

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395883	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2025
NAME OF PROVIDER OR SUPPLIER Burgh Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 909 West Street Pittsburgh, PA 15221	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35785</p> <p>Based on review of facility policy, observations, and staff interviews, it was determined the facility failed to properly monitor essential equipment and log dish machine temperatures per shift in the main kitchen for ten of ten months (June 2024 to December 2024; January 2025 to March 2025).</p> <p>Findings include:</p> <p>The facility Dish machine temperature policy dated 9/18/24, indicated to complete a test run before putting any dishes into the dish machine. If the machine reaches the required temperature, record the temperature on the dish machine monitoring log.</p> <p>During a tour on 4/1/25, at 9:51a.m. observations of dish machine/ dish-room area, a posting with required dish machine temperatures read: (wash-140 F; rinse 120F ; final rinse 120F). Tour of the kitchen did not find a per shift log of the temperatures for the dish machine.</p> <p>During a tour on 4/1/25, at 12:48 p.m. observations of the dish washing machine with Dietary manager Employee E5 and Corporate director of dining services Employee E6, tour of the kitchen did not find a per shift log of the temperatures for the dish machine.</p> <p>During an interview on 4/1/25, at 1:41 p.m. the Nursing Home Administrator (NHA), Dietary manager Employee E5, and Corporate director of dining services Employee E6 confirmed that the facility failed to properly monitor essential equipment and log dish machine temperatures per shift in the main kitchen from June 2024 to March 2025.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</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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