

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668</b>		
STATE LICENSE NUMBER: <b>134702</b>				
(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 0000	INITIAL COMMENT	F 0000		
F 0607 SS=D	Based on an Abbreviated Survey in response to three complaints and an Infecion Control survey completed on January 17, 2025, it was determined that WeCare at Murrysville Rehabilitation and Nursing Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0607		

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 0607  SS=D	Continued from page 1  483.12(b)(1)-(5)(ii)(iii) Develop/Implement Abuse/Neglect Policies  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95,  §483.12(b)(4) Establish coordination with the QAPI program required under §483.75.  §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements.  §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act.  §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act.	F 0607	"The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements."  1. A criminal background check was completed for Licensed Practical Nurse Employee E1 by 1/17/25. Registered Nurse Employee E4 no longer works at the facility. 2. The Human Resource Director/design will audit new hires from the past 3 months to ensure criminal background checks were completed prior to their start date. 3. The Human Resource Director will be reeducated on completing	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0607  SS=D	Continued from page 2  This REQUIREMENT is not met as evidenced by:	F 0607	state criminal background checks on new hires prior to their start date by the Nursing Home Administrator/designee. 4. The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure criminal background checks were completed prior to employee start date. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	

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F 0607  SS=D	Continued from page 3  Based on review of facility policy, newly hired personnel records and staff interviews it was determined that the facility failed to properly screen an employment by completing a state background check prior to hire for two out of five personnel records (Licensed Practical Nurse Employee E1, and Registered Nurse Employee E4).  Findings include:  The facility "Abuse, Neglect, Exploitation, and Misappropriation" policy dated 1/11/24, indicated the residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Conduct employee background checks.  The facility "Background Checks for Nursing Home Employees" policy dated 1/11/24, indicated that the purpose of the background check is to ensure the safety and well-being of all residents and staff by conducting background checks on all potential and current employees. Background checks	F 0607		

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F 0607  SS=D	Continued from page 4  requirements, Pre-Employment Screening include:  - Criminal history check, including national and state records. - Verification of identity through government-issued identification. - Verification of professional licenses, certifications, and qualifications as required for the position. - Monitoring for changes in professional licensure status.  Review of Licensed Practical Nurse (LPN) Employee E1 ' s personnel record indicated she was hired on 11/14/24.  Review of LPN Employee E1 ' s personnel record did not include a completed state criminal background check prior to her date of hire.  Review of Registered Nurse (RN) Employee E4 ' s personnel record indicated he was hired on 11/4/24.  Review of RN Employee E4 ' s personnel record	F 0607		

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F 0607  SS=D	Continued from page 5  did not include a completed state criminal background check prior to his date of hire.  During an interview on 1/16/25, at 10:05 a.m. the Regional Human Resource Employee E2 stated, "The background checks should have been completed prior to their start date".  During an interview on 1/17/25, at 3:30 p.m. the Nursing Home Administrator confirmed that the facility failed to properly screen LPN Employee E1, and RN Employee E4 by completing a state criminal background check prior to hire, as required.  28 Pa Code: 201.14(a) (c)(d)(e) Responsibility of licensee  28 Pa Code: 201.19 Personnel policies and procedures  28 Pa Code: 201.20 (a)(b)(c)(d) Staff development	F 0607		
F 0658  SS=D		F 0658		

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F 0658  SS=D	Continued from page 6  483.21(b)(3)(i) Services Provided Meet Professional Standards  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality.  This REQUIREMENT is not met as evidenced by:	F 0658	1. Registered Nurse Employee E4 no longer works at the facility. 2. The Human Resource Director/designee will audit current licensed staff to ensure licenses are active and in good standing. 3. The Human Resource Director will be re-educated on facility policies by the Nursing Home Administrator/designee. 4. The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure licensed staff licenses are in good standing. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0658  SS=D	Continued from page 7  Based on review of facility policy, job descriptions, and staff interviews, it was determined that the facility failed to provide care and services to meet the accepted standards of practice for one of five employees reviewed (Registered Nurse (RN) Employee E4).  Findings include:  The facility "RN job description" indicated that licensed personnel have graduated from a State Accredited Educational Institution/Program registered by the State education department. Nursing license is valid for life, unless it is surrendered or revoked, annulled or suspended by the State Board. Registration certificate will authorize licensed personnel to practice nursing and renewed as per state mandate to continue practicing in nursing. Licensed personnel are not legally allowed to practice nursing while registration is expired. Legal/ Ethical- RNS is required to understand legal/ethical professional standards of	F 0658		

