

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 01/29/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy, and staff interview, it was determined that the facility failed to ensure comfortable air temperature levels were provided for one of two nursing units (2nd floor). Findings Include: Review of the facility policy Safe and Homelike Environment, dated 7/24/25, indicated in accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. The facility will maintain comfortable and safe temperature levels. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit. During an interview and tour on 1/29/26, at 10:45 a.m., with the Nursing Home Administrator (NHA) the following areas indicated inadequate temperatures: 2nd Floor: room [ROOM NUMBER] - 64 degrees Fahrenheit room [ROOM NUMBER] - 66 degrees Fahrenheit room [ROOM NUMBER] - 67 degrees Fahrenheit room [ROOM NUMBER] - 66 degrees Fahrenheit room [ROOM NUMBER] - 68 degrees Fahrenheit room [ROOM NUMBER] - 68 degrees Fahrenheit room [ROOM NUMBER] - 68 degrees Fahrenheit room [ROOM NUMBER] - 68 degrees Fahrenheit room [ROOM NUMBER] - 68 degrees Fahrenheit During an interview on 1/29/26, at 1:00 p.m., Resident R1 stated that the facility has been cold for about a week but wasn't cold now. During an interview on 1/29/26, at 1:07 pm., when asked if it was cold in the facility today, Resident R2 stated, It's kind of cold in here. During an interview on 1/29/26, at 1:15 p.m., when asked if it was cold in the facility today, Resident R3 stated that it has been cold, but understands due to time of the year. During an interview on 1/29/26, at 1:17 p.m., when asked if it was cold in the facility today, Resident R4 stated it's cold in here. During an interview on 1/29/26, at 1:21 p.m., when asked if it was cold in the facility today, Resident R5 complained of being cold. During an interview on 1/29/26, at 1:25 p.m., when asked if it was cold in the facility today, Resident R6 stated, Room cold. During an interview on 1/29/26, at 3:30 p.m., the NHA confirmed that the facility failed to ensure comfortable air temperature levels were provided for one of two nursing units (2nd floor). 28 Pa. Code: 201.18(b)(3) 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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