STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395773	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East End Health & Rehab Center	745 North Highland Avenue Pittsburgh, PA 15206

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident, and staff interviews, it was determined that the facility failed to determine the ability to self-administer medications for four of eight residents (Residents R25, R81, R88 and R104). Findings include: Review of the facility policy Self-Administration of Medication last reviewed 4/1/25, indicated the facility, in conjunction with the interdisciplinary care team, should access and determine whether self-administration of medications is safe and clinically appropriate. The facility should ensure that orders for self-administration list the specific medication(s) the resident may self-administer. If a resident self-administers their medication the facility should routinely assess the residents cognitive, physical, and visual ability. Review of the facility policy General Dose Preparation and Medication Administration last reviewed 4/1/25, indicated during medication administration facility staff observe the resident's consumption of the medication(s). Review of the facility policy Storage and Expiration Dating of Medications and Biologicals last reviewed 4/1/25, indicated the facility should not administer/provide bedside medication or biologicals without a Physician/Prescriber order and approval by the interdisciplinary care team and facility administration. Facility should store bedside medications or biologicals in a locked compartment within the resident's room. Review of the clinical record indicated Resident R25 was admitted to the facility on [DATE]. Review of Resident R25's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/9/25, indicated diagnoses of high blood pressure, diabetes (high sugar in the blood) and constipation. Observation on 9/8/25, at 9:51 a.m. Resident R25 had a pill cup with one pink oblong pill and a white oblong pill in a medicine cup. During an interview on 9/8/25, at 9:53 a.m. Registered Nurse, Employee E8 confirmed Resident R25 was left unattended with medications. RN, Employee E8 confirmed Resident R25 failed to have a care plan for self-administration of medications. Review of the clinical record indicated Resident R81 was admitted to the facility on [DATE], and readmitted [DATE]. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R81's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/14/25, indicated diagnoses of dementia (the loss of cognitive functioning — thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities), dependence on renal dialysis, and high blood pressure. Observation on 9/8/25, at 9:44 a.m. a pill cup with four pills were left unattended at Resident R81's bedside. During an interview on 9/8/25, at 9:47 a.m. the Assistant Director of Nursing (ADON), Employee E9 confirmed Resident R81's was left unattended with medications. The ADON confirmed Resident R81 failed to have a care plan for self-administration of medications. Review of the clinical record indicated Resident R88 was admitted to the facility on [DATE]. Review of Resident R88's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/5/25, indicated diagnoses of anemia (low iron on the blood), diabetes (high sugar in the blood) and high blood pressure. Observation on 9/8/25, at 10:32 a.m. a tube of Voltaren gel (topical pain reliever) was sitting on Resident R88's over the bed table, a tube of Aspercream (topical medication for minor aches and pains) was on her lap in bed. During an interview completed on 9/8/25, at 10:38 a.m. Registered Nurse (RN) Employee E4 confirmed the topical medications were in Residents R88's room. RN Employee E4 removed the items from the room. Upon asking RN Employee E4 concerning the topical medications stated, I haven't seen an order for the Aspercream, I believe there is one for the Voltaren. Review of Resident R88's physician orders on 9/8/25, at 10:46 a.m. failed to reveal orders for the Voltaren or Aspercream. During an interview completed on 9/10/25 at 12:14 p.m. the Director of Nursing confirmed no orders were in place for Resident R88's Voltaren gel or Aspercream and an assessment for medication self-administration was not completed. Review of the clinical record indicated Resident R104 was admitted to the facility on [DATE]. Review of Resident R104's MDS dated [DATE], indicated diagnosis of diabetes (high sugar in the blood), hyperlipidemia (high fats in the blood) and high blood pressure. Observation on 9/8/25, at 9:51 a.m. Resident R104's bedside stand had a bottle of Flonase nasal spray (reduces inflammation and allergic symptoms) sitting on it. During an interview completed on 9/8/25, at 10:14 a.m. RN Employee E2 confirmed the Flonase was on Resident R104's bedside stand and stated, I gave it to him, he was finishing breakfast, so I left it in room for him to use later. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/8/25, at 3:15 p.m. the Director of Nursing confirmed the facility failed to determine the ability to self-administer medications for four of eight residents (Residents R25, R81, R88 and R104). 28 Pa code: 211.12 (d) (1) (5) Nursing services.