

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
STATE LICENSE NUMBER: 193302				
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F 0000	INITIAL COMMENT	F 0000		
F 0558	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance, and an Abbreviated survey in response to a complaint completed on February 10th, 2025, it was determined that Wecare At South Hills Rehabilitation and Nursing Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0558		
SS=D				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0558 SS=D	Continued from page 1 483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:	F 0558	1. R53's breath-activated call light is placed within reach and is functional. 2. All residents reviewed to ensure the call light is within reach. 3. All residents call bells will be within reach. 4. The Director of Nursing (DON)/Designee verified the placement and functionality of the call light and documented this in the resident's point of care. Kardex, and care plan were updated for this resident and any like residents. 5. The Director of Nursing/Designee will conduct training sessions for all nursing staff, focusing on the use and maintenance of specialized call lights, including breath-activated systems. Include training on the importance of following individualized care plans, physician orders, and tasks assigned in point of care. 6. The Director of Nursing/Designee will complete auditing and monitoring to 4 rooms on each unit, to be implemented by a random weekly audit for the next two weeks,	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0558 SS=D	Continued from page 2	F 0558	<p>then monthly for two months to ensure that all special equipment, such as breath-activated call lights, are functional, and properly placed as per the care plan, Kardex, and Point of Care tasks.</p> <p>7. The facility will conduct quarterly follow-up assessments to ensure ongoing compliance and address any recurrent issues.</p> <p>8. Follow-up findings will be reported to the Quality Assurance Performance Improvement committee and documented for regulatory review.</p>	

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F 0558 SS=D	Continued from page 3 Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to make certain call light tubes were in reach for one of two residents with a breath activated call light response system (Resident R53). Findings include: The facility policy "Call Light Response" dated 10/23/24, indicated to ensure a call bell or alternative device will be accessible to each resident while in their room, toilet, or bathing area. Review of Resident R53's clinical record indicated admission to the facility on 10/11/24, and readmitted on 1/20/25. Review of Resident R53's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/4/24, indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), muscle weakness, and rheumatoid arthritis (chronic, painful inflammatory	F 0558		

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F 0558 SS=D	Continued from page 4 disorder affecting many joints, including those in the hands and feet). Review of Section GG: Functional Abilities, indicated that Resident R53 has range of motion impairment on both sides of her upper and lower body. Review of a physician's note on 1/13/25, indicated Resident R53 was diagnosed with stiff person syndrome (rare neurological disorder characterized by progressive muscular rigidity and stiffness). The note further stated that Resident R53 has finger and hand contractures (shortening of muscles, tendons, skin, and nearby soft tissues that causes the joints to shorten and become very stiff, preventing normal movement). Review of Resident R53's care plan last updated 1/15/25, failed to include a plan of care developed for complications of rheumatoid arthritis (other than pain), hand contractures, and the use of a breath activated call light system. Review of Resident R53's Kardex (paper/electronic	F 0558		

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F 0558 SS=D	Continued from page 5 document that outlines the patients' activities of daily living, continence levels, and behaviors, as well as physician orders, advanced directives, diet, and allergies) as of 2/3/25, failed to include information related to a breath activated call light system. Review of a physician order dated 10/28/24, indicated, "Resident unable to grip call bell, and other options failed to work due to resident condition, q 15-minute (every 15 minutes) safety checks." Review of a physician order dated 11/21/24, indicated, "Resident has a call light system that is activated by blowing into white tube. Sometimes forgets it is there. Please reinforce use to her when in room. A sign is in place on footboard per request to remind her how to activate call system." Review of a progress note dated 10/28/24, at 2:44 p.m. indicated, "Daughter notified of call bell unable to reach due to contractures, in hands bilaterally (both sides of the body), reviewed with daughter we	F 0558		

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F 0558 SS=D	Continued from page 6 have tried, head flat call bell, resident unable to move head, we are currently looking for the blow call and to see if it works on our system, as well we are currently having q 15-minute checks to ensure call bell placed in hand. and for safety." During an interview and observation on 2/3/24, at approximately 10:45 a.m. Resident R53 asked the surveyor for assistance. The surveyor asked the resident if she had activated her call light, and the resident stated she "I don't think I have one of those." At this time, a breath activated call light tube was noted to be at the level of the resident's face, on a flexible mount, but turned completely away from the resident. On 2/3/24, the surveyor asked Registered Nurse (RN) Employee E2 for assistance with Resident R53, and she asked Nurse Aide (NA) Employee E6 to assist her. Upon entering the room, RN Employee E2 immediately repositioned the call light tube. NA Employee E6 stated, "I don't even know how that thing works."	F 0558		

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F 0558 SS=D	Continued from page 7 During an observation on 2/4/25, at approximately 11:00 a.m. Resident R53's call light tube was turned away from her face. During an interview on 2/4/25, at approximately 11:02 p.m. NA Employee E7 confirmed that Resident R53's call light tube was turned away from her face, and she would be unable to activate it. NA Employee E7 confirmed that Resident R53 would call out if she needed assistance. During an observation on 2/5/25, at approximately 1:50 p.m. Resident R53's call light tube was turned away from her face. During an observation on 2/6/25, at approximately 12:30 p.m. Resident R53's call light tube was turned away from her face. During an interview on 2/6/25, at approximately 12:33 p.m. NA Employee E7 confirmed that Resident R53's call light tube was turned away from	F 0558		

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F 0558 SS=D	Continued from page 8 her face, and she would be unable to activate it. When asked, NA Employee E7 confirmed she was unaware of the physician's order for checks every 15 minutes. During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed facility failed to make certain call light tubes were in reach for one of two residents with a breath activated call light response system. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services. 28 Pa Code: 201.29 (I)(o) Resident rights.	F 0558		
F 0565 SS=D		F 0565		

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F 0565 SS=D	Continued from page 9 483.10(f)(5)(i)-(iv)(6)(7) Resident/Family Group and Response §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups.	F 0565	1. Residents will be provided with a space to conduct Resident Council in a private setting. 2. Resident council will be held in C Solarium to ensure the residents have a private area to conduct meetings. 3. The Nursing Home Administrator/designee will re-educate the Activities Department to provide a private area to hold the resident council meetings in. 4. The Nursing Home Administrator/designee will audit monthly x2 resident council minutes to ensure resident council is being held in a private setting. 5. Monitoring and audits will be submitted to the Quality Assurance Performance Improvement Committee.	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0565 SS=D	Continued from page 10 §483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by:	F 0565		

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F 0565 SS=D	Continued from page 11 Based on review of resident council minutes, resident and group interviews and interviews with staff and facility policy, it was determined the facility failed to ensure the residents were offered a private group meeting during resident council for 10 of 10 residents interviewed (Resident R10, R19, R26, R31, R40, R43, R50, R52, R54, R56). Finding include: Review of the facility policy titled, "Resident Council" reviewed 10/23/24, states the facility will provide space, privacy and support to conduct meetings. During Resident Group with ten alert and oriented residents on 2/5/25, at 1:00 p.m. Resident R10 and R43 indicated during resident council some of the members did not like to use their name if there was a concern or problem so the facility doesn't get told. Members of the resident council were asked , during the time they meet would it be more beneficial to meet in private than in the main dining	F 0565		

