STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396003	A. Building B. Wing	03/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monroeville Skilled Nursing and Rehabilitation Ctr	885 MacBeth Drive Monroeville, PA 15146

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on review of clinical records and staff interviews, it was determined that the facility failed to schedule ordered appointments for three of five residents (Resident R1, R2, and R3). Findings include: Review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 2/3/24, included diagnoses of end stage renal disease (ESRD, an inability of the kidneys to filter the blood), atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of facility census information indicated Resident R1 was hospitalized from 1/20/24, through 1/23/24. Review of hospital discharge paperwork dated on 1/23/24, at 3:54 p.m. indicated that Resident R1 was to follow-up with a pulmonologist in four weeks (approximately 2/20/24). Review of Resident R1's clinical record failed to reveal evidence that this follow-up appointment had taken place. During an interview on 3/26/24, at 2:45 p.m. Scheduler Employee E1 confirmed that the pulmonologist appointment had not been scheduled. Review of the clinical record indicated that Resident R2 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and the presence of an indwelling urinary catheter (a tube inserted into the urethra to drain the bladder). Review of facility census information indicated Resident R2 was hospitalized from 1/29/24, through 2/3/24. (continued on next page)

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

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of hospital discharge paperwork dated on 2/3/24, at 11:15 a.m. indicated that Resident R2 was to follow-up with a urologist related to urinary retention (difficulty urinating or completely emptying the bladder), sepsis (infection in the bloodstream), urinary tract infection (infection in any part of the kidneys, bladder or urethra), and bilateral hydronephrosis (excess urine in the kidneys causing swelling and pain, on both kidneys). Review of Resident R2's clinical record failed to reveal evidence that this follow-up appointment had taken place. During an interview on 3/26/24, at 2:45 p.m. Scheduler Employee E1 confirmed that the urologist appointment for Resident R2 had not been scheduled. Review of the clinical record indicated that Resident R3 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of hemiplegia (paralysis on one side of the body), heart failure, and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking). Review of facility census information indicated Resident R3 was hospitalized from 2/13/24, through 2/23/24. Review of hospital discharge paperwork dated on 2/23/24, at 11:04 a.m. indicated that Resident R3 was to follow-up with a cardiologist and a surgeon in two weeks (approximately 3/8/24). The notation with the surgery follow-up indicated Schedule an appointment with [surgeon] as soon as possible for a visit in two weeks. Review of Resident R3's clinical record indicated no appointments had been attempted to be scheduled until 3/8/24, with the cardiologist appointment scheduled for 3/14/24, and the surgeon appointment scheduled for 3/21/24. During an interview on 3/26/24, at 2:45 p.m. Scheduler Employee E1 confirmed that she had been unaware of the need for follow-up appointments until a discussion with Resident R3's family member on 3/7/24, and had not scheduled the appointments until 3/8/24. During an interview on 3/26/24, at 3:45 p.m. the Nursing Home Administrator confirmed that the facility failed to schedule ordered appointments for three of five residents. 28 Pa. Code: 211.16(a) Social services.