

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to notify resident representatives of a transfer to the hospital for one of five residents (Resident R89).</p> <p>Findings include:</p> <p>Review of the facility policy, Change in Condition Notification dated 3/4/25, indicated the facility will promptly notify the resident's family or designated representative of any significant change in the resident's physical, mental, or psychosocial condition. Notification will occur as soon as possible and no later than 24 hours from the time the change is identified.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2024, indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of the clinical record indicated Resident R89 was admitted to the facility on [DATE].</p> <p>Review of Resident R89's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 4/1/25, included diagnoses Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior) and high blood pressure. Review of Section C: Cognitive Patterns indicated Resident R89 had a BIMS score of 99, meaning that Resident R89 was so cognitively impaired to be unable to complete the interview. Review of a previous MDS assessment dated [DATE], also revealed a BIMS score of 99.</p> <p>Review of Resident R89's demographic profile indicated the son as the first emergency contact, daughter-in-law as the second emergency contact, and an additional son also as a second emergency contact, durable power of attorney, and resident representative.</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
---	-------	-----------

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Change in Condition Evaluation form initiated 12/23/24, at 5:05 a.m. revealed all sections of the form to be blank.</p> <p>Review of the Transfer to Hospital form initiated 12/23/24, at 5:06 a.m. revealed under the section Code Status that for the question: Resident/Patient Decision Making Capacity, Resident R89 required a proxy to make her decisions. Under the section Resident Representative that Resident R89 was the resident representative contacted, that she was her caregiver and the next of kin, was notified of the transfer, and aware of the clinical situation.</p> <p>Review of a progress note dated 12/23/24, at 2:51 p.m. indicated Residents son, [second emergency contact] was informed Resident R89 has been admitted to [hospital] with a diagnosis of a urinary tract infection.</p> <p>Further review of Resident R89's progress notes failed to reveal documentation that Resident R89's emergency contacts were notified of the change in condition leading to Resident R89 being transferred to the hospital or the actual transfer to the hospital.</p> <p>During an interview on 5/15/25, at approximately 1:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to notify resident representatives of a transfer to the hospital for one of five residents.</p> <p>28 Pa. Code 201.18 (b)(1) Management.</p> <p>28 Pa. Code 201.29(d) Resident rights.</p> <p>28 Pa. Code 211.10 (c)(d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.</p>

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on a review of facility policy and documents, information provided by the State Ombudsman Office, clinical record reviews, and staff interviews, it was determined that the facility failed to ensure that the resident and/or their representative received written notice of the facility bed-hold policy at the time of transfer for four of six residents reviewed for hospitalization (Resident R6, R89, R123, and R138) and failed to notify the State Ombudsman Office of resident transfers and discharges for two years (11/2023 through 12/2023, 1/2024 through 12/2024, and 1/2025 through 4/2025) as required.</p> <p>Findings Include:</p> <p>Review of federal regulation S483.15(d) Notice of Bed-Hold Policy, indicated:</p> <ul style="list-style-type: none"> -Facilities must provide written information about these policies to residents prior to and upon transfer for such absences. This information must be provided to all facility residents, regardless of their payment source. These provisions require facilities to issue two notices related to bed-hold policies. -The first notice could be given well in advance of any transfer, i.e., information provided in the admission packet. Reissuance of the first notice would be required if the bed-hold policy under the State plan or the facility ' s policy were to change. -The second notice must be provided to the resident, and if applicable the resident ' s representative, at the time of transfer, or in cases of emergency transfer, within 24 hours. It is expected that facilities will document multiple attempts to reach the resident ' s representative in cases where the facility was unable to notify the representative. The notice must provide information to the resident that explains the duration of bed-hold, if any, and the reserve bed payment policy. It should also address permitting the return of residents to the next available bed. <p>Review of facility Bed Hold Policy dated 3/4/25, indicated, In accordance with federal and state guidelines, patients who are hospitalized or absent from the facility at midnight are entitled to hold their bed.</p> <p>Review of the clinical record indicated Resident R6 was readmitted to the facility on [DATE].</p> <p>Review of Resident R6's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/28/25, included diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), anxiety, and depression. Review of Section C: Cognitive Patterns indicated Resident R89 had a BIMS score of 03.