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F 0565 SS=D	Continued from page 12 room where staff and other residents continuously walk through and can hear the meeting going on, thus allowing residents to voice their concerns and the president can then take the concerns back to the facility. The President responded that Resident Council was always conducted with facility staff and other residents present, we never had it any other way. The residents that attended the group discussion were not aware they could have private meetings. Interview with Activities Director and Director of Nursing on 2/5/25, at 2:04 p.m. indicated the facility was always invited to group meetings but confirmed the meetings were not held privately with only residents. 28 Pa. Code 201.29(a) Resident Rights	F 0565		

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F 0580 SS=D	Continued from page 14 483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	1. The concerns identified for R29 and R62 cannot be retroactively corrected. The facility will ensure that the physician and the resident representatives are immediately notified of the residents' changes in condition. 2. The Director of Nursing (DON)/Designee will review that notifications have been made and documented in the residents' medical records during clinical morning meeting. Ensure that all nursing staff are aware of the facility's policies regarding the reporting of changes in residents' conditions. This includes understanding what constitutes a significant change and the protocol for communicating this information. 3. The Director of Nursing/Designee will conduct retraining sessions for all nursing staff on the facility's policies regarding the notification of changes in resident conditions to physicians and resident representatives. 4. Updated protocols will be approved by the facility's governing	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0580 SS=D	Continued from page 15 section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:	F 0580	body and incorporated into the staff training manual. 5. The Director of Nursing/Designee will implement a weekly audit for the next two weeks then monthly for two months to ensure compliance with the notification protocols. The audit will specifically check for timely documentation and notification of any changes in resident conditions. 6. Audit results will be documented and reviewed during monthly Quality Assurance and Performance Improvement (QAPI) meetings.	

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NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0580 SS=D	Continued from page 16 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to notify resident representative and/or medical providers of a change in condition for two of six residents (Resident R29 and R62). Findings include: Review of the policy "Health, Medical Condition and Treatment Options, Informing Resident Of", dated 10/23/24, indicated the responsible party or guardian is to be notified when there has been any change in condition, such as the diagnosis of an infection and the start of antibiotics. 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: 13-15: cognitively intact 8-12: moderately impaired	F 0580		

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F 0580 SS=D	Continued from page 17 0-7: severe impairment Review of the clinical record indicated Resident R62 was admitted to the facility on 5/1/24, and readmitted on 2/1/25. Review of Resident R62's MDS - a mandated assessment of a resident's abilities and care needs) dated 12/3/24, included diagnoses diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and a seizure disorder. Review of Section B: Hearing, Speech, and Vision indicated Resident R62's vision was impaired, hearing was severely impaired, and she had no speech. Review of Section C: Cognitive Patterns indicated Resident R62 had a BIMS score of "5." Review of Resident R62's care plan initiated 5/2/24, indicated Resident R62 had impaired communication due to deafness, mutism, and legal blindness.	F 0580		

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F 0580 SS=D	Continued from page 18 Review of a progress note dated 1/5/25, at 11:22 a.m. indicated, "During care aide called this nurse into room, noted in resident brief large amount of bright red blood in brief. Resident's coccyx intact no skin integrity noted. Resident yelling out in pain. Notified hospice, hospice sending a nurse to come assess resident." Further review of progress notes failed to reveal a communication to the resident representative or the medical provider. Review of a progress note dated 1/6/25, at 1:38 p.m. indicated, "Resident is having emesis x3 (three instances of vomiting) today, BGM (blood glucose monitor) has been high, [Medical Provider] notified was order to give 10 extra of Lantus (a type of injectable medication to treat diabetes) and UA C&S (urinalysis with testing of bacterial growth) ordered." Further review of progress notes failed to reveal a communication to the resident representative.	F 0580		

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F 0580 SS=D	Continued from page 19 Review of a progress note dated 2/1/25, at 2:05 p.m. indicated, "Resident had multiple emesis on 7-3 shift, VSS (vital signs stable) and afebrile (no fever). Further review of progress notes failed to reveal a communication to the medical provider. During an electronic communication on 2/7/24, at 11:03 a.m. the Director of Nursing confirmed there was not notification or follow-up to the above instances. Review of the clinical record indicated that Resident R29 was admitted to the facility on 10/17/24, with diagnoses that included encephalopathy (disturbance of brain function that causes confusion, memory loss, and coma in severe cases), alcoholic cirrhosis (chronic liver disease caused by long-term, excessive alcohol consumption), depression and muscle weakness. Review of the MDS dated 11/14/24, indicated	F 0580		

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F 0580 SS=D	Continued from page 20 diagnoses remained current and Section C "Cognitive Patterns" revealed resident had an updated BIMS score of 6, which indicated the resident has severe impairment. In an interview with the Social Worker she states that a conversation occurred with the guardian that the resident has not been seen by a gynecologist recently and an appointment was scheduled for 1/21/25. Review of clinical records did not indicate that resident was sexually active or had any gynecological symptoms. During this routine exam the resident was diagnosed with Trichomoniasis (sexually transmitted infection) and started on an antibiotic on 2/1/25 to treat. There was no evidence in the clinical record that the resident's guardian was notified of this change in condition. In a phone interview on 2/6/25, at approximately 10:30 a.m. with the guardian, it was the first that she was hearing that the resident had been diagnosed with a sexually transmitted infection.	F 0580		

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F 0580 SS=D	Continued from page 21 During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to notify resident representative and/or medical providers of a change in condition for two of six residents. 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 201.29(d) Resident rights. 28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.	F 0580		
F 0584 SS=D		F 0584		

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F 0584 SS=D	Continued from page 22 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1. R52 room was deep cleaned immediately. The drawer of the bedside table was placed back inside the table. The screws and metal bracket were immediately removed from room R52. The foot board from R52 room was immediately removed. All trash was removed from R62, R53, R66, R15 and R52 rooms. 2. Trash from A/E unit removed. Shower room and residents' floors immediately cleaned. 3. The Nursing Home Administrator/designee will re-educate housekeeping and clinical staff on the cleanliness of the shower rooms and the importance of proper storage of chemicals. 4. The facility will maintain a clean, homelike environment for the residents. The Maintenance Director, Housekeeping Supervisor and Nursing Home Administrator will complete walking environmental rounds to identify any other areas that may need repaired. 5. The maintenance staff and housekeeping staff will be re-educated on maintaining a clean,	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0584 SS=D	Continued from page 23 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584	homelike environment by the Nursing Home Administrator/designee. 6. The Maintenance Director, Housekeeping Supervisor and Nursing Home Administrator will complete walking environmental rounds weekly to ensure a clean, homelike environment is being maintained. These rounds will be ongoing. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	

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F 0584 SS=D	Continued from page 24 Based on observations and resident and staff interviews it was determined that the facility failed to provide a clean and homelike environment on one of two nursing units (A/E Nursing Unit) and for five of fourteen residents (Residents R15, R52, R53, R62, and R66). Findings include: During an observation on 2/3/25, at approximately 11:00 a.m., Resident R52's was noted to have trash on the floor, a drawer of the bedside table pulled out of the table and on its side, soiled washcloth and resident clothing on the floor, disposable cups and used gloves under the bed, and screws and a metal bracket on the windowsill. The foot board was removed from the bed and was lying on the floor in front of the wardrobe. The floor food residue adhered to it and dust and crumbs all over it. During an observation on 2/4/25, at approximately 8:40 a.m., an Environmental Service (EVS) Worker was seen entering Resident R52's room and	F 0584		