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F 0658  SS=D	Continued from page 8  practice including but not limited to:  -Practicing in accordance with legislation affecting nursing practice -Fulfilling duty of care including recognizing standards of care, clarifying responsibilities for aspects of care with other members of the interdisciplinary team, and recognizing responsibility to prevent harm. -Recognizing and responding appropriately to unsafe or unprofessional practice -Practicing within the professional and ethical nursing framework, practicing in accordance with nursing profession code of ethics -Understanding and practicing within own scope of practice  Review of personnel record on 1/16/25, at 9:45 a.m. revealed that RN Employee E4 was hired on 11/4/24.  Review of Employee E4 ' s license verification that was completed on 12/17/24, revealed that the	F 0658		

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F 0658  SS=D	Continued from page 9  expiration date was 10/31/24, and the status of his license was expired - on probation.  Review of facility provided documentation on 1/17/25, at 2:30 p.m. indicated that RN Employee E4 worked as med cart nurse (provides medications prescribed by a physician to the residents), and worked as a RN supervisor while having an expired RN license throughout his employment.  Review of RN Employee E4 ' s job task revealed that he was performing duties, providing care, completing documentation in residents medical record failed to be with in his scope of practice with an expired RN license.  During an interview on 1/16/25, at 12:17 p.m. the DON confirmed that the facility failed to provide care and services to meet the accepted standards of practice as required.  28 Pa. Code: 201.14(a) Responsibility of licensee.	F 0658		

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F 0658  SS=D	Continued from page 10  28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.	F 0658		
F 0726  SS=D	483.35(a)(3)(4)(c) Competent Nursing Staff  §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.  §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.  §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.  §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	F 0726	1. Registered Nurse Employee E4 no longer works at the facility. 2. The Human Resource Director/designee will audit current licensed staff to ensure licenses are active and in good standing. 3. The Human Resource Director will be re-educated on facility policies by the Nursing Home Administrator/designee. 4. The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure licensed staff licenses are in good standing. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0726  SS=D	Continued from page 11  This REQUIREMENT is not met as evidenced by:	F 0726		

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F 0726  SS=D	Continued from page 12  Based on review of personnel files, facility documentation, policy review and interviews with staff, it was determined that the facility failed to ensure that nursing staff possessed the required skills to properly care for residents' needs for one out of five personnel files reviewed (Registered Nurse Employees E4).  Findings include:  The facility "RN job description" indicated that licensed personnel have graduated from a State Accredited Educational Institution/Program registered by the State education department. Nursing license is valid for life, unless it is surrendered or revoked, annulled or suspended by the State Board. Registration certificate will authorize licensed personnel to practice nursing and renewed as per state mandate to continue practicing in nursing. Licensed personnel are not legally allowed to practice nursing while registration is expired. Legal/ Ethical- RNS is required to	F 0726		

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F 0726  SS=D	Continued from page 13  understand legal/ethical professional standards of practice including but not limited to:  -Practicing in accordance with legislation affecting nursing practice -Fulfilling duty of care including recognizing standards of care, clarifying responsibilities for aspects of care with other members of the interdisciplinary team, and recognizing responsibility to prevent harm. -Recognizing and responding appropriately to unsafe or unprofessional practice -Practicing within the professional and ethical nursing framework, practicing in accordance with nursing profession code of ethics -Understanding and practicing within own scope of practice Review of personnel record on 1/16/25, at 9:45 a.m. revealed that RN Employee E4 was hired on 11/4/24.  Review of employee personnel records on 1/16/25, at 10:05 a.m. revealed that RN Employee E4 ' s RN	F 0726		

