| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396066 | A. Building<br>B. Wing | 05/07/2026 |

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| Whitehall Borough Post Acute | 505 Weyman Road<br>Pittsburgh, PA 15236 |

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| F 0684<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility review of policy, manufacturer's instructions, clinical records, and staff interviews, the facility failed to notify physicians of elevated or decreased Capillary Blood Glucose (CBG) levels, failed to assess residents for hyperglycemia (high blood glucose) and hypoglycemia (low blood sugar) resulting in immediate jeopardy for 7 of 36 residents (R3, R17, R64, R84, R116, R145, and R148).Findings include: Review of the facility policy, Hypoglycemia Management Policy dated 1/6/26, indicated:Administer 15 grams of fast-acting carbohydrateRecheck blood glucose in 15 minutesIf BG remains less than 70 mg/dl, repeatNotify provider Review of the facility policy, Physician Notification Policy dated 1/6/26, indicated, Notification will be based on resident's condition, clinical judgement, practitioner orders, and applicable regulatory requirements. Documentation should reflect relevant clinical findings, practitioner communication when completed, orders or recommendations received, and actions taken by facility staff as appropriate. Review of the Facility Assessment last reviewed 3/1/26, indicated the facility will provide care for residents diagnosed with diabetes. Review of the clinical record indicated that Resident R3 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 3/20/26, included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Review of a physician order dated 1/21/26, indicated that Resident R3 received 18 units of Humalog in addition to a sliding scale. If below 70 (mg/dl) to follow hypoglycemic protocol. If over 380 (mg/dl), 14 units Call MD, subcutaneously before meals for diabetes AND Inject 18 unit subcutaneously before meals. Review of Resident R3's current plan of care for diabetes initiated 1/30/24, indicated Obtain glucometer readings and report abnormalities as ordered. Review of a physician order dated 2/10/26, indicated that Resident R3 received Humalog on a sliding scale. If below 70 (mg/dl) to follow hypoglycemic protocol. If over 380 (mg/dl), 14 units Call MD, subcutaneously before meals for diabetes AND Inject 16 unit subcutaneously before meals. Review of Resident R3's blood sugar record for February 2026, through April 2026, revealed the following blood sugar values failed to have documentation of notification or follow-up: 2/3/26 4:43 p.m. 56.0 mg/dL no notes, no notification no recheck2/4/26 5:15 p.m. 41.0 mg/dL no recheck2/05/26 8:54 p.m. 64.0 mg/dL no recheck2/06/26 12:10 p.m. 49.0 mg/dL no notes, no notification no recheck2/07/26 5:17 p.m. 57.0 mg/dL snack was given no recheck2/08/26 5:40 p.m. 50.0 mg/dL snack was given no recheck2/17/26 12:08 p.m. 434.0 mg/dL no notes, no notification no recheck2/17/26 5:31 p.m. 58.0 mg/dL snack was given no recheck2/19/26 12:07 p.m. 60.0 mg/dL hypoglycemia protocol initiated per note, no recheck 3/24/26 3:10 67.0 mg/dL no notes, no notification no recheck3/25/26 3:26 67.0 mg/dL no notes, no notification no recheck3/28/26 17:31 385.0 mg/dL no notes, no notification no recheck4/2/26 17:28 68.0 mg/dL no notes, no notification no recheck4/2/26 21:15 402.0 mg/dL no notes, no notification no recheck4/05/26 21:11 401.0 mg/dL no notes, no notification no recheck4/09/26 20:49 411.0 mg/dL no notes, no notification no recheck4/11/26 17:48 47.0 mg/dL Insulin held per order, BS: 47 no recheck4/13/26 17:52 58.0 mg/dL Resident alert and asymptomatic. snack given. No recheck4/29/26 17:41 51.0 mg/dL insulin held for BS: 51 no recheck4/30/26 3:13<br>(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 |
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| F 0684<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | 464.0 mg/dL no notes, no notification no recheck Review of the clinical record indicated that Resident R17 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness). Review of Resident R17's current plan of care for diabetes initiated 3/1/23, indicated Obtain glucometer readings and report abnormalities as ordered. Review of a physician order dated 12/30/25, and reordered on 2/27/26, and 3/21/26, indicated that Resident R3 received Humalog on a sliding scale. If below 70 (mg/dl) to follow hypoglycemic protocol. If over 450 (mg/dl), give 16 additional units and to notify the provider. Review of Resident R17's blood sugar record for February 2026, through April 2026, revealed the following blood sugar value failed to have documentation of notification or follow-up: 3/29/26 4:35 p.m. 64.0 mg/dL no notes, no notification no recheck3/18/26 10:30 p.m. 61.0 mg/dL no notes, no notification no