

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 03/30/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and clinical record review, and staff interview, it was determined that the facility failed to follow physician orders for medication administration for one of eight residents reviewed (Resident R1). Findings include: A review of the facility's policy, Medication Administration-Preparation and General Guidelines, dated 3/6/26 indicated that medications are administered as prescribed in accordance with good nursing principles and practices. A review of the clinical record revealed Resident R1 was admitted to the facility on [DATE], with diagnoses that included, bipolar disorder, paranoid personality disorder, adjustment disorder, conduct disorder, and atopic neurodermatitis (severe itching of the skin). A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 11/2/25, indicated the diagnoses remained current and the resident is alert and oriented and independent with all activities of daily living (ADL's). A review of a physician order dated 3/23/26, indicated to apply Clindamycin Phos External gel 1% (a topical antibiotic) apply to armpit and groin topically every day and evening shift. A review of Resident R1's Medication Administration Record (MAR) dated March 2026, indicated the above medication was not administered on the evening shift of 3/27, 3/28. And 3/29/26. A review of the nurse progress notes indicated awaiting pharmacy. During an observation on 3/30/26 at 3:30 p.m., revealed the Clindamycin topical gel was available with a dispense date of 3/23/26 on the label. During an interview with the Director of Nursing on 3/30/26, at 3:30 p.m. confirmed that the facility failed to follow a physician order for medication administration for Resident R1.</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
---	-------	-----------