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records, an observation and staff interviews, it was determined that the facility failed to ensure that Minimum Data Set (MDS - a periodic assessment of care needs) assessments accurately reflected the resident's status for one of six residents (Resident R19).Findings include: Review of the clinical record indicated Resident R19 was admitted to the facility on [DATE]. Review of Resident R19's MDS dated [DATE], indicated diagnoses of depression, macular degeneration (an eye disease that affects central vision. This means that people with macular degeneration can't see things directly in front of them.), and muscle wasting. Section B100. Vision was entered as 0, which indicated Resident R19 ability to see in adequate light (with glasses or other visual appliances) was adequate (sees fine detail, such as regular print in newspapers/books.) During an interview on 9/8/25, at 9:58 a.m. Resident R19 stated he was visually impaired and cannot see much. During an observation on 9/9/25, at 12:12 p.m. Resident R19 was sitting in front of their lunch tray and stated I don't know what I have, no one had told me. During an interview on 9/10/25, at 11:13 a.m. Registered Nurse Assessment Coordinator (RNAC), Employee E11 confirmed that the facility failed to ensure that MDS assessments accurately reflected the resident's status for Resident R19. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.5(f) Medical records.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, staff and interviews, it was determined that the facility failed to develop and implement a baseline care plan for one out of three residents (Resident R131).Findings include: Review of the facility's Interim/Baseline Care Planning Policy last reviewed 4/1/25, revealed the facility will develop a baseline care plan within 48 hours of admission. The baseline care plan will include the minimum healthcare information necessary to care for a resident. Review of the clinical record indicated Resident R131 was admitted to the facility on [DATE], with diagnoses of left femur fracture, severe protein-calorie malnutrition, and flaccid neuropathic bladder (a condition that disrupts normal bladder function due to nerve damage. This can lead to problems with bladder control, resulting in either an overactive bladder or difficulty emptying the bladder). Review of Resident R131's progress note dated 9/5/25, revealed on 9/4/25, Resident R131 was admitted to the facility with a new nasogastric tube placement. Review of Resident R131's clinical record revealed a Foley Catheter Justification assessment was completed on 9/5/25. The resident was assessed to have a foley catheter due to acute urinary retention or bladder outlet obstruction and the resident had a diagnosis of neurogenic bladder. It was indicated the catheter was maintained. During an interview on 9/11/25, at 10:55 a.m. Registered Nurse Assessment Coordinator (RNAC), Employee E11 confirmed the facility failed to ensure Resident R131's baseline care plan included their catheter and nasogastric tube. 28 Pa. Code: 211.11 (a)(c)(d) Resident care plan. 28 Pa. Code 211.12 (d)(1)(5) Nursing services.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, staff, and resident interviews, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for one out of two residents (Resident R19).Findings include: Review of the facility Morning Care/AM Care policy last reviewed 4/1/25, revealed morning care will be offered each day to promote resident comfort, cleanliness, grooming, and general well-being. Review of the clinical record indicated Resident R19 was admitted to the facility on [DATE], with diagnoses of depression, macular degeneration (an eye disease that affects central vision. This means that people with macular degeneration can't see things directly in front of them.), and muscle wasting. Review of Resident R19's MDS dated [DATE], revealed Section GG- Functional Abilities revealed the resident required substantial/maximal assistance (helper does more than half the effort) for toileting hygiene and personal hygiene. The resident requires setup or clean-up assistance with eating. Review of Resident R19's care plan dated 8/15/25, indicated to provide assistance with meals as needed to encourage intake. Review of Resident R19's care plan dated 8/26/25, revealed the resident has limited ability to dress/undress self due to weakness. Interventions included to provide assistance for dressing. During an interview on 9/8/25, at 9:58 a.m. Resident R19 stated he was visually impaired and cannot see much. Resident R19 stated some staff can be unprofessional and they can be disrespectful. During an observation on 9/8/25, at 1:57 p.m. Resident R19 call light was on. During an observation on 9/8/25, at 1:59 p.m. Housekeeper, Employee E13 entered Resident R19's room. Resident R19 asked Housekeeper, Employee E13 if they were Nurse Aide (NA), Employee E14. Resident R19 stated I am legally blind, the nurse aide said I'll be back in ten minutes, that was at 11 a.m. During an interview on 9/8/25, at 2:00 p.m. Resident R19 indicated they put on their call light at 11 a.m. and at 11:20 a.m. NA, Employee E14 