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F 0584 SS=D	Continued from page 25 emptying the trash can. No other services were performed. Observation at this time revealed no significant change from the previous observation on 2/3/25. During an interview on 2/4/25, at 8:47 a.m., Licensed Practical Nurse (LPN) Employee E6 was asked why Resident R52's room had not been cleaned. She stated that when EVS staff clean the room he pulls the clothes and drawers out again. Observation with LPN Employee E6 at this time confirmed the screws on the windowsill, the metal bracket, the tripping hazard of the footboard and other items on the floor, and the possibility that the food crumbs throughout the room would attract pests. During an observation on 2/4/25, at approximately 11:30 a.m. Resident R52 room had the items removed from the floor, the drawer placed back into the bedside table, and the footboard placed between the wall and the side of the wardrobe. The floor appeared to have been somewhat swept, but a	F 0584		

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F 0584 SS=D	Continued from page 26 significant amount food resident was present, and the floor was not mopped. During an observation on 2/6/24, at 12:03 p.m. a bag of what appeared to be trash, and a mop/broom handle was in the hall at the entrance to the A/E Nursing Unit. During an observation on 2/6/24, at 12:04 p.m. of the shower room near the A/E Nursing Unit station revealed the commode blocked by two double-bin linen carts, two bedside commode receptacles with a brown substance in them, and an opened, gallon-sized container of bleach, accessible to residents. During an observation on 2/6/24, at 12:15 p.m. the bathroom trash can for Residents R62 and R53 was overflowing onto the floor. Review of clinical residents revealed that neither resident was able to exit their bed and use the bathroom without staff assistance.	F 0584		

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F 0584 SS=D	Continued from page 27 During an observation on 2/6/24, at 12:20 p.m. the floor of Residents R66 and R15 had a significant amount of trash and crumbs on the floor. During an observation on 2/6/25, at approximately 12:24 p.m., Resident R52's room floor was noted to be extremely soiled, food residue and crumbs present, one drawer of the three-drawer bedside table to be missing a handle, and one drawer of the four-drawer dresser to have a missing handle. During an interview on 2/6/25 at approximately 3:30 p.m., the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to provide a clean and homelike environment on one of two nursing units and for five of fourteen residents. 28 Pa. Code: 207.2(a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.	F 0584		

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F 0600 SS=G	483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 0600	1. R29, R67 charts have been reviewed and updated to reflect current status. R67 and R29 are currently followed by psych services. R29 gynecological follow up is 3/5/2025. Guardian has been updated. R29 and R67 visitations will only be allowed in common areas. 2. House review has been completed to ensure no other residents identified. 3. All Facility staff will be in-serviced via directed in-service LW Consulting on 2/27/25 for F600 freedom from abuse/neglect with focus on sexual abuse. 4. Director of Nursing/designee will educate all staff on facilities policy and procedure of abuse/neglect. 5. Director of Nursing/designee will monitor 24-hour report, progress notes for any instances that fall into this category at clinical meeting. 6. Director of Nursing/designee will audit weekly x2, monthly x2 progress notes and 24-hour report. 7. Results of in-service, monitoring and audits will be submitted to the Quality Assurance Performance Improvement Committee.	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0600 SS=G	Continued from page 29 Based on review of facility policy, clinical records, observations, and resident and staff interviews, it was determined the facility failed to ensure that one of 26 residents was free from sexual abuse that resulted in the actual harm of a newly diagnosed sexually transmitted infection for one of 26 residents (Resident R29). Findings include: A review of the facility policy titled "Abuse and Neglect-Clinical Protocol", last reviewed 10/23/24, indicated that residents have the right to be free from abuse, as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Instances of abuse of all residents, irrespective of any mental or physical condition, or causes physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Neglect is the failure of the facility, its employees or service providers to	F 0600		

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F 0600 SS=G	Continued from page 30 provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. Sexual Abuse is defined as non-consensual sexual contact of any type with a resident. The term "Willful" is used in the definition of "abuse" means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Additionally, the facility policy indicated that abuse prevention included assessing, care planning, cause identification, treatment/management and monitoring residents with needs and behaviors that may lead to conflict or neglect. Assessing residents with signs and symptoms of behavior problems and developing and implementing care plans to address behavioral issues. The facility will strive to maintain adequate staffing on all shifts to ensure the needs of each resident are met. Review of Resident R29's clinical record revealed admission to the facility on 10/17/24, with diagnoses that included encephalopathy (disturbance of brain	F 0600		

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NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0600 SS=G	Continued from page 31 function that causes confusion, memory loss, and coma in severe cases), alcoholic cirrhosis (chronic liver disease caused by long-term, excessive alcohol consumption), depression, muscle weakness. Review of Resident R29's Minimum Data Set (MDS- a federally mandated standardized assessment process conducted periodically to plan resident care) assessment dated 11/14/24, section C "Cognitive Patterns" revealed severe cognitive impairment. Review of the resident profile revealed Resident R29 has a court appointed guardian. In court appointed guardianship paperwork dated 12/21/21, it states that due to her diagnosis, Resident R29 suffers from permanent damage to her brain and recovery is not possible. Resident R29 is unable to receive or evaluate information or to communicate decisions to such an extent that she is unable to meet her essential requirement for her personal and financial needs. Resident R29 is in need of guardianship services and is totally incapacitated.	F 0600		

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F 0600 SS=G	<p>Continued from page 32</p> <p>There is no less restrictive alternative to the appointment of a Plenary Guardian and of the estate of Resident R29.</p> <p>Review of Resident R29's comprehensive person-centered care, plan of care that was initiated on 10/21/24, and revised on 1/22/25, does not mention the resident as having behaviors related to inappropriate sexual behaviors (making sexually inappropriate statements to caregivers, engaging in relationships with other residents, or desire to be sexually active or show sexual expression). No planned interventions are noted to manage sexual behaviors, monitor and document episodes of inappropriate behaviors and/or to notify physician/nurse-practitioner/physician assistant when behaviors persist.</p> <p>During an interview on 2/6/25 at 3:18 p.m. Resident R29 revealed that she was in a relationship with Resident R67. She states they are engaged and plan to move in together when they both get out of the facility. When asked if they are sexually active she</p>	F 0600		

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F 0600 SS=G	Continued from page 33 denied that they were. Review of Resident R67's clinical record revealed admission to the facility on 4/3/24, with diagnoses that included schizoaffective disorder (combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder. Symptoms may occur at the same time or at different times), Alcohol use, muscle weakness, and depression. Review of Resident R67's MDS assessment dated 12/11/24, section C "Cognitive Patterns" revealed Resident R67 had a BIMS score of 15, which indicated the resident is cognitively intact. Review of clinical progress notes on 11/26/24, indicated Resident R67 was unhappy with increased sexual dysfunction secondary to his medication and asked his psychiatrist to change his medications to alleviate the sexual dysfunction. Review of Resident R67's clinical record on 11/29/24, states the resident bought beer for a	F 0600		

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F 0600 SS=G	Continued from page 34 female resident because she had a migraine and she needed it. Resident R67 was given the explanation that he was not to buy alcohol for another resident and that if that resident needed alcohol it had to go through the physician. During an interview on 2/5/25, at approximately 2:40 p.m. with the DON she stated that Resident R67 did buy the alcohol for Resident R29. During an interview with Resident R67 on 2/6/25, at 2:44 p.m. he confirmed that he is in a relationship with Resident R29 and that they are engaged and his plan is to come back and visit her until she is able to be discharged and move in with him. Review of the clinical record reveals no documentation that Resident R67 is in a relationship with Resident R29. Review of Resident R29's clinical record revealed the resident was diagnosed with Trichomoniasis(sexually transmitted infection causing a foul-smelling vaginal discharge, genital itching and painful urination in women, men typically have no	F 0600		

