

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395745	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Rose Meadows Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 Skyline Drive Pittsburgh, PA 15227	
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)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on review of the observations and staff interviews, it was determined that the facility failed to maintain an effective pest control program in the Main Kitchen. Findings include: During observations on 10/18/25, between 8:30 a.m. and 10:00 a.m. the following was observed: -One live cockroach on the wall of the food service hallway. -Two dead cockroaches in the food service staff restroom. -Four live cockroaches under the range in the food service preparation area. -Food waste debris and dead cockroaches behind food services counters. -Cockroach waste on the wall in the food cart storage area. During an interview on 10/18/25, at approximately 9:00 a.m. the Food Service Director confirmed there has been an ongoing issue with pest control in the main kitchen and described the actions taken by the facility (deep-cleaning of the kitchen, pressure washing the food service carts, weekly pest control vendor maintenance, and facility maintenance staff spraying food-service safe pest control solutions daily). During an interview on 10/18/25, at approximately 11:30 a.m. the Director of Nursing confirmed the facility failed to maintain an effective pest control program in the Main Kitchen. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 207.2 Administrator's responsibility.</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.

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