answered the call light and stated they would be back. A total of four hours ago. Resident R19 stated the facility is understaffed, and indicated I will need assistance to get on the toilet. During an interview and observation on 9/8/25, at 2:02 p.m. NA, Employee E14 entered Resident R19's room and confirmed they were aware Resident R19 needed assistance earlier in the morning around 11 a.m. NA, Employee E14 told the resident they would return. Resident R19 asked what happened, you told me ten minutes? NA, Employee E14 stated I kind of got caught up, I was on my break. NA, Employee E14 was observed to be argumentative with Resident R19. During an interview on 9/8/25, at 2:05 p.m The Director of Nursing was notified the facility failed to provide Activity of Daily Living (ADL) assistance for one out of two residents (Resident R19). During an observation on 9/9/25, at 12:12 p.m. Resident R19 was sitting in front of their lunch tray and stated I don't know what I have, no one had told me. During an interview on 9/9/25, at 12:13 p.m. Registered Nurse, Employee E14 confirmed the facility failed to assist Resident R19 with meal set up. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(2. 1) Management.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to provide adequate treatment and care for a peripheral inserted central catheter (PICC - a thin tube that's inserted through a vein in your arm and passed through to the larger veins near your heart) in accordance with professional standards of practice for one of three residents (Resident R84).Findings include: Review of the facility policy Administration of an Intermittent Infusion last reviewed 4/1/25, indicated am intermittent infusion allows the patient to be disconnected from the infusion/administration set between medication doses. Label medication/solution container and administration set with date, time and nurses initials. Review of the facility policy Midline Catheter Dressing Change last reviewed 4/1/25, indicated a sterile dressing change using a transparent dressing is performed upon admission. If transparent dressing is dated, clean, dry and intact the admission dressing change may be omitted and scheduled for seven days from the date on the dressing label. Review of the clinical record indicated Resident R84 was admitted to the facility on [DATE]. Review of Resident R84 's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/4/25, indicated diagnoses of infection and inflammatory reaction due tointernal right knee prosthesis, atrial fibrillation (irregular and rapid heart rhythm) and high blood pressure. Review of Resident R84's physician orders dated 8/29/25, indicated Cefazolin Solution Reconstituted 2 gram (GM) Use 1 vial intravenously (IV) every eight hours. Review of Resident R84's care plan dated 9/4/25, focus indicates IV Medications/Fluids. The resident is on IV Medications related to infection of internal right knee prothesis and bacterial arthritis. Check dressing at site daily. Monitor/document/report to physician as needed signs and symptoms of infection at the site: drainage, inflammation, swelling, redness, warmth. Change PICC dressing weekly and as needed for soiling or dislodgement During an observation and interview on 9/8/25, at 10:47 a.m. Resident R84's right arm PICC site dressing was labeled with the date of 8/29/25, a large piece of tape was noted on the right side of the dressing with a date of 9/8/25. Resident R84 stated the tape was placed to hold the dressing down. An IV medication solution container was hanging on an IV pole, next to Resident R84's bed the medication solution container failed to be labeled with a date or time. During an interview completed on 9/8/25, 10:50 a.m. Registered Nurse (RN) Employee E3 confirmed the dressing to Resident R84's PICC site was dated 8/29/25 and was reinforced with a piece of tape dated 9/8/25. RN Employee E3 also confirmed the IV medication solution container was not labeled with a date and time and that the facility failed to provide adequate treatment and care for a PICC in accordance with professional standards of practice for one of three residents (Resident R84). 28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing Services.28 Pa. Code: 201.14(a) Responsibility of licensee.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility policy and staff and interviews it was determined the facility failed to make certain consistent dialysis communication was maintained for two of two residents (Residents R14 and R81), and failed to ensure resident's receiving dialysis received care and treatment as ordered and ensured fluid restrictions were maintained for one of two residents (Resident R81) Findings include: Review of facility Fluid Balance Policy dated 4/1/25, indicated the facility will track intake and/or output with a provider order. The amount of fluid allowed in a 24-hour period will be specified in the provider order. The Nursing and Nutrition Services Team will work together to distribute the restricted fluid amount daily. An allocation for each department will be developed for each level of limitation and will be included in the order. Review of the facility policy Hemodialysis Care Policy last reviewed 