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F 0600 SS=G	<p>Continued from page 35</p> <p>symptoms). Resident R29 saw a gynecologist on 1/21/25, and office reported to facility on 1/31/ 25, that results from Papanicolaou test (Pap test-a cervical cancer screening procedure that involves taking a cell sample from the cervix, cells are examined then under a microscope) back positive for this infection and resident would need to start antibiotics to treat the infection.</p> <p>During an interview with the gynecologist's office on 2/6/25, at approximately 10:30 a.m., revealed that Resident R29 stated she has been recently engaged in consensual intercourse. Resident also stated during this visit that she was engaged to a fellow resident, Resident R67, and they plan to move in together.</p> <p>Resident R29's clinical record failed to reveal documented evidence that social services, medical services or managerial staff followed up with the resident post-gynecological exam finding to determine the extent of relationship with Resident R67, and failed to reveal that her person-centered</p>	F 0600		

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F 0600 SS=G	Continued from page 36 plan of care was reviewed and revised with new goals and approaches to manage her sexual behavior and resident-resident relationship. Review of RN Employee E1 statement on 2/4/25 at 11:30 a.m. reported that she was notified on 1/31/25 that Resident R29 had Trichomoniasis but the facility felt that she came that way (transferred from hospital on 10/17/24), was aware that she was in a relationship with Resident R67, and there was concern that she might be pregnant due to abdomen being distended (no pregnancy test done at facility but at gynecological appointment on 1/21/25, the test was negative). During an interview on 2/6/25 at 11:00 a.m. Resident R29's guardian stated she was aware that Resident R29 was in a relationship with another resident at the facility but she was not made aware of the new diagnosis of a sexually transmitted infection. Guardian stated she feels that Resident R29 does not have the capacity to differentiate what sexual intercourse entails, meaning is it kissing, oral	F 0600		

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F 0600 SS=G	Continued from page 37 sex, masturbation or intercourse or what the repercussions could be such as pregnancy (Resident R29 is still in child-bearing age with monthly menstruation) or a sexually transmitted infection. During an interview on 2/6/25, at approximately 11:45 a.m. the Director of Nursing discussed Resident R29's behaviors as was noted from a previous facility, she was noted to be hypersexual in that she enjoyed flirting with the male residents and aides, talking in a sexual manner and she enjoyed sitting on men's laps, she had to be redirected of her behaviors at that facility and currently she is focused on her relationship with Resident R67. Resident R29 has never been care planned for these known hypersexual behaviors at her current facility. During multiple interviews with multiple staff members (NA Employee's E5, E8, and E9) on 2/6/25, it was noted that Resident R29 and Resident R67 are together all the time, she sometimes goes into his room, they cuddle and watch movies together on his computer, they talk about moving in	F 0600		

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F 0600 SS=G	Continued from page 38 together, hug in the hallway, have been seen kissing. Staff stated that they had made management aware of the seriousness of the relationship. During an interview with the Social Worker Employee E10 on 2/6/25, at 11:30 a.m, revealed that she was aware that Resident R29 and Resident R67 were "friends" but stated they feel Resident R29 is unable to make a decision to be in a committed relationship, Resident R67 can make that decision, they are engaged (did not mention he bought her an engagement ring), and spent time together in various areas of the facility but are never alone, also stated Resident R67 is due to be discharged soon and plans on returning to visit Resident R29. Further review with DON and NHA confirmed the facility failed to ensure proper staff supervision of Resident R29 and Resident R67 and to develop and implement necessary interventions for a resident with a severe cognitive impairment from entering a relationship with a resident with cognitive	F 0600		

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F 0600 SS=G	Continued from page 39 impairment. The facility failed to develop and implement interventions after suspected sexual abuse occurred and to prevent further incidents of sexual abuse from occurring. This incident was identified as a harm for one of twenty-six residents. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 201.29(a)(c) Resident rights. 28 Pa. Code 211.12(c)(d)(5) Nursing services.	F 0600		
F 0609 SS=E		F 0609		

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F 0609 SS=E	Continued from page 40 483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 0609	1. Event report was submitted on 2/6/2025 2. 24-hour report, progress notes, grievance reports will be reviewed at morning clinical meeting to ensure investigation is completed for any incidents, accidents or grievances if warranted. 3. The Interdisciplinary Team will be educated by the Regional Clinical Director on Reporting and investigating allegations of abuse and neglect. 4. Administrator/designee will audit weekly x2, monthly x2 any allegations for proper investigation and reporting. 5. Findings will be submitted to Quality Assurance Performance Improvement Committee.	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0609 SS=E	Continued from page 41 Based on review of facility policy, clinical record review, facility submitted documents, and staff interview, it was determined that the facility failed to report an allegation of abuse in the required timeframe for one of nine residents (Resident R29). Finding include: Review of facility policy "Abuse and Neglect" dated 10/23/24, indicated abuse is the failure of the facility, its employees or service providers to provide goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. All allegations of abuse of unknown source must be reported immediately to the Administrator, Director of Nursing, and to the applicable State Agency. All serious incidents involving a resident will be reported to the Department of Health (State Agency) field office within 24 hours. Review of the clinical record indicated Resident R29 was admitted to the facility on 10/17/24.	F 0609		

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F 0609 SS=E	Continued from page 42 Review of Resident R29's Minimum Data Set (MDS-a periodic assessment of are needs) dated 11/14/24, indicated diagnoses of encephalopathy (disturbance of brain function that causes confusion, memory loss, and coma in severe cases), alcoholic cirrhosis (chronic liver disease caused by long-term, excessive alcohol consumption), depression and muscle weakness. Section C "Cognitive Patterns" revealed resident had an updated BIMS score (Brief Interview for Mental Status is a tool used to evaluate cognitive impairment and assist with dementia diagnosis) of 6, which indicated the resident has severe cognitive impairment. During a review of the clinical record it was noted the resident had been recently diagnosed with Trichomoniasis (sexually transmitted infection causing a foul-smelling vaginal discharge, genital itching and painful urination in women, men typically have no symptoms) while at a routine gynecological exam. Interview with the gynecological office noted that the resident stated she had recently been in a	F 0609		

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F 0609 SS=E	Continued from page 43 consensual sexual relationship and was engaged to a fellow resident. Resident has a low BIMS score and cognitively has issues with time and when she thinks something might have occurred, thus making her unreliable as to when the consensual intercourse might have occurred. During an interview with Resident R29 on 2/7/25, at 3:18 p.m. she discussed her relationship, denied that they were having intercourse but did state that he touches her leg (pointed to upper thigh) and they cuddle and kiss sometimes. During an interview on 2/6/24, at approximately 3:30 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to report an allegation of abuse in the required timeframe for one of nine residents (Resident R29). 28 Pa. Code 201.14(a)(c)(e) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management	F 0609		

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F 0609 SS=E	Continued from page 44 28 Pa. Code 201.20(b) Staff development 28 Pa. Code 211.10(c)(d) Resident care policies	F 0609		
F 0641 SS=D		F 0641		