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F 0726  SS=D	Continued from page 14  license expired on 10/31/24, and was working with an expired RN license.  During an interview on 1/16/25, at 11:30 a.m. Director of Nursing stated that RN Employee E4 works the night shift full time. He works as a cart nurse (passing medications), documents in medical records, and sometimes works as an RN supervisor overseeing the function of the building, and the care of the residents.  Review of personnel record indicated that Employee E4 was working as a license professional RN performing duties that can only be done with a current and active license in the state of PA while possessing an expired RN license.  During an interview on 1/17/25, at 3:30 p.m. Nursing Home Administrator and Director of Nursing confirmed that the facility failed to ensure that nursing staff possessed the required skills to properly care for residents' needs for one out of five personnel files reviewed (Registered Nurse	F 0726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668</b>		
STATE LICENSE NUMBER: <b>134702</b>				
(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 0726  SS=D	Continued from page 15  Employees E4).  28 Pa. Code 201.19(7) Personnel records  28 Pa. Code 201.20(b) Staff development	F 0726		
F 0839  SS=D	483.70(e)(1)(2) Staff Qualifications  §483.70(e) Staff qualifications. §483.70(e)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements.  §483.70(e)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws.  This REQUIREMENT is not met as evidenced by:	F 0839	1. Registered Nurse Employee E4 no longer works at the facility. 2. The Human Resource Director/designee will audit current licensed staff to ensure licenses are active and in good standing. 3. The Human Resource Director will be re-educated on facility policies for Background checks and RN job description by the Nursing Home Administrator/designee. 4. The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure licensed staff licenses are in good standing. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0839  SS=D	Continued from page 16  Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to ensure licensed professional staff held an active license in accordance with state laws for one of five staff members reviewed (Registered Nurse (RN) Employee E4).  Findings include:  Review of facility policy "Background Checks for Nursing Home Employees" policy dated 1/11/24, indicated that the purpose of the background check is to ensure the safety and well-being of all residents and staff by conducting background checks on all potential and current employees. Background checks requirements, Pre-Employment Screening include:  - Criminal history check, including national and state records. - Verification of identity through government-issued	F 0839		

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F 0839  SS=D	Continued from page 17  identification. - Verification of professional licenses, certifications, and qualifications as required for the position. - Monitoring for changes in professional licensure status.  The facility "Abuse, Neglect, Exploitation, and Misappropriation" policy dated 1/11/24, indicated the residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Conduct employee background checks.  The facility "RN job description" indicated that licensed personnel have graduated from a State Accredited Educational Institution/Program registered by the State education department. Nursing license is valid for life, unless it is surrendered or revoked, annulled or suspended by the State Board. Registration certificate will authorize licensed personnel to practice nursing and renewed as per state mandate to continue practicing in nursing. Licensed personnel are not legally	F 0839		

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F 0839  SS=D	Continued from page 18  allowed to practice nursing while registration is expired.  Review of personnel record on 1/16/25, at 9:45 a.m. revealed that RN Employee E4 was hired on 11/4/24.  Review of facility provided documents indicated that the Human Resource Employee (terminated on 12/31/24) commented on his application that "He sent up for his RN renewal license", but failed to ensure his license was updated and in an active status prior to his start date.  Review of RN Employee E4 personnel record indicated that the facility failed to verify his RN license until 12/17/24, in which it showed that his RN license expired 10/31/24, and that he was on probation.  During an interview on 1/16/25, at 10:15 a.m. Regional Human Resource Employee E2 stated that Human Resource employee at the time has been	F 0839		

