

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/05/2025
NAME OF PROVIDER OR SUPPLIER Highland Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Perry Highway Pittsburgh, PA 15237	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to ensure that residents were free from abuse for two of three residents reviewed (Resident R1 and R2).</p> <p>Findings include:</p> <p>Review of facility Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy dated 11/1/24, indicated all reports of resident abuse, neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. Witness statements are obtained in writing, signed and dated. The witness may write statement, or the investigator may obtain a statement.</p> <p>Abuse, is defined at 483.5 as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>Sexual abuse, is defined at 483.5 as non-consensual sexual contact of any type with a resident.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/19/25, indicated diagnoses of high blood pressure, depression, and arthritis (swelling or tenderness in one or more joints). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. H0400 Bowel Contience is coded as a 2, indicating frequent incontinence.</p> <p>Review of Resident R1's care plan dated 12/4/24, indicated assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of documentation provided by the facility on 5/5/25, at 9:00 a.m. indicated that resident reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R1 indicated that Alleged Perpetrator (AP) Employee E2 was assisting with incontinence care and AP Employee E2, touched my bottom and kept touching me there and I don't want him here anymore. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:30 a.m. revealed that the facility failed to recognize this allegation as sexual abuse from 4/24/25, and failed to investigate the alleged sexual abuse.</p> <p>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of depression, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. H0400 Bowel Contience is coded as a 2, indicating frequent incontinence. MDS Section GG- Functional Abilities, GG01300 Self Care. Toileting hygiene is coded as a 3, indicating partial to moderate assistance (helper does less than half the effort). Shower/bath is coded as a 4, indicating Supervision or touching assistance (helper cues or touches). Upper body dressing is coded as 4. Lower body dressing is coded as a 2, indicating substantial/maximal assistance (helper does more than half the effort).</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:45a.m. indicated that Resident R2 reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R2 reported that AP Employee E2 opened by house dress for no reason and looked at me, and he ran his hand up and down by body, he scares me. Resident R2's roommate, Resident R1, reported an allegation of physical abuse to COTA Employee E1 in that AP Employee E2 pushed and shoved Resident R2 while transferring her into bed. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 11:00 a.m. indicated that AP Employee E2 was suspended on 4/24/25, and was brought back to work 4/25/25, after receiving education. The facility failed to investigate and complete all three allegations (one physical, two sexual) prior to AP Employee E2 returning to work to ensure that all residents were free from abuse or neglect.</p> <p>During an interview on 5/5/25, at 11:30 a.m. Nursing Home Administer (NHA) stated We suspended him on 4/24/25, brought him back to work and then on 4/30/25, we realized that not all allegations of abuse were investigated so we suspended him again.</p> <p>During an interview on 5/5/25, at 3:00 p.m. NHA confirmed that the facility failed to keep AP Employee E2 on leave with no resident contact until all three allegations of abuse were investigated to ensure that residents were free from abuse for Resident R1 and R2.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(d)(1)(3)(e)(1) Management.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on review of facility documents, facility policy, clinical records, and staff interviews, it was determined that the facility failed to implement written policies and procedures to ensure a complete and thorough investigation of three allegations of abuse for two of three residents (Resident R1 and R2).</p> <p>Findings include:</p> <p>Review of facility Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy dated 11/1/24, indicated all reports of resident abuse, neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. Witness statements are obtained in writing, signed and dated. The witness may write statement, or the investigator may obtain a statement.</p> <p>Abuse, is defined at 483.5 as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>Sexual abuse, is defined at 483.5 as non-consensual sexual contact of any type with a resident.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/19/25, indicated diagnoses of high blood pressure, depression, and arthritis (swelling or tenderness in one or more joints). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. H0400 Bowel Continece is coded as a 2.</p> <p>Review of Resident R1's care plan dated 12/4/24, indicated assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:00 a.m. indicated that resident reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R1 indicated that Alleged Perpetrator (AP) Employee E2 was assisting with incontinence care and AP Employee E2, touched my bottom and kept touching me there and I don't want him here anymore. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:30 a.m. revealed that the facility failed to recognize this allegation of sexual abuse on the date it was reported and failed to investigate the alleged sexual abuse.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of depression, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. Section H0400 Bowel Continence is coded as a 2. MDS Section GG- Functional Abilities, GG01300 Self Care. Toileting hygiene is coded as a 3, indicating partial to moderate assistance (helper does less than half the effort). Shower/bath is coded as a 4, indicating Supervision or touching assistance (helper cues or touches). Upper body dressing is coded as 4. Lower body dressing is coded as a 2, indicating substantial/maximal assistance (helper does more than half the effort).