recheck3/17/26 11:56 a.m. 69.0 mg/dL no notes, no notification no recheck3/17/26 7:30 a.m. 61.0 mg/dL no notes, no notification no recheck3/13/26 11:53 a.m. 68.0 mg/dL no notes, no notification no recheck3/11/26 12:03 p.m. 64.0 mg/dL no notes, no notification no recheck3/09/26 11:58 a.m. 64.0 mg/dL no notes, no notification no recheck3/08/26 11:59 a.m. 55.0 mg/dL no notes, no notification no recheck3/07/26 11:37 a.m. 48.0 mg/dL no notes, no notification no recheck3/06/26 12:05 p.m. 61.0 mg/dL no notes, no notification no recheck3/05/26 12:02 p.m. 57.0 mg/dL no notes, no notification no recheck2/28/26 8:53 a.m. 67.0 mg/dL no notes, no notification no recheck2/19/26 12:09 p.m. 67.0 mg/dL no notes, no notification no recheck2/19/26 7:07 a.m. 67.0 mg/dL no notes, no notification no recheck2/09/26 12:16 p.m. 67.0 mg/dL no notes, no notification no recheck Review of the clinical record indicated that Resident R64 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of Resident R64's current plan of care for diabetes initiated 3/14/25, indicated Blood glucose checks as ordered. Report to physician if blood glucose is outside of set parameters. Review of a physician order dated 11/22/25, through 3/20/26, indicated that Resident R64 received insulin lispro on a sliding scale. If below 70 (mg/dl) Treat hypoglycemia protocol and notify MD.; 341+ = 6 (341 mg/dl, give 6 units) Notify MD. Review of a physician order dated 4/3/26, indicated that Resident R64 received Humalog insulin on a sliding scale. Call if greater than 400. The order did not include information related to low blood sugar levels. Review of Resident R64's blood sugar record for February 2026, through April 2026, revealed the following blood sugar value failed to have documentation of notification or follow-up:4/09/26 12:23 p.m. 412.0 mg/dL no notes, no notification no recheck4/06/26 11:17 a.m. 402.0 mg/dL no notes, no notification no recheck3/06/26 7:05 p.m. 64.0 mg/dL note about refusal of insulin no recheck3/02/26 7:34 a.m. 66.0 mg/dL protocol initiated no recheck2/07/26 12:45 p.m. 437.0 mg/dL no notes, no notification no recheck Review of the clinical record indicated that Resident R84 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and multiple sclerosis (a disease that affects central nervous system). Review of Resident R84's current plan of care for diabetes initiated 4/28/18, indicated Obtain glucometer readings and report abnormalities as ordered. Review of a physician order dated 1/30/24, through 3/26/26, indicated that Resident R84 received Novolog insulin on a sliding scale. If below 70 (mg/dl) to follow hypoglycemic protocol. If over 380 (mg/dl), give 18 units and notify the provider. Review of Resident R84's blood sugar record for February 2026, through April 2026, revealed the following blood sugar value failed to have documentation of notification or follow-up: 4/19/26 2:18 p.m. 64.0 mg/dL Resident asymptomatic. Recheck 2.5 hours later2/10/26 6:46 a.m. 60.0 mg/dL no notes, no notification No recheck Review of the clinical record indicated that Resident R116 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and heart failure. Review of Resident R116's current plan of care for diabetes initiated 4/25/25, indicated Blood glucose checks as ordered. Report to physician if blood glucose is outside of set parameters. Review of a physician order dated 4/25/25, discontinued 5/5/26, indicated that Resident R116 received Humalog insulin on a sliding scale. If (continued on next page) |

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| F 0684<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | below 70 (mg/dl) to follow hypoglycemic protocol. If over 340 (mg/dl), give 12 units and notify the provider. Review of Resident R116's blood sugar record for March 2026, revealed the following blood sugar value failed to have documentation of notification or follow-up:3/11/26 7:52 a.m. 67.0 mg/dL no notes, no notification recheck 4 hours later2/14/26 9:08 a.m. 67.0 mg/dL no notes, no notification recheck 3 hours later Review of the clinical record indicated that Resident R145 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and osteomyelitis (inflammation of bone or bone marrow, usually due to infection). Review of Resident R145's plan of care for diabetes initiated 3/20/26, indicated Notify provider if blood sugar is below 70 or over 400 or per provider specific guidance. Review of a physician order dated 3/20/26, indicated that Resident R145 received Humalog insulin on a sliding scale. If below 70 (mg/dl) to follow hypoglycemic protocol and notify the provider. If over 380 (mg/dl), give 14 units and notify the provider. Review of Resident R145's blood sugar record for March 2026, through April 2026, revealed the following blood sugar value failed to have documentation of notification or follow-up:4/21/26 7:04 a.m. 69.0 mg/dL