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F 0839  SS=D	Continued from page 19  terminated, and that she should have made management aware of the expired license and criminal background check but failed to do so. Regional Human Resource Employee E2 stated that she was completing audits of employee files on 1/6/25, and indicated that she let the Nursing Home Administrator know at that time of RN Employee E4 's expired license and criminal background check status.  During a review of the facility provided document titled, "Daily Time Card," for RN Employee E4 revealed that the staff member had worked 48 shifts from 11/4/24 through 1/5/25 while his RN license was expired:  November 2024 on 11/4, 11/5, 11/6, 11/7, 11/8, 11/9, 11/11, 11/12, 11/13, 11/14, 11/15, 11/19, 11/20, 11/21, 11/22, 11/23, 11/24, 11/26, 11/27, 11/28, and 11/29.  December 2024 on 12/3, 12/4, 12/5, 12/6, 12/7, 12/8, 12/10, 12/11, 12/12, 12/13, 12/17, 12/18,	F 0839		

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F 0839  SS=D	Continued from page 20  12/19, 12/20, 12/21, 12/22, 12/24, 12/25, 12/26, 12/27, 12,29, and 12/31.  January 2025 on 1/1, 1/2, 1/3,1/4, and 1/5.  During an interview on 1/16/25, at 1:33 p.m. Director of Nursing stated that RN Employee E4 worked as a medication passing nurse and as a RN supervisor during his employment.  During an interview on 1/17/25, at 3:30 p.m. Nursing Home Administrator confirmed that the facility failed to ensure licensed professional staff held an active license in accordance with state laws for one of five staff members reviewed (Registered Nurse (RN) Employee E4).  28 Pa. Code 201.18(b)(1) Management  28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services	F 0839		
F 0865  SS=D		F 0865		

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F 0865  SS=D	Continued from page 21  483.75(a)(1)-(4)(b)(1)-(4)(f)(1)-(6)(h)(i) QAPI Prgm/Plan, Disclosure/Good Faith Attmpt  §483.75(a) Quality assurance and performance improvement (QAPI) program. Each LTC facility, including a facility that is part of a multiunit chain, must develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life. The facility must:  §483.75(a)(1) Maintain documentation and demonstrate evidence of its ongoing QAPI program that meets the requirements of this section. This may include but is not limited to systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events; and documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities;  §483.75(a)(2) Present its QAPI plan to the State Survey Agency no later than 1 year after the promulgation of this regulation;  §483.75(a)(3) Present its QAPI plan to a State Survey Agency or Federal surveyor at each annual recertification survey and upon request during any other survey and to CMS upon request; and	F 0865	1. Registered Nurse Employee E4 no longer works at the facility. 2. A new process for new hires has been implemented and will be followed for new hires. An audit of new hires for the past 3 months will be completed to ensure all the required paperwork is completed. 3. The Human Resource Director will be reeducated on the new process by the Regional Human Resource Director/designee. 4. The Nursing Home Administrator/designee will audit new hires weekly for three weeks and monthly for three months to ensure all required paperwork is completed and the performance improvement plan is followed. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0865  SS=D	Continued from page 22  §483.75(a)(4) Present documentation and evidence of its ongoing QAPI program's implementation and the facility's compliance with requirements to a State Survey Agency, Federal surveyor or CMS upon request.  §483.75(b) Program design and scope. A facility must design its QAPI program to be ongoing, comprehensive, and to address the full range of care and services provided by the facility. It must:  §483.75(b)(1) Address all systems of care and management practices;  §483.75(b)(2) Include clinical care, quality of life, and resident choice;  §483.75(b)(3) Utilize the best available evidence to define and measure indicators of quality and facility goals that reflect processes of care and facility operations that have been shown to be predictive of desired outcomes for residents of a SNF or NF.  §483.75(b) (4) Reflect the complexities, unique care, and services that the facility provides.  §483.75(f) Governance and leadership. The governing body and/or executive leadership (or organized group or individual who assumes full legal authority and responsibility for operation of the facility) is responsible and accountable for ensuring that:	F 0865		

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F 0865  SS=D	Continued from page 23  §483.75(f)(1) An ongoing QAPI program is defined, implemented, and maintained and addresses identified priorities.  §483.75(f)(2) The QAPI program is sustained during transitions in leadership and staffing; §483.75(f)(3) The QAPI program is adequately resourced, including ensuring staff time, equipment, and technical training as needed;  §483.75(f)(4) The QAPI program identifies and prioritizes problems and opportunities that reflect organizational process, functions, and services provided to residents based on performance indicator data, and resident and staff input, and other information.  §483.75(f)(5) Corrective actions address gaps in systems, and are evaluated for effectiveness; and  §483.75(f)(6) Clear expectations are set around safety, quality, rights, choice, and respect.  §483.75(h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.  §483.75(i) Sanctions.	F 0865		