4/1/25, indicated licensed staff with demonstrated competence will care for residents who require hemodialysis. Communication between the dialysis provider and facility staff will occur before and after each hemodialysis treatment and as needed. Pre-dialysis process: Document assessment in the dialysis communication tool. Assessment includes but not inclusive to vital signs, medications administered before treatment, time of last meal, fluid intake and any additional alerts or information. Post dialysis process: Receive report from the dialysis provider or review the dialysis communication tool documentation by the dialysis provider. Information post- dialysis will include but not inclusive to vital signs, lab draws and/or results, medication administered after treatment, any new orders additional alerts or information. Review of the admission record indicated Resident R14 was admitted to the facility on [DATE]. Review of Resident R14's MDS dated [DATE], indicated diagnoses of heart failure (heart doesn't pump blood the way it should), renal insufficiency (condition where the kidneys lose the ability to remove waste and balance fluids) and high blood pressure. Review of Resident R14's physician orders dated 9/12/25, indicated dialysis: Monday, Wednesday, and Friday at dialysis vendor. Chair time at 12:00 p.m. Observation completed on 9/10/25, at 1:25 p.m. Resident R14's dialysis communication forms indicated the following: -8/6/25, incomplete form. -9/3/35, incomplete form. -9/8/25, incomplete form. During an interview completed on 9/10/25, at 1:41 p.m. Licensed Practical Nurse (LPN) Employee E6 confirmed the communication sheets failed to be complete as required. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the clinical record indicated Resident R81 was admitted to the facility on [DATE], and readmitted [DATE]. Review of Resident R81's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/14/25, indicated diagnoses of dementia (the loss of cognitive functioning — thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities), dependence on renal dialysis, and high blood pressure. Review of Resident R81's care plan dated 9/29/24, revealed the resident requires dialysis and receives treatment on Tuesday, Thursday, and Saturday. Interventions included to monitor intake and output. Review of Resident R81's physician's order dated 1/16/25, revealed the resident was ordered a 1000 milliliters (ml) daily fluid restriction. Dietary to give a total of 600 ml and nursing to give up to 400 ml in 24 hours. Review of Resident R81's clinical record revealed the facility failed to adhere to the resident's fluid restriction on the following days: 8/11/25-1,160 ml 8/17/25-1,040 ml 8/18/25-1,070 ml 8/23/25-1,040 ml 8/26/25-1,160 ml 8/28/25-1,080 ml 8/30/25- 5,560 ml 9/8/25- 1,190 ml Review of Resident R81's dialysis communication binder on 9/10/25, at 12:07 p.m. failed to revealed evidence Resident R81's communication sheets were completed for 9/4/25, 9/6/25, and 9/9/25. During an interview on 9/10/25, at 12:08 p.m. Licensed Practical Nurse (LPN), Employee E1 confirmed there was no evidence Resident R81's dialysis communication sheets were completed for 9/4/25, 9/6/25, and 9/9/25. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/10/25, at 12:19 p.m. the Director of Nursing confirmed the facility failed to ensure Resident R81 fluid restriction were maintained as ordered and that the facility failed to ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences for one of two residents (Resident R81) and failed to make certain consistent dialysis communication was maintained for two of two residents (Residents R14 and R81). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(1)(3)(5) 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to store medications and biologicals properly andsecurely in one of five medications carts (fourth floor medication cart) and one of three medication rooms (fourth floor medication room).Findings include: Review of the facility policy General Dose Preparation and Medication Administration last reviewed 4/1/25, indicated facility staff should enter the date opened on the label of medication dates. Review of the facility policy Storage and Expiration Dating of Medications and Biologicals last reviewed 4/1/25, indicated the facility should ensure resident medication rooms are locked and do not contain non medication/biological items. Review of the facility policy Returning Medications to the Pharmacy last reviewed 4/1/25, indicated the facility should return medications with any associated paperwork to pharmacy immediately after such medications have been discontinued. Facility should securely store the medications to be returned to pharmacy until they are picked up by pharmacy. During an observation on 9/9/25, at 9:10 a.m. the Fourth-floor medication cart contained the following:-One Lovenox syringe not labeled with name and not stored in a bag.-One Lispro insulin pen not labeled with date opened.-One Lispro pen not stored in a bag and not labeled with date open. -One Lantus insulin pen not stored in a bag.