

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Monroeville Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>Based on observations, and resident and staff interviews, it was determined that the facility failed to provide a clean and comfortable environment in one of twelve resident rooms (Resident 100) and one of two unit lounges (second floor). Findings include: Review of facility policy Homelike Environment dated 6/20/25, indicated the residents are provided with a safe, clean, comfortable, and homelike environment. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. This includes a clean, sanitary, and orderly environment. Review of facility policy Bathrooms dated 6/20/25, revealed bathrooms shall be maintained in a clean and sanitary manner and shall be cleaned on a daily basis. Review of facility policy Bedpan/Urinal, Offering/Removing dated 6/20/25, indicated after a resident uses the bedpan staff are to empty the bedpan into the commode. Flush the commode. Clean the bedpan. Wipe dry and clean with a paper towel. Store the bedpan per facility policy. Do not leave it in the bathroom or on the floor. During an observation on 3/3/26, at 9:15 a.m. Resident R100's bathroom contained a bedpan with feces in a clear bag on the floor. During an interview on 3/3/26, at 9:20 a.m. Registered Nurse (RN) Employee E1 confirmed the bedpan should not have been left soiled and on the floor. During an observation on 3/3/26, at 9:30 a.m. the second floor unit lounge contained the following: - A white blanket, and approximately two white towels were located on the floor beside a wheelchair, - Approximately three or four white towels were draped across the arm rests of the wheelchair, - A white blanket was loosely folded on top of a wooden stand, placed next to a lamp, - One white towel was spread across an end table, with another white towel draped across it, - One white towel spread across the seat of a visitor chair, and one white towel draped over the back of the couch. - A round wooden table with visible crumbs, two additional visitor chairs, a large resident scale, and a vending machine. During an interview on 3/3/26, at 9:35 a.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the second floor unit lounge should not be dirty, and dirty linens should not be left in the unit lounge. During an interview on 3/3/26, at 1:00 p.m. the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed the facility failed to provide a clean, comfortable, homelike environment for Resident R100 and the second floor unit Lounge. 28 Pa. Code 207.2(a) Administrator's responsibility.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations and staff interview it was determined that the facility failed to prominently display and maintain facility daily nurse staffing hours as required for eight of eight days 2/24/26 through 3/3/26) Findings include: During an observation on 3/3/26, at 8:30 a.m. the nursing hours posted in the front lobby was for 2/23/26. The previous nursing hours posted was 2/19/26. During an interview on 3/3/26, at 8:35 a.m. the Director of Nursing confirmed that the facility did not have the staffing hours updated and posted daily. 28 Pa. Code: 201.14(a) Responsibility of Licensee.</p>		