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F 0865  SS=D	Continued from page 24  Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.  This REQUIREMENT is not met as evidenced by:	F 0865		

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F 0865  SS=D	Continued from page 25  Based on review of facility documentation and interviews with staff it was determined that the facility failed to maintain and implement an effective, quality assurance and performance improvement program that focuses on outcome as required by failing to follow a performance improvement project (PIP) for new hire employee files.  Finding include:  Review of facility "Quality Assurance Assurance" policy dated 1/11/24, indicated that facility is to establish a framework for continuous improvement in the quality of care and services provided. Quality assurance ensures that the facility meets or exceeds regulatory standards, promotes resident satisfaction, and fosters a culture of accountability and excellence.  Review of facility provided documentation on 1/16/25, at 10:02 a.m. indicated a new process for new hire employees were initiated at facility on 12/13/24.	F 0865		

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F 0865  SS=D	Continued from page 26  During an interview on 1/16/25, at 10:15 a.m. Regional Human Resource (HR) Employee E2 stated "I put this initiative together after one of my other buildings that I oversee got a Federal citation for employee files so I started it across all of my buildings".  During five employee record reviews completed on 1/16/25, at 9:30 a.m. revealed the following:  - Four out of Five professional license were not verified to ensure accuracy of license prior to employment. - Five out of Five physicals were not completed prior to employment. - Five out of Five Tuberculin tests (a test to detect respiratory disease) was not completed. - Four out of Five employee job descriptions were missing. - Two out of Five background checks were not completed prior to employment.	F 0865		

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F 0865  SS=D	Continued from page 27  During a personnel record review on 1/16/25, at 10:20 a.m. revealed that the facility performed a Registered Nurse (RN) license verification for RN Employee E4 on 12/17/24, in which it came back as expired-on probation and continued to allow RN Employee to work.  During an interview on 1/16/25 at 2:15 pm Director of Nursing stated the past HR director did not tell anyone about the expired license and confirmed that the facility failed to maintain and implement an effective, quality assurance and performance improvement program by failing to implement an effective QAPI plan for new employees hired.  28 Pa. Code 201.14(a)Responsibility of licensee. 28 Pa. Code 201.18(a)(b)(3)e(1)(3) (4)Management.	F 0865		

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P 1440	Personnel policies and procedures.  (1) The employee's job description, educational background and employment history.  This REGULATION is not met as evidenced by:	P 1440	<ol style="list-style-type: none"> <li>1. Registered Nurse Employee E4 no longer works at the facility. Job descriptions will be added to Licensed Practical Nurse Employee 1, Registered Nurse Employee 5, and Registered Nurse E6's employee file.</li> <li>2. The Human Resource Director/designee will audit new hire employee files from the past three months to ensure the employee's job description is in the file.</li> <li>3. The Human Resource Director will be reeducated by the Nursing Home Administrator/designee on the ensuring a job description is in the employee file.</li> <li>4. The Nursing Home Administrator/designee will audit new hires weekly for three weeks and monthly for three months to ensure files have an employee job description. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</li> </ol>	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>
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:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668</b>		
STATE LICENSE NUMBER: <b>134702</b>				
(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 1440	Continued from page 1  Based on review of employee personnel records and staff interview, it was determined that the facility failed to ensure personnel records included a copy of the employee's job description for four out of five personnel files reviewed (Licensed Practical Nurse Employee E1, Registered Nurse Employees E4, E5, and E6).  Findings include:  Review of the personnel files on 1/16/25, at 10:00 a.m. indicated the hire date as follow:  Licensed Practical Nurse Employee E1 was hired on 11/14/24. Registered Nurse (RN) Employee E4 was hired on 11/4/24. RN Employee E5 was hired on 11/4/24. RN Employee E6 was hired on 10/17/24.  Upon request to review the employees' job descriptions, on 1/16/25, at 10:15 a.m. Regional Human Resource Employee E2 was unable to	P 1440		