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F 0641 SS=D	Continued from page 45 483.20(g) Accuracy of Assessments §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by:	F 0641	1. R30, R43, R54, R56, R64, R66, R69, and R70 were reviewed and updated to reflect current resident status. 2. MDS/Designee will review MDS house audit accuracy for Pneumococcal vaccinations. 3. MDS/Designee will develop, educate, and implement a standardized communication protocol between the infection preventionist and the MDS staff to ensure all relevant health information, including vaccination status and offerings, is accurately communicated and recorded. 4. A weekly times two, then monthly times two audit of MDS assessments to verify accuracy and completeness, with a specific focus on health prevention measures pneumococcal vaccinations. 5. Will begin immediately, with ongoing monthly audits for at least two months. 6. Audit results will be reviewed during monthly QAPI meetings, and findings will be documented.	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0641 SS=D	Continued from page 46 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 MDS assessments accurately reflected the resident's status for eight of sixteen residents (Resident R30, R43, R54, R56, R64, R66, R69, and R70). Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS, mandated assessments of a resident's abilities and care needs), dated October 2024, indicated the following instructions: Coding Instructions O0300A, Is the Resident's Pneumococcal Vaccination Up to Date? -Code 0, no: if the resident's pneumococcal vaccination status is not up to date or cannot be determined. Proceed to item O0300B, If Pneumococcal vaccine not received, state reason. -Code 1, yes: if the resident's pneumococcal	F 0641		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0641 SS=D	Continued from page 47 vaccination status is up to date. Skip to O0350, Resident's COVID-19 vaccination is up to date. If the resident has not received a pneumococcal vaccine, code the reason from the following list: -Code 1, Not eligible: if the resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize. -Code 2, Offered and declined: resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine. -Code 3, Not offered: resident or responsible party/legal guardian not offered the pneumococcal vaccine. Review of Resident R30's Pneumococcal Vaccine Informed Consent form, dated 12/31/24, revealed Resident R30 refused to receive the pneumococcal vaccination.	F 0641		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0641 SS=D	Continued from page 48 Review of the MDS dated 11/14/24, indicated that Resident R30 was not offered the pneumococcal vaccine. Review of Resident R43's Pneumococcal Vaccine Informed Consent/Declination form, dated 8/9/24, revealed Resident R43 consented to receive the pneumococcal vaccination. Review of the MDS dated 1/13/25, indicated that Resident R43 was not offered the pneumococcal vaccine. Review of Resident R54's Pneumococcal Vaccine Informed Consent/Declination form, dated 1/2/23, revealed Resident R54 consented to receive the pneumococcal vaccination. Review of the MDS dated 11/27/24, indicated that Resident R54 was not offered the pneumococcal vaccine. Review of Resident R56's Pneumococcal Vaccine	F 0641		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
STATE LICENSE NUMBER: 193302				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0641 SS=D	Continued from page 49 Informed Consent/Declination form, dated 12/11/24, revealed Resident R56 consented to receive the pneumococcal vaccination. Review of the MDS dated 12/9/24, indicated that Resident R56 was not offered the pneumococcal vaccine. Review of Resident R64's Pneumococcal Vaccine Informed Consent/Declination form, undated (remainder of admission packet dated 8/26/24), revealed Resident R64 consented to receive the pneumococcal vaccination. Review of the MDS dated 11/7/24, indicated that Resident R64 was not offered the pneumococcal vaccine. Review of Resident R66's Pneumococcal Vaccine Informed Consent/Declination form, dated 5/6/24, revealed Resident R64 refused to receive the pneumococcal vaccination.	F 0641		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0641 SS=D	Continued from page 50 Review of the MDS dated 11/7/24, indicated that Resident R66 was not offered the pneumococcal vaccine. Review of Resident R69's Pneumococcal Vaccine Informed Consent/Declination form, undated (remainder of admission packet dated 10/8/24), revealed Resident R69 consented to receive the pneumococcal vaccination. Review of the MDS dated 11/14/24, indicated that Resident R69 was not offered the pneumococcal vaccine. Review of Resident R70's Pneumococcal Vaccine Informed Consent/Declination form dated 9/17/24, revealed Resident R70's resident representative consented for Resident R70 to receive the pneumococcal vaccination. Review of the MDS dated 1/9/25, indicated that Resident R70 was not offered the pneumococcal vaccine.	F 0641		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0641 SS=D	Continued from page 51 During an interview on 2/6/24, at approximately 12:00 p.m. the Licensed Practical Nurse Assessment Coordinator Employee E3 confirmed that the MDS assessments were not completed accurately. During an interview on 2/6/24, at approximately 3:30 pm. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to ensure that MDS assessments accurately reflected the resident's status for eight of fifteen residents. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing Services.	F 0641		
F 0684 SS=D		F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0684 SS=D	Continued from page 52 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	<ol style="list-style-type: none"> 1. R22's medical records and care plan have been reviewed and updated. 2. (and "like" residents), focusing on the management of congestive heart failure (CHF) have been reviewed and updated 3. The Director of Nursing/Designee will provide retraining for all nursing staff on the standards of care for managing residents with CHF, including the importance of monitoring symptoms, weight management, and fluid balance. 4. The Director of Nursing/Designee will include training on recognizing signs of exacerbation of CHF and the appropriate steps to take when changes in a resident's condition are observed. 5. The Director of Nursing/Designee weekly audits times two then, monthly for two months to ensure that care plans are being followed, for residents with high-risk conditions like CHF. 6. The Director of Nursing/Designee will use audit results to identify areas for improvement and adjust 	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0684 SS=D	Continued from page 53	F 0684	care practices accordingly. 7. Audit results will be reviewed during monthly Quality Assurance Performance Improvement meetings, and findings will be documented.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
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F 0684 SS=D	Continued from page 54 Based on review of facility policies and documents, clinical records, and staff interviews, it was determined that the facility failed to provide care and services to possibly prevent hospitalization and failed to provide care and services after hospitalization for one of four residents (Resident R22). Review of the clinical record indicated that Resident R22 was admitted to the facility on 2/26/20, and readmitted on 12/15/20. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 1/16/25, included diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and heart failure (a progressive heart disease that affects pumping action of the heart muscles).	F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0684 SS=D	Continued from page 55 Review of Resident R22's weight record revealed the following: 04/03/24: 335.0 lbs. (pounds) 050/1/24: 322.0 lbs. 06/11/24: 325.0 lbs. 07/10/24: 378.2 lbs. 08/01/24: 324.5 lbs. Review of Resident R22's progress notes revealed one documented attempt to reweigh the resident on 7/17/24. Review of a progress note dated 7/27/24, at 11:30 a.m. indicated Resident R22 was transferred to the hospital due to abdominal pain, confusion, and increased blood pressure and heart rate. Review of a progress note dated 7/27/24, at 6:05 p.m. indicated Resident R22 was admitted to the hospital with a diagnosis of exacerbation of CHF and was being given diuretics (medication to treat fluid buildup in the body by promoting excessive urination of the extra fluid).	F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
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F 0684 SS=D	Continued from page 56 Review of Resident R22's hospital documentation revealed -Documentation indicated Resident R22 had shortness of breath for two days prior to hospitalization. -"Known history of diastolic CHF (congestive heart failure)." -Weight of 382 lbs. on 7/30/24. -Note dated 7/30/24, which indicated, "She has diuresed well and urine output has been over 18L (18 liters, approximately 4.75 gallons) since her admission on 7/27/24." -Included in the discharge paperwork was a blank daily weight log. Review of a progress note dated 7/31/24, at 6:00 p.m. indicated Resident R22 returned to the facility after being hospitalized with "acute on chronic diastolic heart failure." Review of Resident R22's physician's orders after hospitalization failed to reveal any orders related to	F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
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F 0684 SS=D	Continued from page 57 monitoring signs and symptoms of a CHF exacerbation such as fluid status, weight gain, swelling, or shortness of breath. Review of Resident R22's physician's progress noted dated 8/14/24, failed to include information related to heart failure. Review of Resident R22's plan of care last updated 1/15/25, failed to include a care plan developed for heart failure. During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide care and services to possibly prevent hospitalization and failed to provide care and services after hospitalization for one of four residents. 28 Pa. Code: 201.18(b)(1) Management. 28 Pa. Code: 211.10(c)(d) Resident rights.	F 0684		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
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F 0684 SS=D	Continued from page 58 28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services.	F 0684		
F 0689 SS=D		F 0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
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F 0689 SS=D	Continued from page 59 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	<ol style="list-style-type: none"> 1. The Director of Nursing/Designee will ensure that Resident R41 and R63 have fall mats properly placed on both sides of the bed as per their care plans. The Director of Nursing/Designee will conduct an immediate inspection to verify that all required fall mats are in place and properly positioned for all residents who have them included in their care plans. 2. The gallon-sized bleach container is removed from any resident-accessible areas and ensure the Nursing Home Administrator/Designee will ensure that all hazardous materials are securely stored in compliance with facility policies and safety regulations. 3. The Nursing Home Administrator/Designee will ensure repair of the exposed wiring and cover the baseboard heater in Resident R30's area to eliminate any risk of injury or accident. 4. The Nursing Home Administrator, Director of Nursing or Designee will conduct training sessions for all 	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
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F 0689 SS=D	Continued from page 60	F 0689	nursing and maintenance staff on the facility's safety protocols, focusing on the proper use and storage of fall prevention equipment and hazardous materials. 5. The Nursing Home Administrator, Director of Nursing or Designee will audit fall mats, heater covers, and loose wires on four units weekly times two then monthly times two. Updates on the progress of the implemented changes and invite feedback to improve safety measures during the Quality Assurance Performance Improvement meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
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F 0689 SS=D	Continued from page 61 Based on observations and staff interview, it was determined that the facility failed to provide a safe environment for two of five residents ordered fall precautions (Resident R41 and R63) and on one of two nursing units (A/E Nursing Unit). Findings include: Review of the facility policy "Falls - Clinical Protocol" dated 10/23/24, indicated when a resident is found on the floor, the facility is obligated to investigate into how the resident got there and put into place an intervention to minimize it from recurring. This will be documented in the resident's care plan and progress notes. Review of the clinical record indicated Resident R41 was admitted to the facility on 2/22/22, and readmitted on 6/11/22. Review of the Minimum Data Set (MDS, periodic assessment of resident care needs) dated 12/9/24, included diagnoses of a seizure disorder and history	F 0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
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F 0689 SS=D	Continued from page 62 of a stroke. Review of the fall assessment completed on 1/31/25, indicated Resident R41 was at medium risk for falls. Review of a physician order dated 7/10/23, indicated Resident R41 was to have floor mats on both sides of the bed, when he is in bed. During an observation on 2/3/25, at approximately 11:30 a.m. Resident R41 was observed to be in bed, with only a floor mat on his right side. During an interview on 2/3/25, at approximately 11:30 a.m., Nurse Aide Employee E4 confirmed that Resident R41 was to have fall mats on both sides of his bed. Review of the clinical record indicated Resident R63 was admitted to the facility on 10/26/23, and readmitted on 5/13/24.	F 0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
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F 0689 SS=D	Continued from page 63 Review of the MDS dated 11/23/24, included diagnoses of Alzheimer's disease (a type of brain disorder that causes problems with memory, thinking and behavior) and a seizure disorder. Review of Section G: Functional Abilities indicated Resident R63 required assistance to move from her wheelchair into bed. Review of the fall assessment completed on 12/11/24, indicated Resident R63 was at high risk for falls. Review of a physician order dated 10/3/24, indicated Resident R63 was to have floor mats when she is in bed. During an observation on 2/6/24, at 12:15 p.m. of Resident R63 revealed her to be asleep in her bed. Both of her fall mats were observed to be folded and placed against the wall opposite her bed. During an observation on 2/6/24, at 12:04 p.m. of the shower room near the Unit A/E nurses' station	F 0689		