no notes, no notification no recheck4/14/26 7:58 a.m. 69.0 mg/dL no notes, no notification no recheck4/07/26 7:28 a.m. 64.0 mg/dL Provider notified no recheck04/2/26 7:35 a.m. 61.0 mg/dL no notes, no notification no recheck3/29/26 7:42 a.m. 69.0 mg/dL no notes, no notification no recheck3/25/26 7:35 a.m. 62.0 mg/dL no notes, no notification no recheck Review of the clinical record indicated that Resident R148 was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes and hemiplegia (paralysis on one side of the body). Review of Resident R148's plan of care for diabetes initiated 4/27/26, indicated Blood glucose checks as ordered. Report to physician if blood glucose is outside of set parameters. Review of a physician order dated 4/25/26, through 5/1/26, indicated that Resident R148 received insulin aspart on a sliding scale. Review of the sliding scale coverage in the order revealed unclear directions: Inject as per sliding scale: if 0 - 69 = 0 > 69 Begin hypoglycemia protocol;70 - 139 = 0 0;140 - 179 = 2 2;180 - 219 = 4 4;220 - 259 = 6 6;260 - 299 = 8 8;300 - 339 = 10 10;340 - 999 = 12 12 units and Call MD Review of a physician order dated 5/1/26, through 5/1/26, indicated that Resident R148 received insulin aspart on a sliding scale. Review of the sliding scale coverage in the order revealed unclear directions: Inject as per sliding scale: if 0 - 69 = 0 > 69 Begin hypoglycemia protocol;70 - 139 = 0 0;140 - 179 = 3 2;180 - 219 = 6 4;220 - 259 = 9 6;260 - 299 = 12 8;300 - 339 = 15 10;340 - 999 = 15 12 units and Call MD. Review of Resident R148's blood sugar record for April 2026, through May 2026, revealed the following blood sugar value failed to have documentation of notification or follow-up:5/3/26 5:13 p.m. 404.0 mg/dL no notes, no notification no recheck5/2/26 5:18 p.m. 358.0 mg/dL no notes, no notification no recheck4/30/26 5:27 p.m. 427.0 mg/dL no notes, no notification no recheck4/29/26 5:22 p.m. 381.0 mg/dL no notes, no notification no recheck4/27/26 5:02 p.m. 377.0 mg/dL no notes, no notification no recheck Staff Interviews completed on 5/5/26, between 9:00 a.m. through 9:30 a.m. revealed: Registered Nurse (RN) Employee E1 stated, you find the parameters in the orders (eMAR) and if there is a value outside of the parameters they would follow the protocol. The protocol would include calling the MD and if low would start with giving orange juice and rechecking every 15 minutes. All of this would get documented in the progress notes. RN Employee E2 stated, you find the parameters in the eMAR and if there is a value outside of the parameters they would follow the protocol. The protocol would include notifying the provider and following orders. Would recheck frequently if low (15 mins when asked) and follow MD orders if high. Would document all of this in eMAR. Licensed Practical Nurse stated, they find the parameters in orders and would follow the protocol for any values out of parameters. MD would be notified and everything would be documented in progress notes. Policy is to recheck low every 15 mins. The Nursing Home Administrator (NHA) and the Director of Nursing (DON) were made aware that an Immediate Jeopardy situation existed for residents on 5/5/26, at 11:00 a.m. and a corrective action plan was requested. The Immediate Jeopardy template was provided to the facility administration at this time. The Immediate Jeopardy began on 2/1/2026. On 5/5/26, at 2:45 p.m. an acceptable Corrective Action Plan was received which<br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Some | included the following interventions: Immediate Actionˆ Resident (R3) - Provider reviewed blood sugars and due to residents' non-compliance, she will document to liberalize notification to physician to greater than 450. Sliding scale was also updated. ˆ Resident (R64) - Provider has been monitoring blood sugars closely, has made insulin adjustments and has consulted with endocrinology. ˆ Resident (R84) - Provider reviewed residents blood sugars and chart, he does not wish to make any changes at this time. ˆ Resident (R116) - Provider reviewed residents' chart and she increased notification parameters to from 380 to 400. ˆ Resident (R17) - Provider reviewed blood sugars and due to residents' non-compliance, she will document to liberalize notification to physician to greater than 450. Provider is slightly adjusting sliding scale. ˆ Resident (R145)- Provider is comfortable with resident's current blood sugars, does not want to make any adjustments currently, has been reviewing closely. ˆ Resident (R148) - Resident is out to the hospital due to a decline following an oncology treatment, unable to determine at this time if resident will return to the facility. System Correctionˆ All professional nursing staff (LPN/RN) will be re-educated by end of day 5/5/26, on how to identify residents experiencing a diabetic