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P 1440	Continued from page 2  produce documented evidence that the personnel files contained a job description for each of the four employees.  During an interview on 1/17/25, at 3:30 p.m. the Nursing Home Administrator confirmed the facility failed to ensure personnel records included a copy of the employee's job description for four out of five personnel files reviewed (Licensed Practical Nurse Employee E1, Registered Nurse Employees E4, E5, and E6).	P 1440		
P 1460		P 1460		

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P 1460	Continued from page 3  Personnel policies and procedures.  (3) Documentation of credentials, which shall include, at a minimum, current certification, registration or licensure, if applicable, for the position to which the employee is assigned.  This REGULATION is not met as evidenced by:	P 1460	1. Registered Nurse Employee E4 no longer works at the facility. Licensed Nurse Employee E1, Registered Nurse E3, Registered Nurse E5's licenses were verified by 1/17/25 2. The Human Resource Director/designee will audit current licensed staff to ensure licenses are verified and in good standing. 3. The Human Resource Director will be re-educated on facility policies for Background checks by the Nursing Home Administrator/designee. 4. The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure licensed staff licenses are verified and in good standing. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER</b>  STATE LICENSE NUMBER: <b>134702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668</b>		
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P 1460	<p>Continued from page 4</p> <p>Based on a review of new hire files and staff interview, it was determined that the facility failed to verify a professional license prior to employment for four out of five new hire files reviewed. (Licensed Practical Nurse Employee E1, Registered Nurse Employees E3, E4, and E5).</p> <p>Findings include:</p> <p>Review of facility policy "Background Checks for Nursing Home Employees" policy dated 1/11/24, indicated that the purpose of the background check is to ensure the safety and well-being of all residents and staff by conducting background checks on all potential and current employees. Background checks requirements, Pre-Employment Screening include:</p> <ul style="list-style-type: none"> <li>- Criminal history check, including national and state records.</li> <li>- Verification of identity through government-issued identification.</li> <li>- Verification of professional licenses, certifications,</li> </ul>	P 1460		

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P 1460	<p>Continued from page 5</p> <p>and qualifications as required for the position. - Monitoring for changes in professional licensure status.</p> <p>Review of Licensed Practical Nurse (LPN) Employee E1 's personnel record indicated she was hired on 11/14/24.</p> <p>Review of LPN Employee E1 's personnel record did not include a completed license verification check prior to her date of hire.</p> <p>Review of Registered Nurse (RN) Employee E3's personnel record indicated she was hired on 10/1/24.</p> <p>Review of RN Employee E3's personnel record did not include a completed license verification check prior to her date of hire.</p> <p>Review of RN Employee E4's personnel record indicated he was hired on 11/4/24.</p>	P 1460		

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P 1460	Continued from page 6  Review of RN Employee E4's personnel record did not include a completed license verification check prior to his date of hire.  Review of RN Employee E5's personnel record indicated he was hired on 11/4/24.  Review of RN Employee E5's personnel record did not include a completed license verification check prior to his date of hire.  During an interview on 1/16/25, at 10:57 a.m. the Regional Human Resource Employee E2 stated "The verification should have been completed prior to start date".  During an interview on 1/17/25, at 3:00 p.m. the Director of Nursing confirmed that the facility failed to verify a professional license prior to employment for four out of five new hire files reviewed. (Licensed Practical Nurse Employee E1, Registered Nurse Employees E3, E4, and E5).	P 1460		