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NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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F 0689 SS=D	<p>Continued from page 64</p> <p>revealed an opened, gallon-sized container of bleach, accessible to residents.</p> <p>During an observation on 2/6/24, at 12:12 p.m. of Resident R43's restroom revealed the cover to be missing from this baseboard heater, leaving the metal grill edges exposed.</p> <p>During an observation on 2/6/24, at 12:20 p.m. of the "Electricity Shutoff / Custodian Room" it was observed that the door had a numeric keypad locking mechanism, but the door was not closed. Within the room, communication wiring was exposed, a bag of what appeared to be trash was on the floor, two unlocked housekeeping carts, a cleaning chemical mixing station above a floor-level mop sink, a mop bucket filled with a liquid, and multiple spray bottles of cleaning chemicals were accessible to residents.</p> <p>During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed</p>	F 0689		

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F 0689 SS=D	Continued from page 65 to provide a safe environment for residents in one of two resident lounges/activity areas. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 201.20(a)(b) Staff development. 28 Pa. Code 201.29(a)(c)(d) Resident rights.	F 0689		
F 0695 SS=D		F 0695		

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F 0695 SS=D	Continued from page 66 483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:	F 0695	1. R22's medical records and update the care plan to accurately reflect the diagnosis and physician's orders regarding the use of BiPAP, including the specific settings and conditions. 2. For use and to include "like" residents will review the care plans of "like" residents using Bipap or Cipap will be reviewed to ensure they are current and accurately reflect the diagnoses, physician's orders, and any other pertinent treatment information. 3. The Director of Nursing/Designee will provide comprehensive retraining for registered and licensed nursing on the proper procedures for verifying physician's orders, setting up, using, and monitoring respiratory care equipment including BiPAP machines and its maintenance and care. 4. Audits checks for accuracy in the documentation, proper functioning and regular maintenance of respiratory care equipment, and adherence to physician's orders will be conducted weekly for two weeks	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0695 SS=D	Continued from page 67	F 0695	<p>then monthly for two months.</p> <p>5. The Director of Nursing/Designee will develop a checklist for respiratory care that includes verification of physician's orders, equipment checks, and resident assessments to be completed and signed by the attending staff weekly for four weeks then monthly for two months.</p> <p>6. The Director of Nursing/Designee will establish a protocol for immediate communication between staff and physicians when discrepancies or changes in resident care occur, ensuring timely updates to care plans and treatment orders.</p> <p>7. The Director of Nursing/Designee will regularly update residents and their families about their care status and any changes in treatment plans, particularly regarding respiratory care needs.</p> <p>8. Updates on the progress of the implemented changes will be reviewed during the Quality Assurance Performance Improvement meetings.</p>	

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F 0695 SS=D	Continued from page 68 Based on review of facility policy, clinical record review, observations, and staff interview, it was determined that the facility failed to provide respiratory care/oxygen services consistent with professional standards of practice for one of four residents (Resident R22). Findings include: Review of facility policy, titled "Oxygen Administration", with a review date of 10/23/24, purpose is to improve oxygenation in residents with respiratory insufficiency, obstructive sleep apnea, or restrictive/obstructive lung disease. This includes verification of a physician order for use of device, regulator checking equipment and periodic assessment. The Resident Assessment Instrument (RAI) User Manual, which gives instructions for completing Minimum Data Set assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that Section O:	F 0695		