</p> <p>(continued on next page)</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a progress note dated 3/16/25, at 3:32 a.m. indicated, CNA (nurse aide) heard noise come from resident's room, found her sitting on the floor up against her bed, feet out in front of her, shoes on, bleeding from hematoma on right forehead. Pressure dressing applied, Ice pack to right side of face/forehead. Observed large hematoma, bubbled, and draining profusely. LOC (level of consciousness) WNL (within normal limits), resident stated I fell right there, I need to go to the hospital. Left facility enroute to [hospital emergency room] at 3:15 a.m.</p> <p>Further review of Resident R6's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R6 or the resident representative upon transfer.</p> <p>Review of the clinical record indicated Resident R89 was admitted to the facility on [DATE].</p> <p>Review of Resident R89's MDS dated [DATE], included diagnoses Alzheimer ' s disease (a type of brain disorder that causes problems with memory, thinking and behavior) and high blood pressure. Review of Section C: Cognitive Patterns indicated Resident R89 had a BIMS score of 99, meaning that Resident R89 was so cognitively impaired to be unable to complete the interview. Review of a previous MDS assessment dated [DATE], also revealed a BIMS score of 99.</p> <p>Review of a progress note dated 12/23/24, at 2:51 p.m. indicated, Residents son, [second emergency contact] was informed [Resident R89] has been admitted to [hospital] with a dx of UTI (urinary tract infection).</p> <p>Further review of Resident 89's clinical record failed to reveal notation that the written notice of bed hold notification was provided to the Resident R89 or the resident representative upon transfer.</p> <p>Review of the clinical record indicated Resident R123 was readmitted to the facility on [DATE].</p> <p>Review of Resident R123's MDS dated [DATE], included diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness) and cancer. Review of Section C: Cognitive Patterns indicated Resident R89 had a BIMS score of 99, meaning that Resident R89 was so cognitively impaired to be unable to complete the interview.</p> <p>Review of a progress note dated 12/26/24, at 1:13 p.m. indicted, Alerted by staff that pt (patient) was off her baseline. Pt assessed and found lying in bed. Lethargic and barely arousable. Per staff, pt is usually OOB (out of bed) and at the nurse ' s station at this time. MD (doctor of medicine) notified and ordered pt sent to ER (emergency room) for eval.</p> <p>Review of a progress note dated 1/1/25, at 7:34 p.m. indicated, Pt is admitted from [hospital] with diagnosis of RSV (Respiratory syncytial virus, causes infections of the respiratory tract).</p> <p>Further review of Resident 123's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R123 or the resident representative upon transfer.</p> <p>Review of the clinical record indicated Resident R138 was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R138's MDS dated [DATE], included diagnoses of falls, ileus (inability of the intestine (bowel) to contract normally and move waste out of the body), and muscle wasting. Review of Section C: Cognitive Patterns indicated Resident R89 had a BIMS score of 07.</p> <p>Review of a progress note dated 2/8/25, at 1:00 a.m. Pt's nurse went to give her scheduled Tylenol 1000 mg in her bedroom, patient pushed nurse in her right breast away and into tv stand, patient became belligerent, cursing at staff, appears paranoid, making statements that she is going to call the police on staff, she is going to kill staff, staff is trying to kill her, patient stated she was going to have staff buried with her, aggressive, yelling a loud on dementia unit, RN registered nurse supervisor (RNS) was called up to unit, [RNS] and [nurse aide] were trying to redirect her/talk to her, unsuccessful, her daughter was called/put on speaker-patient refused to speak with her, supervisor explained above situation to daughter, daughter explained patient has had 3 alcoholic drinks or more a day prior to coming here, patient picked up a large/heavy pill crusher tried to throw it at me and [nurse aide], tried to hit us with it, we were able to take it away from her however she picked up the laptop and tried to use that to hit us, received permission from daughter to send out for evaluation, police officer arrived and [emergency services]came to pick her up, patient went with them willingly to [hospital] for evaluation.</p> <p>Further review of Resident 138's clinical record failed to reveal notation that the written notice of bed hold notification was provided to Resident R138 or the resident representative upon transfer.</p> <p>A request to review facility documents on 5/14/25, of the facility's compliance in notifying the State Ombudsman Office revealed the facility failed to provide documented evidence of notifying the State Ombudsman Office of resident transfers and discharges for the time period of 11/2023 through 4/2025.</p> <p>A review of information on 1/2/25, provided by the State Ombudsman Office revealed that the facility failed to notify the State Ombudsman Office of transfers and discharges as required since 11/2023.</p> <p>During an interview on 5/15/25, at approximately 2:45 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to ensure that the resident and/or their representative received written notice of the facility bed-hold policy at the time of transfer for four of six residents reviewed for hospitalization and failed to report resident transfers and discharges to the State Ombudsman Office for a two year period from 11/2023 through 4/2025, as required.