-One bottle of Timolol eye drops opened and not labeled with a date. During an interview completed on 9/9/25, at 9:21 a.m. Registered Nurse (RN) Employee E4 confirmed the above observations and that the facility failed to store medications and biologicals properly and securely in one of five medications carts (fourth floor medication cart). During an observation of the Fourth-floor medication room on 9/9/25, at 9:25 a.m. revealed a grey tote sitting on the countertop that contained the following:-3 medication card packs containing 30 tablets of hydralazine 25 mg-1 medication card packs containing 23 tablets of hydralazine 25mg-1 medication card packs containing 2 tablets of hydralazine 25 mg-1 medication card pack containing 15 tablets of fluoxetine 10mg-1 medication card pack containing 30 tablets of carvedilol 12.5 mg-1 bottle of muscle and joint support-1 medication card pack containing 20 tablets of atorvastatin 20mg-1 medication card pack containing 24 tablets of amantadine 100mg-1 medication card pack containing 20 tablets of duloxetine 60mg-1 medication card pack containing 20 tablets of lisinopril 40mg 20 tabs-1 medication card pack containing 20 tablets of mirabegron ER 50mg-1 medication card pack containing 20 tablets of oxybutynin 15 mg -1 medication card pack containing 21 tablets of clozapine 100mg-1 medication card pack containing 21 1/2 tablets of clozapine 100mg-1 medication card pack containing 23 of Neurontin capsules300mgA clear plastic bag that contained:-1 medication card pack containing 6 tablets of Carbidopa- levodopa 25/100mg-2 medication card pack containing 30 tablets Carbidopa- levodopa 25/100mg-1 medication card pack containing 14 tablets of hydroxychloroquine 200mg-1 medication card pack containing 16 tablets of hydrochlorothiazide 5mg -1 medication card pack containing 23 tablets of sulfasalazine 500mg-1 medication card pack containing 23 tablets of disopyramide 150mg-1 medication card pack containing 1 tablet of disopyramide 150mg Further observation revealed an oxygen tank holder containing 1 black and 1 blue umbrella with a tan sweater hanging off the umbrellas. During an interview completed on 9/9/25, at 9:47 a.m. Registered Nurse (RN) Employee E3 stated the night shift nurse scans them with a hand scanner and places inwhite sealable bags for return to pharmacy, the sweater could possibly be staffs and confirmed that that the facility failed to store medications and biologicals properly andsecurely in one of three medication rooms (fourth floor medication room). 28 Pa. Code: 201. 14(a) Responsibility of licensee.28 Pa. Code: 211.9(a)(1)(k) Pharmacy services.28 Pa. Code: 211. 12(d)(1)(2)(3)(5) Nursing services.@@@@@@@@@@@@@@@@@@@@@@@@@@@@

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East End Health & Rehab Center	745 North Highland Avenue Pittsburgh, PA 15206

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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, observations, staff, and resident interviews, it was determined that the facility failed to provide residents food products based on their preferences for one out of four residents (Resident R19). Findings include: Review of the clinical record indicated Resident R19 was admitted to the facility on [DATE], with diagnoses of depression, macular degeneration (an eye disease that affects central vision. This means that people with macular degeneration can't see things directly in front of them), and muscle wasting. Review of Resident R19's MDS dated [DATE], revealed the diagnoses were current. During an observation on 9/9/25, at 12:12 p.m. Resident R19 was sitting in front of their lunch tray and stated I don't know what I have, no one had told me. A biscuit was observed on Resident R19's plate. The resident's meal ticked said NO BREAD/NO PASTA. Resident R19 expressed frustration that the facility continuously fails to honor their food preferences of having no bread products. During an interview on 9/9/25, at 12:13 p.m. Registered Nurse, Employee E14 confirmed the facility served food products with bread. RN, Employee E14 confirmed the facility failed to follow Resident R19's food preferences. During an interview of 9/9/25, at 3:15 p.m. the Director of Nursing confirmed the facility failed to provide residents food products based on their preferences for one out of four residents (Resident R19). Pa Code: 201.14(a) Responsibility of licensee

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and staff interview, it was determined that the facility failed to maintain sanitary conditions in the dish room and kitchen which created the potential for cross contamination in the designated main kitchen. Findings include: During an observation of the main designated kitchen on 9/08/25, at 9:30 a. m. the following was observed: -Dish room walls, brown debris, paint peeling-Ice machine, brown debris During an interview on at om 9/8/25 at 10:30 a.m. Dietary Manager Employee E7 couldn't provide proof of documentation when the ice machine was last serviced. During an interview on 9/8/25 at 10:45 a.m., Dietary Manager Employee E7 confirmed that the facility failed to maintain sanitary conditions which created the potential for food borne illness. 28 Pa. Code: 201.18(b)(1) Management.28 Pa. Code: 211.6(c) Dietary services.28 Pa. Code: 201.14(a) Responsibility of licensee.