emergency and what actions to take, notification to the medical providers of a residents change of condition and document provider response / interventions for blood sugar levels that are out of range. Education will also include re-education for the hypoglycemic protocol created in March and revised diabetes management policy. ˆ All education will be posted on agency platforms for review prior to the start of their next shift. ˆ A whole-house audit will be conducted by the DON/designee to ensure that every resident has guidelines to notify the physician with a change in condition for blood sugars less than 70 and above 400. Care plans will also be reviewed to ensure all diabetics with insulin have appropriate care plans and interventions. ˆ The policies related to hypoglycemia was recently created and reviewed in March of 2026. The diabetic policy was updated today to reflect the ability to change resident specific protocols, as documented by the physician. ˆ Facility will review the incident in an ad hoc QAPI (Quality Assurance and Performance Improvement) meeting on 5/5/26. Monitoring ˆ The facility will randomly audit five insulin dependent diabetic residents seven days a week x four weeks to ensure the professional nursing staff are following the facility policy related to physician notification and change in conditions related to blood sugars below 70 or above 400, unless otherwise indicated by physician. Findings of audits will be submitted through facility QAPI program ˆ All new hires will be educated on diabetic emergencies and interventions, notification to medical providers and the facilities hypoglycemic protocol. On 5/6/26, the whole house audit of residents with diabetes was reviewed by surveyors, revealing its completion and accuracy. During interviews beginning at approximately 6:00 a.m. on 5/6/26, 19 staff members were interviewed, and education was confirmed completed. Nursing staff were able to effectively describe appropriate actions to take when blood sugar levels are out of the accepted range for the residents and the need for documentation. On 5/6/26, licensed nursing reeducation was reviewed, revealing its completion. Review of the QAPI meeting document confirmed its completion on 5/5/26. The Immediate Jeopardy was removed on 5/6/26, at 10:40 a.m. when the action plan implementation was verified. During an interview on 5/7/26, at approximately 2:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to notify physicians of elevated or decreased Capillary Blood Glucose (CBG) levels, failed to assess residents for hyperglycemia (high blood glucose) and hypoglycemia (low blood sugar) resulting in immediate jeopardy for 7 of 36 residents. 28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services. |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>Based on review of facility policy, observation and resident and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment for two of four nursing units as required (TCU 1st. floor, and ARU1). Findings included: Review of the facility policy Homelike Environment, dated 1/6/26, indicated the staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment. Observations on 5/4/26 at 10:38 a.m. and 5/725, at 8:30 a.m., revealed the following:Resident rooms122, 125, 129, 133, 137, and 141 had wallpaper peeling off the walls. Resident room126 had a large stain on the ceiling. Resident room145 had a hole in the wall. During an interview on 5/7/26 at approximately 9:15 a.m., the Nursing home Administrator confirmed the conditions of the residents' rooms. Observations on 5/7/26 at 8:45 a.m. revealed the following:Resident rooms404B and 405B had deep scratches in the walls near the window and the bathroom wall with black scratches and chipped drywall. During an interview at approximately 8:30 a.m., the Director of Nursing confirmed the conditions of the residents' rooms. During an interview on 5/7/26, at 9:40 a.m., the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to provide a safe, clean, comfortable, and homelike environment. 28 Pa. Code: 201.29(k) Resident rights.28 Pa. Code: 207.2(a) Administrator's responsibility. |

