related psychosis/maniaFurther review of the Pharmacist Recommendations revealed CRNP Employee E4 marked the pharmacy recommendation as OTHER - Please see Doctor's Orders/Progress Notes, signed and dated the form on 1/5/26.Review of the physician orders and progress notes dated 12/23/25 through 1/5/26, failed to reveal an order or progress note regarding the pharmacy recommendation.Review of a mental health provider consult dated 1/12/26, indicated risperidone was prescribed for dementia with behaviors.During an interview on 3/13/26 at 12:15 p.m. the Director of Nursing confirmed the facility failed to follow up on pharmacy medication recommendations/reviews for Resident R2, and R22.28 Pa Code: 201.14(a) Responsibility of licensee.28 Pa Code: 211.12(d)(1)(2) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on review of facility document, personnel in-service training records, and staff interviews it was determined that the facility failed to provide training on the Quality Assurance and Performance Improvement (QAPI) program for three of ten staff members (Employee E1, E2, E3).Findings include:Review of the Facility Assessment dated 3/10/26 and 4/4/25, indicated All staff will receive the training, licensure, education, skill level, and measure of competency via facility training program for all new and existing staff including managers, nursing, and other direct care staff, contractors, and volunteers. Review of facility provided documents and training records revealed the following staff members did not have documented training on QAPI.Occupational Therapist (OT) Employee E1 had a hire date of 12/12/14, failed to have QAPI in-service education between 12/12/24, and 12/12/25.Dietary Aide Employee E2 had a hire date of 12/9/23, failed to have QAPI in-service education between 12/9/24, and 12/9/25.Activities Assistant Employee E3 had a hire date of 9/19/88, failed to have QAPI in-service education between 9/19/24, and 9/19/25.During an interview with the Nursing Home Administrator on 3/10/26, at 9:44 a.m. confirmed that the facility failed to provide training on QAPI for three of ten staff members. 28 Pa Code: 201.14(a) Responsibility of licensee.28 Pa Code: 201.18(b)(1) Management.28 Pa Code: 201.20(a)(c) Staff Development.