

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 05/22/2025
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 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined the facility failed to provide a bed frame, a mattress and functional furniture in resident rooms on one of three units (Third Floor).</p> <p>Findings include:</p> <p>Review of the Code of Federal Regulations (CFR) 483.90(e)(2) -The facility must provide each resident with--</p> <p>(i) A separate bed of proper size and height for the safety and convenience of the resident;</p> <p>(ii) A clean, comfortable mattress;</p> <p>(iii) Bedding, appropriate to the weather and climate; and</p> <p>(iv) Functional furniture appropriate to the resident's needs.</p> <p>Observation on 5/19/25, at 3:00 p.m., of the Third-Floor nursing unit indicated the following:</p> <ul style="list-style-type: none"> - room [ROOM NUMBER] (dual occupancy room) was missing one bed frame, two mattresses, and furniture. - room [ROOM NUMBER] (dual occupancy room) was missing one bed frame, two mattresses, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (dual occupancy room) was missing two bed frames, two mattresses, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one mattress, and furniture. <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 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - room [ROOM NUMBER] (double occupancy room) was missing two bed frames, two mattresses, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (double occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (double occupancy room) doorknob had a key lock on and was being used for storage. - room [ROOM NUMBER] (double occupancy room) was missing one bed frame, one mattress, and furniture. - room [ROOM NUMBER] (single occupancy room) was missing one bed frame, one mattress, and furniture. <p>Interview on 5/19/25, at 3:34 p.m., Nursing Home Administrator (NHA) indicated the rooms were not readily available for resident use as required, and that proper beds, mattresses, and furniture were on order.</p> <p>28 Pa. Code 201.18 (b)(3)(e).(2.1) Management.</p> <p>28 Pa. Code 204.5(f) Resident Rooms.</p> <p>28 Pa. Code 205.71 Bed and furnishings.</p>		