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| F 0726<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and resident and staff interviews, it was determined that the facility failed to ensure that nursing staff possessed the specific competencies and skill sets related to the use of ACE wraps (elastic bandages) for 11 of 14 residents (Resident R16, R32, R50, R62, R74, R97, R117, R123, R130, R147, and R174).Findings include: During the observations were completed on 5/4/26, at approximately 12:00 p.m., on 5/4/26, at approximately 2:45 p.m., on 5/5/26, at approximately 2:15 p.m., on 5/6/26, at approximately 11:00 a.m., and on 5/7/26, at approximately 12:00 p.m. All observations on 5/7/26, were confirmed by the Assistant Director of Nursing. Review of Resident R16's admission record indicated he was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs dated included diagnoses of dated 4/22/26, included diagnoses of high blood pressure (hypertension) and lymphedema (the build-up of fluid in soft body tissues). Review of a physician order dated 4/2/26, indicated Resident R16 should have Ace wraps to left ankle; on in am off in pm. Review of Resident R16's plan of care for edema reviewed 10/25/25, indicated, Report signs and symptoms of edema. Included in the examples was extremity swelling. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. 5/5/26, 2:15 p.m., the ACE wraps were on, but wrapped on the foot, and then on the calf. There was no coverage at the ankle, and the tissue was visibly swelling between the two sections of wrapping. 5/7/26, 12:00 p.m., the ACE wraps were not on. Review of Resident R32's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and Parkinson's disease (neuromuscular disorder causing tremors and difficulty walking). Review of a physician order dated 4/6/26, indicated Resident R32 should have, ACE wraps to BLEs qam (every morning) please. Review of Resident R32's plan of care for risk for alteration in hydration related to dependent dated 11/2/21, indicated Resident R32 should, Show no signs of fluid imbalance and for staff to report changes r/t signs of fluid overload such as SOB (shortness of breath), edema, mental status. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. During an interview at this time, Resident R32 stated, I don't think they have thought about it. It is hit or miss. 5/4/26, 2:45 p.m., the ACE wraps were not on, with Resident R32's feet visibly swollen. 5/6/26, 11:00 a.m., the ACE wraps were not on. 5/7/26, 12:00 p.m., the ACE wraps were not on. Review of Resident R50's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness) and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of a physician order dated 5/29/25, indicated Resident R50 should have, ACE wrap to left foot on in am off in pm. Review of Resident R50's plan of care for hypertension dated 4/20/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. 5/4/26, 2:45 p.m., the ACE wraps were not on. 5/5/26, 2:15 p.m., the ACE wraps were not on, with Resident R50's feet grossly swollen. 5/7/26, 12:00 p.m., the ACE wraps were on but not wrapped correctly. Review of Resident R62's admission record indicated he was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of heart failure and pulmonary fibrosis (a chronic lung disease characterized by scarring and thickening of lung tissue). Review of a physician order dated 4/28/26, indicated Resident R62 should have Please wrap bilateral legs with ACE wraps from distal to proximal. Apply in A.M. and remove at HS. Start from bottom of<br>(continued on next page) |

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| F 0726<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | toes and wrap to above knee. Review of Resident R62's plan of care for hypertension dated 4/20/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were wrapped loosely. 5/4/26, 2:15 p.m., the ACE wraps were wrapped loosely. 5/5/26, 2:15 p.m., the ACE wraps were not on and Resident R62's legs were visibly swollen. 5/7/26, 12:00 p.m., the ACE wraps were wrapped loosely. Review of Resident R74's admission record indicated he was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of high blood pressure and kidney failure. Review of a physician order dated 4/28/26, indicated Resident R74 should have Wrap Bilateral legs every A.M. from distal to proximal (Base of toes upward) ending at knee with ACE wraps, remove at HS. Review of Resident R74's plan of care for hypertension dated 4/28/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. 5/5/26, 2:15 p.m., the ACE wraps were on, but wrapped in an up-then-down pattern. Review of Resident R97's admission record indicated he was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of lymphedema and heart failure. Review of a physician order dated 4/23/26, indicated Resident R97 should have Ace Wraps to BLE. On AM. Off HS. Review of Resident R97's plan of care for hypertension dated 4/14/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on, but wrapped from the knee to the ankle. 5/5/26, 2:15 p.m., the ACE wraps were on, but wrapped loosely.5/7/26, 12:00 p.m., the ACE wraps were on, but wrapped from the ankle. During an interview at this time, Resident R97 stated that his ACE wraps had been on since the previous morning. When questioned, Resident R97 confirmed that nursing staff failed to remove the ACE wraps the previous evening. Observation at this time revealed Resident R97's feet to be grossly swollen and painful to touch. When the ACE wraps were removed by the Assistant Director of Nursing, the wraps had caused a tourniquet effect, with a deep indentation at the ankle. Review of Resident R117's admission record indicated he was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of high blood pressure and heart failure. Review of the facility diagnosis list included lymphedema. Review of a physician order dated 3/8/26, indicated Resident R117 should have BLE Ace wraps on QAM and OFF qPM Review of Resident R117's plan of care dated 5/1/26, failed to include goals and interventions developed for lymphedema, edema, or the use of ACE wraps. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. Resident R117 stated it was hit or miss if staff put the ACE wraps on him. 5/4/26, 2:45 p.m., the ACE wraps were not on. 5/5/26, 2:15 p.m., the ACE wraps were on, but wrapping started at the ankle, with Resident R117's feet visibly swollen. 5/7/26, 12:00 p.m., the ACE wraps were not on. Review of Resident R123's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of COPD and high blood pressure. Review of an active physician order dated 4/23/26, indicated Resident R123 should have Ace wrap bilateral lower extremities. Every evening and night shift for lymphedema (on in am/ off in pm) Review of Resident R123's plan of care for hypertension dated 4/23/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/7/26, 12:00 p.m., the ACE wraps were not on. Review of Resident R130's admission record indicated she was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of high blood pressure and heart failure. Review of a physician order dated 4/19/25, indicated Resident R130 should have, BLE Ace Wraps On in AM =(10-6 shift) & Off QHS =(2-10 shift). Review of Resident R130's plan of care lymphedema dated 5/23/23, indicated for staff to, Reports S&S of edema/fluid overload such as change in mental status, weight gain, neck vein distension, abnormal lung sounds, extremity swelling, etc. During five observations (continued on next page) |

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| | 396066 | A. Building<br>B. Wing | 05/07/2026 |

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| Whitehall Borough Post Acute | 505 Weyman Road<br>Pittsburgh, PA 15236 |

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| F 0726<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. 5/5/26, 2:15 p.m., the ACE wraps were not on, with Resident R130's feet grossly swollen. 5/6/26, 11:00 a.m., the ACE wraps were not on. 5/7/26, 12:00 p.m., the ACE wraps were not on but wrapped from the ankle and painful to touch. Review of Resident R147's admission record indicated he was admitted to the facility on [DATE]. Review of the MDS dated [DATE], included diagnoses of heart failure and cancer. Review of a physician order dated 3/31/26, indicated Resident R147 should have Ace wraps to BLE edema on qam and off qhs. Review of Resident R147's plan of care for hypertension dated 3/27/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. 5/6/26, 11:00 a.m., the ACE wraps were not on. Review of Resident R174's admission record indicated she was admitted to the facility on [DATE]. Review of the facility diagnosis list included diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels) and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of an active physician order dated 5/1/26, indicated Resident R174 should have ACE wraps to BLE (bilateral lower extremities) on in am, off hs (hour of sleep). Review of Resident R174's plan of care for hypertension dated 5/1/26, indicated for staff to observe for edema. The use of ACE wraps was not addressed in the plan of care. During five observations completed throughout the survey the following was observed: 5/4/26, 12:00 p.m., the ACE wraps were not on. 5/6/26, 11:00 a.m., the ACE wraps were not on. During an interview on 5/7/26, at approximately 12:40 p.m. the Assistant Director of Nursing confirmed the facility failed to follow physicians' orders and/or failed to apply ACE wraps appropriately for 11 of 14 residents. 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services. |

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| F 0835<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Administer the facility in a manner that enables it to use its resources effectively and efficiently.