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, resident clinical records and staff interviews it was determined that the facility failed to ensure resident's had the capacity to understand the terms of a binding arbitration agreement (a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not. The decision is final, can be enforced by a court, and can only be appealed on very narrow grounds) for two of three residents (Resident R82, CR315).Findings include:Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:13-15: cognitively intact8-12: moderately impaired0-7: severe impairment Review of the admission record indicated Resident R82 was admitted to the facility on [DATE]. Review of Resident R82's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/21/25, indicated the diagnoses of unspecified intellectual disabilities, diabetes mellitus and chronic kidney disease. Resident R82's MDS assessment section C0200 BIMS score was a four, indicating severe impairment. Review of Resident R82s Binding Arbitration Agreement indicated that the resident signed the document on 1/29/25, with a severe cognitive impairment. Review of the admission record indicated Resident CR315 was admitted to the facility on [DATE]. Review of Resident RCR315's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/22/25 indicated the diagnoses of diabetes mellitus, dementia (group of brain disorders that cause a decline in cognitive functions, such as memory, thinking, reasoning, and judgment) and major depressive disorder. Resident CR315's MDS assessment section C0200 BIMS score was a zero, indicating severe impairment. Review of Resident CR315's Binding Arbitration Agreement indicated that the resident signed the document on 2/28/25, with a severe cognitive impairment. During an interview on 9/10/25, at 11/15 a.m. the admission Director Employee E10 confirmed the facility failed to ensure a resident had the capacity to understand the terms of a binding arbitration agreement for two of three residents (Resident R82, CR315). 28 Pa. Code: 201.14(a)(c) Responsibility of licensee.28 Pa. Code: 201.18(e)(1) Management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to implement COVID monitoring, isolation, tracking, and testing in accordance with state and federal guidance for one of two residents (Resident R31), failed to prevent cross contamination during a dressing change for one of three residents (Resident R86), and failed to ensure enhanced barrier precautions were implemented for one of three residents (Resident R131). The facility failed to implement an infection control program that included a system of surveillance to identify possible communicable diseases or infections for eleven of twelve months (September 2024, thru August 2025).Findings include: Review of the facility Enhanced Barrier Precautions (EBP) Policy last reviewed 4/1/25, revealed enhanced barrier precautions are intended to prevent transmission of multi-drug resistant organisms (MDROs) via contaminate hands and clothing of healthcare workers to high risk residents during high contact activities. Staff engaging in high-contact activities will don both gloves and gown before initiating the activity. Review of the facility policy Hand Hygiene/Handwashing last reviewed 4/1/25, indicated hand hygiene is the most important component for preventing the spread of infections. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications that include but not inclusive to after contact with blood, body fluids, or contaminated surfaces. Review of the facility policy Infection Prevention and Control Program last reviewed 4/1/25, indicated to maintain an organized, effective facility-wide program designed to systematically prevent, identify, control and reduce the risk of acquiring and transmitting infections among employees, volunteers, visitors, and contracted healthcare workers; to conduct surveillance of communicable disease and infectious outbreaks; and to monitor employee health. The infection preventionist responsibilities for infection control include but not limited to: Conducts surveillance of staff and residents for the facility-associated infections and/or communicable disease. Infection prevention and control provide education, based on surveillance findings, outbreak analyses or changes in scientific knowledge/guidelines in the areas of infection prevention and control to employees, residents and families. During a review of the infection control program documentation on 9/9/25, it was revealed that no surveillance of infections was completed for eleven of twelve months (September 2024, thru August 2025). Upon asking Infection Preventionist Licensed Practical Nurse (LPN) Employee E5 concerning mapping of infections presented a blank map of the facility rooms and stated we don’t use the maps During an interview completed on 9/9/25, at 2:00 p.m. Infection Preventionist LPN Employee E5 confirmed that no surveillance of infections was completed for eleven of twelve months (September of 2024 thru August of 2025). Review of the clinical record indicated Resident R31 was admitted to the facility on [DATE], with diagnoses dementia (the loss of cognitive functioning — thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities), Chronic obstructive pulmonary disease (a common lung disease causing restricted airflow and breathing problems.), and high blood pressure. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R31's Minimum Data Set (MDS - a periodic assessment of care needs) dated 8/16/25, indicated diagnoses were current. Review of Resident R31's progress note dated 9/3/25, at 1:03 a.m. revealed the resident was short of breath, with wheezing noted. The residents oxygen saturation was 60-70%. Oxygen was applied, and breathing treatment was administered. Resident continued to have wheezing and rhonchi in bilateral lungs. The physician was notified. There was no evidence the resident was tested for COVID. The facility failed to implement droplet precautions upon identification of any COVID-19 symptoms such as cough and shortness of breath. Review of Resident R31's progress note dated 9/3/25, at 7:14 a.m. revealed the resident was observed coughing and wheezing. The residents oxygen saturation was 60-70%. Oxygen was applied, and the resident's pulse saturation went to 97%. The RN supervisor was notified and assessed the resident. The physician was notified. A breathing treatment and cough medication was administered. There was no evidence the resident was tested for COVID. The facility failed to implement droplet precautions upon identification of any COVID-19 symptoms such as cough and shortness of breath. Review of Resident R31's progress note dated 9/3/25, at 10:30 a.m. revealed the resident was seen in follow up to recent reported cough and congestion symptoms. Resident was started on DuoNeb three time a day and as needed Guaifenesin (cough medication) along with supplemental oxygen due to hypoxia on room air. It was documented the resident refused labs and nasal swabs. The facility failed to implement droplet precautions upon identification of any COVID-19 symptoms such as cough and shortness of breath. Review of Resident R31's clinical record failed to include evidence the resident was tested for COVID on Day 1 (9/4/25), Day 2 (9/6/25), and Day 3 (9/8/25). During an observation on 9/9/25, at 11:45 a.m. Resident R31 was observed receiving a breathing treatment with the door open. There were no isolation precautions implemented. During an interview on 9/9/25, at 11:49 a.m. Licensed Practical Nurse, Employee E31 stated I am unaware if Resident R31 was tested for COVID. LPN, Employee E31 indicated they were in training, and this was their second day. During an observation of Resident R31's clinical record on 9/11/25, at 10:10 a.m. failed to include an order for isolation. During an observation on 9/11/25, at 10:11 a.m. Resident R31's was observed wheeling in their wheelchair throughout the unit. No mask was observed on the resident. During an interview on 9/11/25, at 10:11 a.m. Registered Nurse, Employee E2 confirmed Resident R31 failed to have an order for droplet precautions. RN, Employee E2 stated if a resident developed COVID-like symptoms such as cough, fever, or fatigue the next steps would be to isolate, notify physician, and test for COVID using the standing order. If negative, then the resident would be tested every two days until Day 5. During the testing period, the resident must stay in isolation and if they come out of the room, they should wear a mask. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 9/11/25, at 10:22 a.m. the Director of Nursing confirmed residents should be tested on Day 1, Day 3, and Day 5. The DON confirmed the facility failed to implement COVID monitoring, isolation, tracking, and testing in accordance with state and federal guidance for one of two residents (Resident R31). Review of Resident R86's clinical record indicated admission to the facility on 8/7/23. Review of Resident R86's Minimum Data Set (MDS - a periodic assessment of care needs) dated 6/18/25, indicated diagnoses of anxiety, depression and high blood pressure. Review of Residents R86's physician orders dated 8/12/25, indicate to cleanse sacrum with wound cleanser, pack with quarter strength Dakin's-soaked packing strips and cover with dry dressing daily. During an observation on 9/10/25, at 10:00 a.m. Licensed Practical Nurse (LPN) Employee E16 entered Resident R86's room to complete dressing change. After completing the dressing change LPN Employee E16 continued on and picked up the bottle containing the packing strip and pushed the packing that was out of the bottle back into the bottle, applied the lid, picked up the bottle of Dakins solution and repositioned it on the over bed tray table. LPN Employee E16 then removed gloves and completed hand hygiene. During an interview completed on 9/10/25, at 2:30 p.m. LPN Employee E16 confirmed not removing gloves and completing hand hygiene prior to replacing the packing strip into the bottle, applying the lid and repositioning the bottle of Dakins solution on the over bed tray table. Review of the clinical record indicated Resident R131 was admitted to the facility on [DATE], with diagnoses of left femur fracture, severe protein-calorie malnutrition, and flaccid neuropathic bladder (a condition that disrupts normal bladder function due to nerve damage. This can lead to problems with bladder control, resulting in either an overactive bladder or difficulty emptying the bladder). Review of Resident R131's physician order dated 9/5/25, revealed an order for enhanced barrier precautions. During an observation on 9/8/25, Licensed Practical Nurse, Employee E15 was observed flushing Resident R131's nasogastric tube without a gown. During an interview on 9/8/25, at 10:38 a.m. Licensed Practical Nurse, Employee E15 confirmed they failed to implement enhanced barrier precautions while flushing Resident R131's nasogastric tube. 28 Pa. Code: 211.10(d) Resident Care Policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing Services.