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P 1480	<p>Personnel policies and procedures.</p> <p>(5) Records relating to a medical exam, if required by a facility, or attestation that the employee is able to perform the employee ' s job duties.</p> <p>This REGULATION is not met as evidenced by:</p>	P 1480	<ol style="list-style-type: none"> <li>Registered Nurse Employee E4 no longer works at the facility. Facility cannot correct that Licensed Practical Nurse Employee E1, Registered Nurse Employee E3, Registered Nurse Employee E5 and Registered Nurse Employee E6's physicals were dated after hire.</li> <li>The Human Resource Director will audit employee files from the past three months to ensure that a physical was completed prior to employment.</li> <li>The Human Resource Director will be reeducated on the facility policy for Health Assessments for Employees by the Nursing Home Administrator/designee.</li> <li>The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure that physicals were completed prior to employment. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</li> </ol>	<p>Completion Date: <b>02/19/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>02/05/2025</b></p>

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P 1480	<p>Continued from page 8</p> <p>Based on review of employee personnel records and staff interview, it was determined that the facility failed to ensure personnel records included an attestation that the employee can perform his/her job duties for five out of five personnel files reviewed, prior to employment (Licensed Practical Nurse Employee E1, Registered Nurse Employees E3, E4, E5, and E6).</p> <p>Findings include:</p> <p>Review of facility "Health Assessments for Employees" policy dated 1/11/24, indicated the facility will ensure that the employees that are hired are in good health and physically able to complete the duties as assigned by their job descriptions.</p> <p>Review of the personnel files on 1/16/25, at 10:00 a.m. indicated the following new hire employees and physical dates:</p> <p>Licensed Practical Nurse Employee E1 was hired on 11/14/24, and a physical dated 1/6/25.</p>	P 1480		

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P 1480	<p>Continued from page 9</p> <p>Registered Nurse (RN) Employee E3 was hired on 10/1/24, and a physical dated 1/7/25. RN Employee E4 was hired on 11/4/24, and no physical was completed. RN Employee E5 was hired on 11/4/24, and a physical dated 1/14/25. RN Employee E6 was hired on 10/17/24, and a physical dated 1/7/25.</p> <p>During an interview on 1/16/25, at 10:37 a.m. Regional Human Resource Employee E2 confirmed that the facility failed to provide completed physicals for the above new hire employees.</p> <p>Interview on 1/17/25, at 3:30 p.m. the Nursing Home Administrator confirmed the facility failed ensure personnel records included an attestation that the employee can perform his/her job duties for five out of five personnel files reviewed, prior to employment (Licensed Practical Nurse Employee E1, Registered Nurse Employees E3, E4, E5, and E6).</p>	P 1480		

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P 1700	<p>Prevention, control and surveillance of tuber</p> <p>(b) Recommendations of the Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (HHS) shall be followed in screening, testing and surveillance for TB and in treating and managing persons with confirmed or suspected TB.</p> <p>This REGULATION is not met as evidenced by:</p>	P 1700	<p>5. Registered Nurse Employee E4 no longer works at the facility. Licensed Practical Nurse Employee E1, Registered Nurse Employee E3, Registered Nurse Employee E5 and Registered Nurse Employee E6's will have tuberculin skin tests completed.</p> <p>6. The Human Resource Director will audit employee files from the past three months to ensure that tuberculin skin tests were completed prior to employment.</p> <p>7. The Human Resource Director will be reeducated on the facility policy for Health Assessments for Employees by the Nursing Home Administrator/designee.</p> <p>8. The Nursing Home Administrator/designee will audit new hires weekly for four weeks and monthly for three months to ensure tuberculin skin tests were completed prior to employment. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</p>	<p>Completion Date: <b>02/19/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>02/05/2025</b></p>

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P 1700	Continued from page 11  Based on review of personnel records, review of facility policy, and interviews with staff, it was determined that the facility failed to complete pre-employment tuberculin skin testing (TB- a test that determines if someone has tuberculosis, a contagious respiratory disease) for five out of five employees (Licensed Practical Nurse Employee E1, Registered Nurse Employees E3, E4, E5, and E6).  Findings include:  Review of facility policy "Health Assessments for Employees" dated 1/11/24, indicated the facility will ensure that the employees that are hired for our facilities are in good health and physically able to complete the duties as assigned by their job descriptions. A screening will be completed, and a two-step TB placed.  Review of personnel file for Licensed Practical Nurse Employee E1 failed to reveal documentation that a tuberculin skin tests was completed prior to the beginning of employment.	P 1700		