<br><br>Based on review of job descriptions, clinical records, and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) failed to effectively manage the facility to ensure provider notification of resident changes in condition. This failure resulted in immediate jeopardy for seven of 36 residents (R3, R17, R64, R84, R116, R145, and R148).Findings include: Review of the facility-provided Nursing Home Administrator (NHA) job description indicated, The primary purpose of your job position is served as a licensed skilled nursing facility administrator, directing the day-to-day functions of an independent skilled nursing facility in accordance with federal, state, and local requirements that govern skilled nursing facilities, thus seeking to assure that the facility provides a high degree of quality of care to its residents. Review of the facility-provided Director of Nursing (DON) job description indicated the essential duties of the DON include the overall management of the entire nursing department and staffing levels, develop and implement nursing polices and procedures and ensure compliance, responsible for ensuring resident safety. Based on findings identified in this report, the facility failed to ensure that physicians or other advanced practice providers were notified of capillary blood glucose levels beyond the parameters set in the physicians' orders. The NHA and the DON failed to fulfill their essential job duties to ensure the federal and state guidelines and regulations were followed. During an interview on 5/7/26, at approximately 3:00 p.m. the NHA and current DON confirmed that facility administration failed to effectively manage the facility to ensure provider notification of resident changes in condition. This failure resulted in immediate jeopardy for seven of 36 residents. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services. |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of facility policy, observations, clinical records, and staff interviews, it was determined that the facility failed to maintain clinical records that were complete and accurate for three of eight residents (Residents R13, R48 and R75).<br><br>Findings include:<br><br>Review of the facility policy, Physician/Practitioner Orders Policy dated 1/6/26, indicated to provide a general process for receiving, reviewing, implementing, clarifying, and documenting physician/practitioner orders while the resident is under the care of the facility. The facility will obtain and implement physician/practitioner orders in a manner to support resident care needs.<br><br>Review of the facility policy, Wound Management Policy dated 1/6/26, indicated care may be provided by practitioner orders and wound nurse recommendations. Documentation should reflect the care provided and may be completed in the treatment record.<br><br>Review of the clinical record indicated Resident R13 was admitted to the facility on [DATE].<br><br>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs dated 4/27/26, included diagnoses of coronary artery disease (CAD arteries become narrowed or blocked by buildup of plaque reducing blood flow to the heart), heart failure (the heart is unable to pump enough blood to meet the body's need for blood and oxygen), and hypertension (high blood pressure).<br><br>During rounds on 5/5/26, at approximately 9:30 a.m. Resident R13 was observed in bed with toenails that appeared to be thick, discolored, and fungus-like.<br><br>Review of a physician's orders for Resident R13 did not reveal an order for podiatry services.<br><br>During an interview on 5/5/26, at approximately 1:30 p.m. with the Director of Nursing (DON) confirmed there wasn't a podiatry order in the electronic health record (EHR) for the resident, and that the resident is currently followed by podiatry.<br><br>During an interview on 5/7/26, at approximately 7:45 a.m. the DON provided consultation reports from podiatry, for the dates of 1/6/26, 3/17/26, and 5/5/26 that were not observed in the residents EHR.<br><br>Review of the clinical record indicated Resident R75 was originally admitted to the facility on [DATE].<br><br>Review of the MDS dated [DATE], included diagnoses atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat) pneumonia (lung infection) and hypertension (high blood pressure).<br><br>During rounds and an interview on 5/4/26, at approximately 10:30 a.m. with RN Employee E1 confirmed the resident was currently on oxygen at 2 liters. Resident R75 confirmed she uses oxygen most of the time.<br>(continued on next page) |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of the care plan initiated 3/25/26, indicated that Resident R75 had shortness of breath or trouble breathing when lying flat. Included in the interventions was Oxygen therapy as ordered.<br><br>Review of the vital signs' documentation reveals Resident R75 has utilized oxygen during 26 of the thirty days between 4/4/26 and 5/4/25.<br><br>Review of a physician's orders for Resident R75 did not reveal an order for the resident to be administered oxygen.<br><br>During an interview on 5/6/26, at approximately 9:00 a.m. the Director of Nursing (DON) confirmed there wasn't an order in the electronic health record (EHR) for the resident's oxygen administration.<br><br>Review of the clinical record indicated Resident R48 was admitted to the facility on [DATE].<br><br>Review of the MDS dated [DATE], included diagnoses of Parkinson's (a neurodegenerative disorder that affects movement) and diabetes.