</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:45 a.m. indicated that Resident R2 reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R2 reported that AP Employee E2 opened by house dress for no reason and looked at me, and he ran his hand up and down by body, he scares me. Resident R2's roommate, Resident R1, reported an allegation of physical abuse to COTA Employee E1 in that AP Employee E2 pushed and shoved Resident R2 while transferring her into bed. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 11:00 a.m. indicated that AP Employee E2 was suspended on 4/24/25, and was brought back to work 4/25/25, after receiving education. The facility failed to investigate and complete all three allegations (one physical, two sexual) prior to AP Employee E2 returning to work to ensure that all residents were free from abuse or neglect.</p> <p>During a review of Resident R2's clinical record on 5/5/25, at 11:15 a.m. indicated that the facility failed to assess the resident after alleged abuse occurred, failed to notify the physician and family. Resident R2's clinical record failed to indicate that a physician assessed resident after an allegation of abuse occurred.</p> <p>During an interview on 5/5/25, at 3:00 p.m. NHA confirmed that the facility failed to implement written polices and procedures to ensure a complete and thorough investigation of three allegations of abuse for Resident R1 and R2.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident clinical record, incident reports, reports submitted to the State, and staff interview it was determined that the facility failed to report an allegation of abuse for one of three residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy dated 11/1/24, indicated all reports of resident abuse, neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. Witness statements are obtained in writing, signed and dated. The witness may write statement, or the investigator may obtain a statement.</p> <p>Abuse, is defined at 483.5 as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>Sexual abuse, is defined at 483.5 as non-consensual sexual contact of any type with a resident.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/19/25, indicated diagnoses of high blood pressure, depression, and arthritis (swelling or tenderness in one or more joints). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. H0400 Bowel Continence is coded as a 2.</p> <p>Review of Resident R1's care plan dated 12/4/24, indicated assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:00 a.m. indicated that resident reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R1 indicated that Alleged Perpetrator (AP) Employee E2 was assisting with incontinence care and AP Employee E2, touched my bottom and kept touching me there and I don't want him here anymore. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:30 a.m. revealed that the facility failed to recognize and report this allegation of sexual abuse on 4/24/25, and failed to investigate the alleged sexual abuse.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/5/25, at 11:10 a.m. the Nursing Home Administrator (NHA) stated that the Director of Nursing (DON) was made aware of the allegations on 4/24/25.</p> <p>During an interview on 5/5/25, at 11:15 a.m. the NHA confirmed the facility was unable to provide an investigation for reported abuse allegation from 4/24/25, for Resident R1, and the NHA confirmed that the facility did not report it.</p> <p>During an interview on 5/5/25, at 3:00 p.m. the NHA confirmed that the facility failed to report an allegation of abuse for one of three residents (Resident R1).</p> <p>28 Pa Code: 201.14 (a)(c)(e) Responsibility of management</p> <p>28 Pa Code: 201.18 (b)(1)(e)(1) Management.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documents, facility policy, clinical records, and staff interview, it was determined that the facility failed to conduct a thorough investigation of three allegations of abuse for two of three residents (Resident R1 and R2).</p> <p>Findings include:</p> <p>Review of facility Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy dated 11/1/24, indicated all reports of resident abuse, neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. Witness statements are obtained in writing, signed and dated. The witness may write statement, or the investigator may obtain a statement.</p> <p>Abuse, is defined at 483.5 as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>Sexual abuse, is defined at 483.5 as non-consensual sexual contact of any type with a resident.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/19/25, indicated diagnoses of high blood pressure, depression, and arthritis (swelling or tenderness in one or more joints). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. H0400 Bowel Continence is coded as a 2.</p> <p>Review of Resident R1's care plan dated 12/4/24, indicated assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:00 a.m. indicated that resident reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R1 indicated that Alleged Perpetrator (AP) Employee E2 was assisting with incontinence care and AP Employee E2, touched my bottom and kept touching me there and I don't want him here anymore. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:30 a.m. revealed that the facility failed to recognize this allegation as sexual abuse from 4/24/25, and failed to investigate the alleged sexual abuse for Resident R1.</p> <p>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of depression, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. H0400 Bowel Continence is coded as a 2. MDS Section GG- Functional Abilities, GG01300 Self Care. Toileting hygiene is coded as a 3, indicating partial to moderate assistance (helper does less than half the effort). Shower/bath is coded as a 4, indicating Supervision or touching assistance (helper cues or touches). Upper body dressing is coded as 4. Lower body dressing is coded as a 2, indicating substantial/maximal assistance (helper does more than half the effort).