STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395289	A. BLDG: 00 B. WING:	07/09/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: **193302**	**201 VILLAGE DRIVE CANONSBURG, PA 15317**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 0000	INITIAL COMMENT	F 0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
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F 0000	Continued from page 1 Based on a revisit survey completed on July 9, 2025, it was determined that Wecare At South Hills Rehabilitation and Nursing Center failed to correct the deficiencies cited during the survey of May 23, 2025, under the requirements of the 28 Pa, Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5520	Continued from page 1 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	1. The facility cannot correct that the nurse aide staffing ratio was not meet on the day shift on five of five days (7/3/25 through 7/7/25) and one NA per 15 residents on the night shift on one of five days (7/4/25) as required. 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	Completion Date: **08/19/2025** Status: **APPROVED** Date: **07/21/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5520	Continued from page 2	P 5520	staffing ratios are being met. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395289	A. BLDG: 00 B. WING:	07/09/2025

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P 5520	Continued from page 3	P 5520		

Based on a review of staffing documents provided by the facility and staff interview, it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the day shift on five of five days (7/3/25 through 7/7/25) and one NA per 15 residents on the night shift on one of five days (7/4/25) as required.

Findings include:

A review of facility staffing documents provided by the facility from 7/3/25 through 7/7/25, revealed the facility failed to provide NA on the following shifts as required:

Day shift:	Census	Actual hours	Hours required
7/3/25	66	40.23	49.50
7/4/25	65	47.94	48.75
7/5/25	65	40.52	48.75
7/6/25	65	40.39	48.75

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: **193302**	**201 VILLAGE DRIVE CANONSBURG, PA 15317**

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P 5520	Continued from page 4 7/7/25 65 48.15 48.75 Night shift: Census Actual hours Hours required 7/4/25 65 24.65 32.50 During an interview on 7/9/25 at 1:05 p.m., the Director of Nursing confirmed that the facility failed to provide NA's in the facility on the above shifts as required.	P 5520		
P 5530		P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395289	A. BLDG: 00 B. WING:	07/09/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
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P 5530	Continued from page 5 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 day shift on four of five days (7/4/25 through 7/7/25), one LPN per 30 residents on the evening shift on two of five days (7/5/25 and 7/6/25) and one LPN per 40 residents on the night shift on three of five days (7/4/25 through 7/6/25). 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	Completion Date: **08/19/2025** Status: **APPROVED** Date: **07/21/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5530	Continued from page 6	P 5530	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 Quality Assurance Performance Improvement Committee for review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5530	Continued from page 7	P 5530		

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 25 residents on the day shift on four of five days (7/4/25 through 7/7/25), one LPN per 30 residents on the evening shift on tow of five days (7/5/25 and 7/6/25) and one LPN per 40 residents on the night shift on three of five days (7/4/25 through 7/6/25).

Findings include:

Review of facility census data and nursing time schedules from 7/3/25 through 7/7/25, revealed the following LPN staffing shortage:

Day shift:	Census	Actual Hours	Hours Required
7/4/25	65	16.52	20.80
7/5/25	65	16.78	20.80
7/6/25	65	16.65	20.80

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P 5530	Continued from page 8	P 5530		

7/7/25 65 16.10 20.80

Evening shift: Census Actual Hours Hours Required

7/5/25 65 15.73 17.33
7/6/25 65 16.05 17.33

Night shift: Census Actual Hours Hours Required

7/4/25 65 8.20 13.00
7/5/25 65 8.43 13.00
7/6/25 65 8.70 13.00

During an interview on 7/9/25, at 1:05 p.m. the Director of Nursing confirmed the facility failed to provide the minimum of LPN's on the above days as required.

Certified End Page

WECARE AT SOUTH HILLS REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 193302

SURVEY EXIT DATE: 07/09/2025

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
Debra L. Bogen, MD, FAAP
Secretary of Health

Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY