

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  39A438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2025
NAME OF PROVIDER OR SUPPLIER  Southwestern Veterans Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7060 Highland Drive Pittsburgh, PA 15206	

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)
F 0600  Level of Harm - Actual harm  Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.  (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 0600  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, facility documentation and clinical record, and resident and staff interviews, it was determined that the facility failed to ensure that one of two residents reviewed (Resident R1) was free of neglect during care which resulted in actual harm of a fracture of left femur (thigh bone). This deficiency is cited as past non-compliance. Findings include: Review of facility policy Freedom from Abuse, Neglect, Exploitation and Misappropriation of Resident Property dated 1/16/25, indicated the purpose of protocol is to give guidance to provide protections for the health, safety, welfare, and rights of each resident residing in the facility by prohibiting and preventing abuse, neglect, exploitation, misappropriation of resident property, corporal punishment, involuntary seclusion and any physical or chemical restraints not required to treat a resident's medical condition. The facility shall thoroughly investigate all allegations and include training for staff. The facility shall identify, correct and intervene in situations in which abuse, neglect, exploitation or misappropriation of resident property is more likely to occur. Identify, provide ongoing assessment, monitor and care plan appropriate interventions for residents with needs and behaviors which might lead to conflict or neglect. Review of facility policy Transfer Devices dated 1/16/25, indicated this protocol is to provide guidance for the facility regarding enhancing the residents' quality of life, with the increased development of culture change, to the best abilities possible with resident agreement and tolerance by encouraging safe resident transfer independence while decreasing potential for injury to residents and staff. For the safety of the resident and staff, the facility incorporates the use of mechanical lifts, sliding boards, and other safety devices as ordered and when necessary, to assist with transfers to assist the resident with maintaining and achieving their highest practical level of care. Definition: Full Body Lift (Mechanical lift; Electric lift): Devices used to move residents who are unable to stand on their own or complete a transfer with staff assistance safely. Lift completes resident transfer from one surface to another. The facility maintains a no manual lift directive to minimize risk of injury to the resident and staff. When a resident has total dependence or requires extensive assistance of staff for transfers, a full body mechanical lift is the safest device for the resident and staff to utilize. Full body mechanical lifts with corresponding lift slings will be operated according to referenced manufacturer's guidelines. A review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019 indicated that a Brief Interview for Mental Status (BIMS, a screening test that aides in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment Review of Resident R1's admission record indicated that Resident R1 was admitted to the facility 6/26/24. Review of Resident R1's Minimum Data Set (MDS - an assessment tool used to facilitate the management of care) assessment dated [DATE], indicated diagnoses of diabetes mellitus (chronic condition characterized by high blood sugar levels due to the body's inability to produce or effectively use insulin), end stage renal disease (final stage of chronic kidney disease, where kidneys can no longer function adequate, requiring dialysis or a kidney transplant for survival), and hepatitis C (viral infection that causes liver inflammation which could lead to liver damage). Further review of MDS indicated that Resident R1 is dependent for chair/bed-to-chair transfers in which helper does all of the effort; resident does none of the effort to complete the activity; Or the assistance of two or more helpers is required for the resident to complete the activity. Further review of MDS indicated BIMS score of 13 cognitively intact. Review of physician orders indicated that on date 6/28/24, Resident R1 was ordered Transfers: Full mechanical lift. Review of Resident R1's care plan with an Approach start date of 11/4/21, indicated the he/she is a two person transfer with mechanical lift. Review of Resident Roster (an easy reference of resident care needs for the nursing assistants to reference), indicated that on 8/11/25, Resident R1 is to be transferred using a HOYER (a device that helps caregivers transfer patients with limited mobility from one place to another) 2 assist with large sling. Review of Resident R1's clinical progress note dated 8/9/25, at 5:07 p.m., revealed resident (R1) complained 10/10 pain to his left stump that is unrelieved by PRN (as needed) Tylenol. Residents left stump warm to touch and swelling noted. MD (doctor) called to inform of resident's condition, and gave verbal telephone order to send resident to the emergency room for evaluation. Further review of clinical nursing progress note dated 8/11/25, at 6:30 p.m., revealed Resident R1 returned from hospital via stretcher at 6:07 p.m. Further review of clinical physician services progress note dated 8/12/25, at 8:02 a.m., revealed that Resident R1 was found to have an acute comminuted (type of bone fracture where the bone is broken in three or more pieces) impacted and angulated (type of bone fracture</p>		

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (continued on next page)

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, facility documentation, and staff interviews, it was determined that the facility failed to provide adequate supervision and implement effective transfer interventions as per physician order to promote resident safety, resulting in a preventable accident and actual harm when the resident received a fracture of the left femur, for one of two residents reviewed (Resident R1). This deficiency is cited as past non-compliance. Findings include: Review of facility policy Transfer Devices dated 1/16/25, indicated this protocol is to provide guidance for the facility regarding enhancing the residents' quality of life, with the increased development of culture change, to the best abilities possible with resident agreement and tolerance by encouraging safe resident transfer independence while decreasing potential for injury to residents and staff. For the safety of the resident and staff, the facility incorporates the use of mechanical lifts, sliding boards, and other safety devices as ordered and when necessary, to assist with transfers to assist the resident with maintaining and achieving their highest practical level of care. Definition: Full Body Lift (Mechanical lift; Electric lift): Devices used to move residents who are unable to stand on their own or complete a transfer with staff assistance safely. Lift completes resident transfer from one surface to another. 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When asked by ADON Employee E2 if a Hoyer lift was used with a second person, NA Employee E1 stated No. Review of documentation submitted by the facility dated 8/14/25, revealed that the facility initiated an investigation regarding resident neglect on 8/11/25. Further review of submitted</p>		