</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:45a.m. indicated that Resident R2 reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R2 reported that AP Employee E2 opened by house dress for no reason and looked at me, and he ran his hand up and down by body, he scares me. Resident R2's roommate, Resident R1, reported an allegation of physical abuse to COTA Employee E1 in that AP Employee E2 pushed and shoved Resident R2 while transferring her into bed. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:57 a.m. revealed that the facility failed to complete a thorough investigation for the abuse allegations for Resident R2. No witness statements or interviews of staff or residents were completed.</p> <p>During an interview on 5/5/25, at 11:22 a.m. the Nursing Home Administrator (NHA) stated that the allegations were being completed by the Director of Nursing from 4/24/25. The NHA reviewed the abuse investigation and confirmed that the facility did not complete a thorough investigation for all three abuse allegations.</p> <p>During a review of Resident R2's clinical record failed to have a documented assessment after an abuse allegation was made and the physician and family were not notified.</p> <p>During an interview on 5/5/25, at 3:00 p.m. the NHA confirmed that the facility failed to conduct a thorough investigation of three allegations of abuse for two of three residents (Resident R1 and R2).</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c) Resident Rights.</p> <p>28 Pa Code: 211.12 (a)(c)(d)(1)(3)(5) Nursing services.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to notify a physician, failed to notify family, and failed to complete an assessment of a resident after an abuse allegation was made for three abuse allegations for two of three residents (Resident R1 and R2).</p> <p>Findings include:</p> <p>Review of facility Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating policy dated 11/1/24, indicated all reports of resident abuse, neglect, exploitation or theft/misappropriation of resident property are reported to local, state and federal agencies and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Any employee who has been accused of resident abuse is placed on leave with no resident contact until the investigation is complete. Witness statements are obtained in writing, signed and dated. The witness may write statement, or the investigator may obtain a statement.</p> <p>Abuse, is defined at 483.5 as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology.</p> <p>Sexual abuse, is defined at 483.5 as non-consensual sexual contact of any type with a resident.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/19/25, indicated diagnoses of high blood pressure, depression, and arthritis (swelling or tenderness in one or more joints). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence.</p> <p>Review of Resident R1's care plan dated 12/4/24, indicated assist with daily hygiene, grooming, dressing, oral care, and eating as needed.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:00 a.m. indicated that resident reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R1 indicated that Alleged Perpetrator (AP) Employee E2 was assisting with incontinence care and AP Employee E2, touched my bottom and kept touching me there and I don't want him here anymore. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:30 a.m. revealed that the facility failed to recognize this allegation as sexual abuse from 4/24/25, and failed to investigate the alleged sexual abuse for Resident R1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/05/2025
NAME OF PROVIDER OR SUPPLIER Highland Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1105 Perry Highway Pittsburgh, PA 15237	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of depression, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). MDS Section H-Bladder and Bowel, H0300 Urinary Continence is coded as a 2, indicating frequent incontinence. MDS Section GG- Functional Abilities, GG01300 Self Care. Toileting hygiene is coded as a 3, indicating partial to moderate assistance (helper does less than half the effort). Shower/bath is coded as a 4, indicating Supervision or touching assistance (helper cues or touches). Upper body dressing is coded as 4. Lower body dressing is coded as a 2, indicating substantial/maximal assistance (helper does more than half the effort).</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:45a.m. indicated that Resident R2 reported an allegation of sexual abuse to Certified Occupational Therapy Assistant (COTA) Employee E1 on 4/24/25. Resident R2 reported that AP Employee E2 opened by house dress for no reason and looked at me, and he ran his hand up and down by body, he scares me. Resident R2's roommate, Resident R1, reported an allegation of physical abuse to COTA Employee E1 in that AP Employee E2 pushed and shoved Resident R2 while transferring her into bed. COTA Employee E1 reported incident to supervisor immediately.</p> <p>During a review of documentation provided by the facility on 5/5/25, at 9:57 a.m. revealed that the facility failed to complete a thorough investigation for the abuse allegations for Resident R2. No witness statements or interviews of staff or residents were completed.</p> <p>During an interview on 5/5/25, at 11:22 a.m. the Nursing Home Administrator (NHA) stated that the allegations were being completed by the Director of Nursing from 4/24/25. On 4/30/25, the NHA reviewed the abuse investigation and confirmed that the facility did not complete a thorough investigation for all three abuse allegations.</p> <p>During a review of Resident R2's clinical record failed to have a documented assessment after an abuse allegation was made and the physician and family were not notified.</p> <p>During an interview on 5/5/25, at 3:00 p.m. the NHA confirmed that the facility failed to notify a physician, failed to notify family, and failed to complete an assessment of a resident after an abuse allegation was made for three abuse allegations for two of three residents (Resident R1 and R2).</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 201.29(a) Resident Rights</p> <p>28 Pa. Code 211.10 (c)(d) Resident Care policies</p> <p>28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services</p>		