

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Skilled Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 505 Weyman Road Pittsburgh, PA 15236	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>39311</p> <p>Based on review of facility policy, resident observations, resident and staff interviews, and grievance review, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of seven of 12 residents (Residents R1, R2, R3, R4, R5, R6, and R7).</p> <p>Findings Include:</p> <p>Review of the facility policy Activity of Daily Living (ADLs) dated 1/30/24, indicated the center must provide the necessary care and services to ensure that a resident's activities of daily living (ADL) abilities are maintained. Activities of daily living include hygiene care and will be recorded in the medical record.</p> <p>During an interview on 9/8/24, at 1:58 p.m. Resident R1, when asked if she felt the facility maintained sufficient staff, stated, No. When asked if call lights took a long time to be answered, stated, Sometimes it's a good while. I pushed it yesterday and waited and waited.</p> <p>During an observation on 9/8/24, at 2:01 p.m. Resident R2 was observed to have untrimmed facial hair on her chin.</p> <p>During an interview on 9/8/24, at 2:04 p.m. Resident R3, when asked if he felt the facility maintained sufficient staff, stated, No, that's that main thing wrong with this place. Today there is only two people (aides). They need help bad.</p> <p>During an interview on 9/8/24, at 2:09 p.m. Residents R4 and R5 both stated that facility staffing was not sufficient. Resident R4 further stated that the evening shift call light response time is poor.</p> <p>During an interview on 9/8/24, at 3:06 p.m. Resident R6, when asked if she felt the facility maintained sufficient staff, stated she was unsure. When asked if she if assisted out of bed timely, Resident R6 stated, I lay in bed until I see someone.</p> <p>During an interview on 9/8/24, at 3:08 p.m. Resident R7, when asked if she felt the facility maintained sufficient staff, stated, No. Observation at this time revealed Resident R6 had unkempt appearing hair.</p> <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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 9/8/24, at approximately 3:50 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of seven of twelve residents.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(e)(6) Management.</p> <p>28 Pa. Code: 201.20(a) Staff development.</p> <p>28 Pa. Code: 211.12(a)(c)(d)(1)(2)(3)(4) Nursing services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to make certain that medications were properly stored and/or disposed of in three of three medication carts (Medbridge B-hall, Medbridge A-hall, and the TCU-1 medication carts).</p> <p>Findings include:</p> <p>Review of facility policy Storage and Expiration Dating of Medications, Biologicals dated [DATE], stated that medications and biologicals that have an expired date on the label, have been retained longer than recommended by manufacturer or supplier guidelines are stored separate from other medications until destroyed or returned to the pharmacy or supplier.</p> <p>During an observation of the Medbridge B-hall medication cart on [DATE], at 3:10 p.m. the following was observed:</p> <ul style="list-style-type: none"> -Two bottles of Fluorometholone eye drops, opened, partially used, and undated. -One bottle of Olopatadine eye drops, opened, partially used, undated, and without a resident name. -One bottle of artificial tears eye drops, opened, partially used, and undated. -One insulin lispro injection pen, opened, partially used, and undated. -One insulin lispro injection pens, opened, partially used, and dated to be used by [DATE]. -One Lantus insulin injection pen, opened, partially used, and undated. -One insulin glargine injection pen, opened, partially used, and undated. <p>During an interview on [DATE], at 3:14 p.m. Registered Nurse (RN) Employee E1 confirmed that insulin must be either used or disposed of by 28 days after opening and eye drops must be either used or disposed of by six weeks after opening. RN Employee E1 further confirmed the above observations of opened and undated insulin injection pens and eye drops, and an insulin injection pen past the use-by date.</p> <p>During an observation of the Medbridge A-hall medication cart on [DATE], at 3:18 p.m. the following was observed:</p> <ul style="list-style-type: none"> -One insulin aspart injection pen, opened, partially used, and undated. -One insulin Degludec injection pen, opened, partially used, and undated. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE], at 3:20 p.m. RN Employee E2, when asked the appropriate disposal time for insulin after opening stated, I think two weeks. RN Employee E2 further confirmed the above observations of open and undated insulins injection pens.</p> <p>During an observation of the TCU-1 medication cart on [DATE], at 3:26 p.m. the following was observed:</p> <ul style="list-style-type: none"> -One insulin aspart injection pen, opened, partially used, and undated. -One insulin aspart vial, opened, partially used, and undated. -Two insulin glargine injection pens, opened, partially used, and undated. -Three insulin lispro injection pens, opened, partially used, and undated. -One Lantus insulin injection pen, opened, partially used, and undated. -One Novolin insulin vial, opened, partially used, and undated. -Two Novolog insulin injection pens, opened, partially used, and undated. <p>During an interview on [DATE], at 3:20 p.m. RN Employee E3, when asked the appropriate disposal time for insulin after opening stated, I really don ' t know. RN Employee E3 further confirmed the above observations of opened and undated insulins injection pens and vials.</p> <p>During an interview on [DATE], at approximately 4:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to make certain that out-of-date medications were disposed of in three of three medication carts.</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.9 (a)(1) Pharmacy services.</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.</p>		