

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Mon Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Stoops Drive Monongahela, PA 15063	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy and staff interviews, it was determined that the facility failed to provide a safe, clean, comfortable, and homelike environment on one of one nursing units (second floor nursing unit). Findings included:Review of the facility policy Housekeeping Homelike Environment dated 4/14/25, indicated residents are provided with a clean and homelike environment.During an observation on 10/8/25, at 9:40 a.m. , the following was observed:room [ROOM NUMBER] had black skid marks all over floor tiles and the floor appeared soiled.room [ROOM NUMBER] had cracks in tiles at entrance of room.room [ROOM NUMBER] had multiple cracked floor tiles.During an interview on 10/8/25 at 10:26 a.m., the Nursing Home Administrator was made aware of areas and confirmed that the facility failed to provide a safe, clean, comfortable, and homelike environment on one of one nursing units (second floor nursing unit).28 Pa. Code: 207.2(a) Administrator's responsibility.28 Pa. Code: 201.29(k) Resident rights.</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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, observations, and staff interview, it was determined the facility failed to maintain a fully functioning resident call bell system that allows residents to call for staff assistance through a communication system on one of one nursing units (second floor nursing unit). Findings include: Review of the facility policy Call Light dated 4/14/25, indicated, residents will have a call light or a bell to allow patients to call for assistance. If call bell is defective, it is reported immediately. During an observation on 10/8/25 at 9:43 a.m. the central call light was activated in the North Hall however, there were no resident room lights illuminated above doors. During an observation on 10/8/25, at 9:46 a.m., resident room [ROOM NUMBER] call light was illuminated above the door, however, the central hall light for the South Hall was not illuminated. During an observation on 10/8/25, at 9:53 a.m., resident room [ROOM NUMBER] call light was illuminated above the door, however, the central hall light for the [NAME] Hall was not illuminated. During an interview on 10/8/25, at 10:18 a.m., the Maintenance Director Employee E1 confirmed that the confirmed that the facility failed to maintain a fully functioning resident call bell system that allows residents to call for staff assistance through a communication system on the second-floor nursing unit. 28 Pa Code 207.2(a) Administrators responsibility 28 Pa Code 205.28 (c)(1)(4) Nurses station</p>		