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F 0695 SS=D	Continued from page 69 Special Treatments, Procedures, and Programs, "Non-invasive Mechanical Ventilator (BiPAP/CPAP)" should be checked if the resident utilized a BiPAP or CPAP after admission/entry or reentry to the facility and within the 14-day look-back period. -O0110G1, Non-invasive Mechanical Ventilator: Code any type of CPAP or BiPAP respiratory support devices that prevent airways from closing by delivering slightly pressurized air through a mask or other device continuously or via electronic cycling throughout the breathing cycle -O0110G2, BiPAP: Check if the non-invasive mechanical ventilator support was BiPAP. -O0110G3, CPAP: Check if the non-invasive mechanical ventilator support was CPAP. Review of the clinical record indicated that Resident R22 was admitted to the facility on 2/26/20, and readmitted on 12/15/20. Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 1/16/25,	F 0695		

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F 0695 SS=D	Continued from page 70 included diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and heart failure (a progressive heart disease that affects pumping action of the heart muscles). This assessment did not include a diagnosis of obstructive sleep apnea (disorder that causes breathing to repeatedly stop and start during sleep). Review of the facility diagnosis list did not include a diagnosis of obstructive sleep apnea. Review of a progress note dated 4/3/24, at 5:31 p.m. indicated, Resident R22 returned from the hospital, with a new order for a BiPAP machine. Review of a facility provided delivery ticket revealed a BiPAP was delivered to the facility on 4/3/24. Review of MDS assessments dated 6/19/24,	F 0695		

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F 0695 SS=D	Continued from page 71 8/7/24, 11/7/24, did not indicate BiPAP usage. Review of hospital paperwork dated 7/31/24, indicated Resident R22 had a diagnosis of obstructive sleep apnea. Review of Resident R22's physician orders since 4/3/24, did not include an order to provide BiPAP services until 7/31/24. Review of Resident R22's care plan last reviewed 1/15/25, did not include information related to BiPAP usage until 8/1/24. During an interview on 2/6/25, at approximately 1:00 p.m. the Licensed Practical Nurse Assessment Coordinator confirmed that Resident R22's BiPAP usage was not captured until the MDS of 1/16/25. During an interview of 2/6/25, at approximately 3:30 p.m. the Director of Nursing confirmed that an order for BiPAP usage was not in place and Resident R22's care plan was not updated until approximately	F 0695		

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F 0695 SS=D	Continued from page 72 four months after Resident R22 began using a BiPAP. During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to provide respiratory care/oxygen services consistent with professional standards of practice for one of four residents. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.	F 0695		
F 0761 SS=D		F 0761		

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F 0761 SS=D	Continued from page 73 483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761	1. The Director of Nursing/Designee will conduct an immediate inventory of all medication storage areas, including medication carts, cabinets, and refrigeration units, to identify and properly dispose of any expired medications. 2. The Director of Nursing/Designee will ensure that the disposal of expired medications is documented and done in accordance with state and federal regulations, as well as facility policies. 3. The Director of Nursing/Designee will provide retraining for all relevant staff, including nursing and pharmacy personnel, on proper medication storage, handling, and disposal procedures. 4. Audits will be conducted unannounced and at varying times to ensure all shifts are adhering to the policies weekly times two for two weeks then monthly for two months. 5. Updates on the progress of the implemented changes and invite feedback to improve safety measures during the Quality Assurance Performance Improvement meetings.	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0761 SS=D	Continued from page 74 Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to make certain that medications and biologicals were properly disposed of in one of two medication rooms (Units B/C medication room). Findings include: Review of the facility policy "Storage of Medications" dated 10/23/24, indicated that discontinued, outdated, or deteriorated drugs are returned to the dispensing pharmacy or destroyed. During an observation of the Units B/C medication room medication room on 2/3/25, at approximately 11:30 a.m. four opened, partially used bottles of acetic acid solution (a type of antiseptic), with open dates of 1/22/25, 1/25/25, 1/31/25, and 2/1/25 were observed. On each of the bottles was a pre-printed pharmacy label that read: **BOTTLE EXPIRES 24 HOURS AFTER OPENING** . During an interview on 2/3/25, at 2:36 p.m.	F 0761		

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F 0761 SS=D	Continued from page 75 Registered Nurse Employee E2 confirmed the above observations. During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to make certain that medications and biologicals were properly disposed of in one of two medication rooms. 28 Pa. Code: 201.14 (a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(e)(1) Management. 28 Pa. Code: 211.9 (a)(1) Pharmacy services. 28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.	F 0761		
F 0883 SS=D		F 0883		

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F 0883 SS=D	Continued from page 76 483.80(d)(1)(2) Influenza and Pneumococcal Immunizations §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 0883	1. R43, R54, R56, R64, R69, and R70 records reviewed to confirm their current consents and medical eligibility to receive the pneumococcal vaccine. 2. The Director of Nursing/Designee will arrange for the immediate administration of the pneumococcal vaccine to all residents requesting vaccination. 3. The Director of Nursing/Designee will provide retraining for all nursing and relevant medical staff on the facility's immunization protocols, specifically focusing on the importance of adhering to resident requests for vaccinations and assessing vaccine eligibility. 4. The Director of Nursing/Designee will ensure this system allows for easy retrieval of vaccination records to facilitate ongoing compliance and audits. 5. The Director of Nursing/Designee will schedule audits for all new admissions weekly for two weeks then monthly for two months. Findings will be submitted to be reviewed during the monthly Quality	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