<br><br>Review of a skin note dated 3/18/26, indicated Resident R48 had a sacral (area of the buttocks) wound and a primary dressing of Therahoney (medical grade honey wound dressing designed to promote healing in wounds, and Border gauze (a specialized wound dressing) to be applied.<br><br>The clinical record did not include documentation of a physician order or documentation that the treatment was completed in the Treatment Record.<br><br>During an interview on 5/5/26 at 10:00 a.m., Wound Care Nurse Employee E2 confirmed the above findings that the wound dressing recommendations on 3/18/26, were not entered into the physician orders and not documented in the Treatment Administration Record, and that the facility failed to maintain records that were complete and accurate.<br><br>During an interview on 5/6/26, at approximately 10:00 a.m. the Nursing Home Administrator and the DON confirmed the facility failed to maintain clinical records that were complete and accurate.<br><br>28 Pa. Code: 211.5(f)(g)(h) Clinical records.<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. |

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| F 0865<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Have a plan that describes the process for conducting QAPI and QAA activities.<br><br>Based on review of the clinical records, staff interviews, facility documents, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to implement a good faith attempt to correct quality deficiencies and make certain that plans to improve the delivery of care and services effectively for seven of 36 residents (Resident R3, R17, 64, R84, R116, R145, and R148).Findings include: Review of the facility policy, Quality Assurance and Performance Improvement (QAPI) Program dated 1/6/26, indicated the QAPI plan describes the process for identifying and correcting quality deficiencies. Listed as a Key Component of the process was, monitoring or evaluating the effectiveness of corrective action/performance improvement activities, and revising as needed. During the survey process the following was revealed: -Resident R3 had 20 instances of high or low blood sugar levels without documentation that the medical provider was notified. -Resident R17 had 15 instances of high or low blood sugar levels without documentation that the medical provider was notified. -Resident R64 had five instances of high or low blood sugar levels without documentation that the medical provider was notified. -Resident R84 had two instances of high or low blood sugar levels without documentation that the medical provider was notified. -Resident R116 had two instances of high or low blood sugar levels without documentation that the medical provider was notified. -Resident R145 had six instances of high or low blood sugar levels without documentation that the medical provider was notified. -Resident R148 had five instances of high or low blood sugar levels without documentation that the medical provider was notified. During an interview on 5/6/26, at approximately 10:45 a.m. the Nursing Home Administrator confirmed that the facility identified non-notification of low blood sugar levels in February 2026 and addressed it in March 2026. On 5/7/26, at approximately 10:00 a.m. documentation of the performance improvement plan, education sign-in sheets, and audits that were completed in response to the facility identifying the concern related to the lack of blood sugar notifications. Review of the facility-provided QAPI Monitoring of Blood Glucose Levels for Residents with Diabetes Mellitus Diagnosis dated 2/16/26, indicated: Improvement Plan: What needs to be done, who will do it, when and where?Education:Licensed nursing staff will be educated by the Director of Nursing or designee on the hypoglycemic policy.Licensed nursing staff will be educated by the Director of Nursing or designee on documentation and the importance of timely monitoring.Licensed nursing staff will be re-educated on the signs and symptoms of hypoglycemia.Action plans: Director of nursing will randomly audit DM residents throughout the week to review if the facility followed the hypoglycemic protocol and educate as needed. On 5/7/26, the facility provided education sign-in sheets for licensed nursing staff related to the updated hypoglycemia policy. Audit information was not provided by the facility, nor documentation that the facility revaluated the performance improvement plan to ensure effectiveness. During an interview on 5/7/26, at approximately 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility's QAPI committee failed to implement a good faith attempt to correct quality deficiencies and make certain that plans to improve the delivery of care and services effectively for seven of 36 residents. 28 Pa. Code 201.18(e)(1) Management.28 Pa. Code 201.18(e)(2)(3)(4) Management. |