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on review of the facility's infection control policies and procedures and staff interview, it was determined that the facility failed to implement an antibiotic stewardship program for eleven of eleven months (September 2024 thru August 2025).Findings include: Review of facility policy Antibiotic Stewardship Program last reviewed 4/1/25, indicated the Antibiotic Stewardship will focus on improving antibiotic/antimicrobial use by avoiding unnecessary or inappropriate antibiotics. The antimicrobial stewardship process will be overseen and managed by the Infection Preventionist who works collaboratively with the medical director, pharmacist, nursing and administrative leadership. Review of the facility's Infection Control surveillance for September 2024, thru August 2025, failed to include documentation to indicate that antibiotic monitoring was completed. During an interview completed on 9/9/25, at 2:00 p.m. Infection Preventionist Licensed Practical Nurse (LPN) Employee E5 confirmed that antibiotic monitoring of infections was not completed for eleven of twelve months (September of 2024, thru August of 2025). Further interview revealed that upon asking Infection Preventionist LPN E5 concerning the antibiotic stewardship program stated, I don't have an answer to that you would have to ask the Director of Nursing she would know the answers to that. During an interview on 9/9/25, at 2:29p.m. the Director of Nursing confirmed that the facility failed to implement an antibiotic stewardship program for eleven of eleven months (September 2024, thru August 2025). 28 Pa. Code: 211.10(c)(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on a review of facility policy and staff interview, it was determined the facility failed to ensure that the Infection Prevention and Control Program (IPCP) was overseen by an individual who adequately assesses, develops, implements, monitors, manages and has appropriate knowledge, skills and time to perform the IPCP for eleven of twelve months.Findings included: Review of the facility policy Infection Prevention and Control Program last reviewed 4/1/25, indicated to maintain an organized, effective facility-wide program designed to systematically prevent, identify, control and reduce the risk of acquiring and transmitting infections among employees, volunteers, visitors, and contracted healthcare workers; to conduct surveillance of communicable disease and infectious outbreaks; and to monitor employee health.The infection preventionist responsibilities for infection control include but not limited to: Conducts surveillance of staff and residents for the facility-associated infections and/or communicable disease. Provide education, based on surveillance findings, outbreak analyses or changes in scientific knowledge/guidelines in the areas of infection prevention and control to employees, residents and families. Review of facility policy Antibiotic Stewardship Program last reviewed 4/1/25, indicated the Antibiotic Stewardship will focus on improving antibiotic/antimicrobial use by avoiding unnecessary or inappropriate antibiotics. The antimicrobial stewardship process will be overseen and managed by the Infection Preventionist (IP) who works collaboratively with the medical director, pharmacist, nursing and administrative leadership. During an interview completed on 9/9/25, at 2:00 p.m. IP Licensed Practical Nurse (LPN) Employee E5 stated that from September of 2024, thru March of 2025, I worked the floor on a cart, I also do the restorative program, I got caught up in April for the months of September 2024, thru March 2025. We have no mapping of infections, we don't use the maps, can't see if anything is spreading through the building. Upon asking the Infection Preventionist Licensed Practical Nurse (LPN) Employee E5 concerning the antibiotic stewardship program stated, I don't have an answer to that you would have to ask the Director of Nursing she would know the answers to that. During an interview on 9/9/25, at 2:30 p.m. the Director of Nursing confirmed the facility failed to ensure that the Infection Prevention and Control Program (IPCP) was overseen by an individual who adequately assesses, develops, implements, monitors, manages and has appropriate knowledge, skills and time to perform the IPCP for eleven of twelve months. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1)(e)(1) Management.28 Pa. Code: 201.19(3) Personnel records.28 Pa. Code: 211. 12(d)(1)(2)(3)(5) Nursing services.