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F 0883 SS=D	Continued from page 77 (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by:	F 0883	Assurance and Performance Improvement (QAPI) meetings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
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F 0883 SS=D	Continued from page 78 Based on facility policy, clinical record review, and staff interview, it was determined that the facility failed to make certain residents who requested the pneumococcal vaccine were provided the vaccination for six of seven residents (Resident R43, R54, R56, R64, R69, and R70). Findings include: Review of the facility policy "Pneumococcal Vaccination" dated 10/23/24, previously reviewed 1/18/24, indicated all residents are offered the pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Review of the Admission Record indicated that Resident R43 was admitted to the facility on 8/6/24, and readmitted on 11/18/24. Review of Resident R43's Pneumococcal Vaccine Informed Consent/Declination form, dated 8/9/24, revealed Resident R43 consented to receive the pneumococcal vaccination.	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
STATE LICENSE NUMBER: 193302				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0883 SS=D	Continued from page 79 Review of Resident R43's clinical record failed to reveal the pneumococcal vaccine was provided. Review of the Admission Record indicated that Resident R54 was admitted to the facility on 11/23/22. Review of Resident R54's Pneumococcal Vaccine Informed Consent/Declination form, dated 1/2/23, revealed Resident R54 consented to receive the pneumococcal vaccination. Review of Resident R54's clinical record failed to reveal the pneumococcal vaccine was provided. Review of the Admission Record indicated that Resident R56 was admitted to the facility on 12/2/24. Review of Resident R56's Pneumococcal Vaccine Informed Consent/Declination form, dated 12/11/24, revealed Resident R56 consented to	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0883 SS=D	Continued from page 80 receive the pneumococcal vaccination. Review of Resident R56's clinical record failed to reveal the pneumococcal vaccine was provided. Review of the Admission Record indicated that Resident R64 was admitted to the facility on 7/11/24, and readmitted on 8/13/24. Review of Resident R64's Pneumococcal Vaccine Informed Consent/Declination form, undated (remainder of admission packet dated 8/26/24), revealed Resident R64 consented to receive the pneumococcal vaccination. Review of Resident R64's clinical record failed to reveal the pneumococcal vaccine was provided. Review of the Admission Record indicated that Resident R69 was admitted to the facility on 9/28/24, and readmitted on 11/7/24. Review of Resident R69's Pneumococcal Vaccine	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0883 SS=D	Continued from page 81 Informed Consent/Declination form, undated (remainder of admission packet dated 10/8/24), revealed Resident R69 consented to receive the pneumococcal vaccination. Review of Resident R69's clinical record failed to reveal the pneumococcal vaccine was provided. Review of the Admission Record indicated that Resident R70 was admitted to the facility on 9/13/24. Review of Resident R70's Pneumococcal Vaccine Informed Consent/Declination form dated 9/17/24, revealed Resident R70's resident representative consented for Resident R70 to receive the pneumococcal vaccination. Review of Resident R70's clinical record failed to reveal the pneumococcal vaccine was provided. During an interview on 2/6/25, at 2:27 p.m. Infection Preventionist Registered Nurse Employee	F 0883		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
STATE LICENSE NUMBER: 193302					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE	
F 0883 SS=D	Continued from page 82 E1 confirmed the above residents did not receive the pneumococcal vaccination. During an interview on 2/6/25, at approximately 3:30 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to make certain residents who requested the pneumococcal vaccine were provided the vaccination for six of seven residents. 28 Pa. Code 211.5(f) Clinical records.	F 0883			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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P 5520	Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	<ol style="list-style-type: none"> 1. The facility cannot correct that the nurse aide staffing ratio was not meet on 1/19/25, 1/20/25, 1/25/25, 1/27/25, 2/1/25 and 2/2/25. There were no adverse effects to the residents on the identified dates. 2. The facility will ensure that staffing ratios are met every shift. 3. Nursing administration and the nursing scheduler will be re-educated by the Nursing Home Administrator/designee on ensuring staffing ratios are met each shift. A Daily staffing meeting will be held by administration to monitor staffing ratios. Nursing supervisors will monitor on weekends. If the facility is projected to not meet staffing ratios the scheduler/or designee will call off duty facility staff and will utilize external staffing support resources. 4. The Nursing Home Administrator/designee will audit staffing daily for three weeks and monthly for three months to ensure staffing ratios are being met. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations. 	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
STATE LICENSE NUMBER: 193302				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 1 Based on review of nursing time schedules and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one nurse aide per 10 residents during the day shifts, one nurse aide per 11 residents on evening shift, and one nurse aide per 15 residents on night shift, on six of twenty-one days (1/14/25 - 2/3/25). Findings include: Review of the nursing schedules and census information for 1/14/25, through 2/3/25, revealed that the facility failed to meet the following: 1/19/25: Evening shift required 51.82 hours of nurse aide care, facility provided 36.25; night shift required 38.00 hours of nurse aide care, facility provided 32.00. 1/20/25: Day shift required 57.00 hours of nurse aide care, facility provided 48.00; night shift required 38.00 hours of nurse aide care, facility provided 28.50. 1/25/25: Evening shift required 54.55 hours of nurse	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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P 5520	Continued from page 2 aide care, facility provided 54.50. 1/27/25: Day shift required 59.25 hours of nurse aide care, facility provided 46.50. 2/1/25: Night shift required 38.00 hours of nurse aide care, facility provided 26.75. 2/2/25: Day shift required 57.00 hours of nurse aide care, facility provided 47.75; evening shift required 51.82 hours of nurse aide care, facility provided 39.50; night shift required 38.00 hours of nurse aide care, facility provided 24.00. During an interview on 2/6/25, at approximately 3:15 p.m. the Nursing Home Administrator confirmed that the facility administrative staff failed to provide a minimum of one nurse aide per 10 residents during the day shifts, one nurse aide per 11 residents on evening shift, and one nurse aide per 15 residents on night shift, on six of twenty-one days.	P 5520		
P 5530		P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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P 5530	Continued from page 3 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	1. The facility cannot correct that the LPN staffing ratio was not meet on evening shift 1/25/25 and night shift 1/20/25, 1/22/25, 1/25/25. There were no adverse effects to residents on the identified date. 2. The facility will ensure that staffing ratios are met every shift. 3. Nursing administration and the scheduler will be re-educated by the Nursing Home Administrator/designee on ensuring staffing ratios are meet each shift. Daily shift staffing ratios will be reviewed at Standup and Stand down. The Nursing Supervisors will review shift staffing ratios on the weekends. If the facility projects not to meet staffing ratios on a shift, nursing administration/designee will be responsible to call off duty personnel or call extra support staff to assist. 4. The Nursing Home Administrator/designee will audit staffing daily for four weeks and monthly for three months to ensure staffing ratios are being met. Outcomes will be reported to the	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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P 5530	Continued from page 4	P 5530	Quality Assurance Performance Improvement Committee for review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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P 5530	<p>Continued from page 5</p> <p>Based on review of nursing time schedules and staff interview, it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 30 residents on the evening shift for one of twenty-one days and one LPN per 40 residents on the night shift on three of twenty-one days.</p> <p>Findings include:</p> <p>Review of facility census data, nursing time schedules from 1/14/25 through 2/3/25, revealed the following LPN staffing shortage:</p> <p>Evening shift: 1/25/25 census 80 21.25 actual hours 21.33 hours required.</p> <p>Night shift: 1/20/25 census 76 12.00 actual hours 15.20 hours required. 1/22/25 census 80 9.25 actual hours 16.00 hours required.</p>	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
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P 5530	Continued from page 6 1/25/25 census 80 15.25 actual hours 16.00 hours required. During an interview on 2/6/25, at 3:15 p.m. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above day as required.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025	
NAME OF PROVIDER OR SUPPLIER: WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 193302		STREET ADDRESS, CITY, STATE, ZIP CODE: 201 VILLAGE DRIVE CANONSBURG, PA 15317		
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P 5640	Continued from page 7 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	<ol style="list-style-type: none"> 1. The facility cannot correct that the PPDs were not met on 1/19/25, 1/20/25, 2/1/25 and 2/2/25. There were no adverse effects to the residents on the identified date. 2. The facility will ensure that staffing ratios are met every shift. 3. Nursing administration and the nursing scheduler will be re-educated by the Nursing Home Administrator/designee on ensuring PPDs are met for the day. A Daily staffing meeting will be held by administration to monitor PPD levels. Nursing supervisors will monitor on weekends. If the facility is projected to not meet PPD, the scheduler/or designee will call off duty facility staff and will utilize external staffing support resources. 4. The Nursing Home Administrator/designee will audit staffing daily for three weeks and monthly for three months to ensure PPDs are being met. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations. 	Completion Date: 03/27/2025 Status: APPROVED Date: 03/04/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 02/10/2025
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P 5640	Continued from page 8 Based on a review of nursing time schedules and staff interview it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident for four out of twenty-one days reviewed. Findings include: Review of staffing documents and nursing staff schedules from 1/14/25 through 2/3/25 indicated that State required PPD (per patient daily) minimum hours of 3.20 was not met on the following days: 1/19/25 =3.06 PPD 1/20/25= 3.04 PPD 2/1/25=3.11 PPD 2/2/25= 2.88 PPD During an interview on 2/6/25, at 3:15 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.	P 5640		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395289	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 02/10/2025
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P 5640	Continued from page 9	P 5640			



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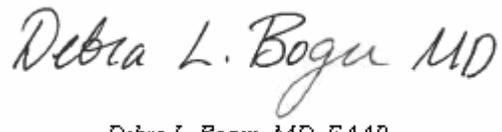
WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 193302

SURVEY EXIT DATE: 02/10/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

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