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa Code: 201.29(f)(g) Resident rights.</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on a review of Resident Assessment Instrument (RAI) User's Manual, clinical records, and staff interviews, it was determined that the facility failed to ensure that Minimum Data Set (MDS - periodic assessment of resident care needs) assessments accurately reflected the resident's status for two of eight residents (Resident R30 and R50).</p> <p>Findings include:</p> <p>The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated the following instructions:</p> <p>-Section I: Active Diagnoses, that a diagnosis should be checked if they had had an active diagnosis for a disease or condition in the last seven days.</p> <p>-Section O: Special Treatments, Procedures, and Programs: Review the resident 's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the assessment period.</p> <p>Review of the admission record indicated Resident R30 was admitted to the facility on [DATE].</p> <p>Review of Resident R30's MDS dated [DATE] included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and a psychotic disorder.</p> <p>Review of the psychiatric evaluation dated 5/13/25 revealed diagnoses of adjustment disorder and unspecified dementia with behavioral disturbances.</p> <p>During an interview on 5/15/25, at 10:01 a.m. the Assistant Director of Nursing (ADON) confirmed that adjustment disorder and dementia are not types of psychotic disorders, confirmed that Resident R30 has not been diagnosed with a psychotic disorder, and that the MDS was coded inaccurately.</p> <p>Review of the admission record indicated Resident R50 was admitted to the facility on [DATE].</p> <p>Review of Resident R50's MDS dated [DATE] included diagnoses of dementia, malnutrition, and osteoporosis (condition when the bones become brittle and fragile). Review of Section O: Special Treatments, Procedures, and Programs indicated Resident R50 received hospice services.</p> <p>Review of physician orders dated 11/21/24, and reordered on 2/4/25, and 4/24/25, revealed Resident R50 received hospice services while in the facility.</p> <p>Review of an MDS assessment completed on 2/7/25, indicated that Resident R50 did not receive hospice services.</p> <p>(continued on next page)</p>

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/15/25, at 10:01 a.m. the ADON confirmed that Resident R50 had continuously received hospice services and that the MDS assessment was completed inaccurately on 2/7/25.</p> <p>During an interview on 5/15/25, at approximately 2:45 p.m. the Nursing Home Administrator confirmed that the facility failed to ensure that MDS assessments accurately reflected the resident's status for two of eight residents.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 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** 39311</p> <p>Based on review of clinical records, and staff interview it was determined that the facility failed to provide appropriate treatment and care for one of four residents (Resident R21)</p> <p>Findings include:</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2024, indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of the admission record indicated Resident R21 was admitted to the facility on [DATE].</p> <p>Review of Resident R21's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 4/23/25, included diagnoses dementia (a group of symptoms that affects memory, thinking and interferes with daily life), muscle weakness and wasting, and a seizure disorder. Review of Section C: Cognitive Patterns indicated Resident R89 had a BIMS score of 99, meaning that Resident R21 was so cognitively impaired to be unable to complete the interview.</p> <p>Review of a previous MDS assessment dated [DATE], also revealed a BIMS score of 99. Review of Section G: Functional Abilities indicated that Resident R21 required substantial/maximal assistance with bathing, upper and lower body dressing, putting on or taking off footwear, and personal hygiene.</p> <p>Review of Resident R21 ' s care plan for skin integrity indicated, Observe skin condition daily with ADL (activities of daily living) care and report any abnormalities.</p> <p>Review of the nurse aide task list revealed that the skin observation tool is only completed as needed and was not completed on any day in March 2025.</p> <p>Review of Resident R21 ' s Treatment Administration Record (TAR) for March 2025, indicated Resident R21 was ordered weekly skin checks to be done on Wednesdays with her showers. Review of the skin check completed on 5/19/25, by Licensed Practical Nurse (LPN) Employee E4 failed to indicate that any skin alteration was noted.</p> <p>Review of Resident R21 ' s progress notes from 5/19/25, through 5/23/25, failed to reveal documentation that any wounds were noted or reported on Resident R21 ' s ankles.</p> <p>(continued on next page)</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a progress note dated 3/23/25, at 5:00 p.m. indicated, This nurse was approached by the patient's daughter, to tell me that her mother has wounds on her right outer ankle and inner aspect of the left leg and there is no dressing on them. This nurse went to assess the areas in question, I found that both areas are old, dry and scabbed over, the scab on the rt. (right) ankle is measuring 1.5 cm x 0.5 cm and the one Lt. (left) leg is 0.3 cm x 0.3 cm. Daughter voiced that this is not new, I agree with her that, it is not new, is already dry and scabbed over and putting a dressing will make it moist and she agreed.</p> <p>Review of a progress note dated 3/28/25, at 12:49 p.m. indicated, When nurse went to complete scheduled wound care on the RLE (right lower extremity) scabbed area, nurse noticed that sock to the RLE (right lower extremity) has a fresh blood stain. Upon removing the sock and assessing the skin, nurse noted a new skin tear measuring 1.3 cm x 0.3 cm that appears to have been caused by the wheel chair foot pedals. When questioned as to how she sustained the skin tear, pt (patient) could not explain how she got a skin tear to the RLE.</p> <p>During an interview on 5/15/25, at approximately 11:00 a.m. the Assistant Director of Nursing confirmed that Resident R21 ' s wound should have been observed during bathing, dressing, and hygiene assistance by staff prior to the wounds having healed enough for scabbing to have formed, and additionally should not have required family member observations to discover the wounds.</p> <p>During an interview on 5/15/25, at 2:45 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide appropriate treatment and care for one of four residents.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12 (d) (1)(3)(5) Nursing services.</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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 two of three medication rooms (First and Second floor medication rooms) and two of five medication carts (MedBridge A-hall, MedBridge B-hall).</p> <p>Finding 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. The policy further stated that multiple dose injectable vials and ophthalmics, once opened, require an expiration date shorter than the manufacturer ' s expiration date to insure medication purity and potency.</p> <p>Review of the facility provided document, Medications with Shortened Expiration Dates indicated Aplisol (solution used in skin-testing for tuberculosis): Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p> <p>Review of prescribing information for cyanocobalamin (Vitamin B12) injections dated [DATE], indicated that Any unused portion should be used within 30 days of opening.</p> <p>During an observation of the second-floor medication room on [DATE], at 10:35 a.m. the following was observed:</p> <ul style="list-style-type: none"> -(1) vial of Aplisol, open and undated. -(1) vial of Aplisol, dated as opened on [DATE]. -(1) vial of cyanocobalamin solution, open and undated. -(1) bottle of liquid gabapentin, open and undated. -(22) vacutainers with an expiration date of [DATE]. -(4) IV start kits with an expiration date of [DATE]. -(1) IV start kit with an expiration date of [DATE]. -(1) IV start kit with an expiration date of [DATE]. -(10) IV start kits with an expiration date of [DATE]. <p>(continued on next page)</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-(1) Blood collection set with an expiration date of [DATE].</p> <p>During an interview on [DATE], at 10:42 a.m. Registered Nurse (RN) Employee E3 confirmed the above items were either undated or expired.</p> <p>During an observation of the second-floor medication room on [DATE], at 10:50 a.m. the following was observed:</p> <p>-(1) IV start kit with an expiration date of [DATE].</p> <p>-(2) IV start kits with an expiration date of [DATE].</p> <p>-(1) IV start kit with an expiration date of [DATE].</p> <p>-(3) IV catheters with and expiration date of [DATE].</p> <p>-(2) IV catheters with and expiration date of [DATE].</p> <p>-(1) Huber infusion set with an expiration date of [DATE].</p> <p>During an interview on [DATE], at 11:01 a.m. the Assistant Director of Nursing confirmed the above items were expired.</p> <p>During an observation of the MedBridge A-hall medication cart on [DATE], at 8:12 a.m. the following was observed:</p> <p>-One container of MedPlus Vanilla , appeared unopened, dated [DATE].</p> <p>During an interview on [DATE], at 8:14 a.m. RN Employee E1 confirmed that nourishment shake must be labeled with date opened and is only to be used for 24 hours and then disposed of.</p> <p>Employee E1 confirmed the above observations of container being labeled with date of [DATE] and was unopened.</p> <p>During an observation of the MedBridge B-hall medication cart on [DATE], at 8:22 a.m. the following was observed:</p> <p>-One container of MedPlus Vanilla, opened, partially used, and dated [DATE].</p> <p>During an interview on [DATE], at 8:23 a.m. RN Employee E2 when asked the appropriate process after opening a container stated it is to be labeled with that date and used for 24 hours.</p> <p>Employee E2 confirmed that the above observation of container being labeled with date of [DATE], was partially used and was still sitting on her cart when she started medication administration.</p> <p>(continued on next page)</p>		

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 05/16/2025
NAME OF PROVIDER OR SUPPLIER Whitehall Borough Post Acute		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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE], at approximately 2:40 p.m. the Nursing Home Administrator and Assistant Director of Nursing confirmed that the facility failed to make certain that our of date medications were properly stored and/or disposed of in two of three medication rooms and two of five 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>		