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P 1700	Continued from page 12  Review of personnel file for Registered Nurse (RN) Employee E3 failed to reveal documentation that a tuberculin skin tests was completed prior to the beginning of employment.  Review of personnel file for RN Employee E4 failed to reveal documentation that a tuberculin skin tests was completed prior to the beginning of employment.  Review of personnel file for RN Employee E5 failed to reveal documentation that a tuberculin skin tests was completed prior to the beginning of employment.  Review of personnel file for RN Employee E6 failed to reveal documentation that a tuberculin skin tests was completed prior to the beginning of employment.  During an Interview on 1/17/25, at 3:30 p.m. the Nursing Home Administrator confirmed that the	P 1700		

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P 1700	Continued from page 13  facility failed to complete pre-employment tuberculin skin testing (TB- a test that determines if someone has tuberculosis, a contagious respiratory disease) for five out of five employees (Licensed Practical Nurse Employee E1, Registered Nurse Employees E3, E4, E5, and E6).	P 1700		
P 5360		P 5360		

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P 5360	Continued from page 14  Resident care policies.  (b) The policies shall be reviewed at least annually and updated as necessary.  This REGULATION is not met as evidenced by:	P 5360	<ol style="list-style-type: none"> <li>1. The facility will complete a policy and procedure review on 8/1/24. The facility failed to be able to produce this form in a timely matter to the surveyor however at the time of the owner change, 8/1/24, new P &amp; P's were reviewed and approved.</li> <li>2. The facility will review policy and procedures annually.</li> <li>3. The Nursing Home Administrator will be reeducated by the Regional Clinical Director/designee on reviewing policies and procedures annually and having a signature page with date.</li> <li>4. The Nursing Home Administrator/designee will audit to ensure policies and procedures are reviewed annually. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</li> </ol>	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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STATE LICENSE NUMBER: <b>134702</b>				
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P 5360	Continued from page 15  Based on a review of facility policies and procedures signatures and dates, and staff interview, it was determined that the facility failed to review policies at least annually.  Findings include:  There was no documented evidence that the facility's policies were reviewed on an annual basis.  During review of facility policy and procedure review date on 1/16/25, at 3:50 p.m. revealed that the last review date was from 1/11/24.  During an interview on 1/16/25, at 3:52 p.m. the Nursing Home Administrator (NHA) stated, "I see that date, we will need to review them at the next meeting".  During an interview on 1/16/25, at 3:54 p.m. NHA confirmed that the facility failed to review and update the policies and procedures on an annual basis.	P 5360		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>	
NAME OF PROVIDER OR SUPPLIER: <b>WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER</b>  STATE LICENSE NUMBER: <b>134702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>3300 LOGANS FERRY ROAD MURRYSVILLE, PA 15668</b>		
(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 5360	Continued from page 16  28 Pa. Code 211.10(b) Resident care policies	P 5360		
P 5540		P 5540		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>	
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P 5540	Continued from page 17  Nursing services.  (5) Effective July 1, 2023, a minimum of 1 RN per 250 residents during all shifts.  This REGULATION is not met as evidenced by:	P 5540	<ol style="list-style-type: none"> <li>1. The facility cannot correct that the RN staffing ratio was not met on 12/11/24, 12/12/24, 12/13/24, 12/18/24, 12/19/24, 12/20/24, 12/24/24, 12/25/24. There were no adverse effects to residents on the identified dates.</li> <li>2. The facility will provide a minimum of one registered nurse per 250 residents.</li> <li>3. Nursing Administration will be re-educated on staffing ratios by the Nursing Home Administrator/designee. Twice a day staffing meetings will be held to re-view the schedule with ratios. 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. The facility has started regular job fairs to increase staffing.</li> <li>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 and confirm that an RN is present on all shifts as required. Outcomes will be</li> </ol>	Completion Date: <b>02/19/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>
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P 5540	Continued from page 18	P 5540	reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395295</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>																																	
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P 5540	<p>Continued from page 19</p> <p>Based on a review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one Registered Nurse (RN) per 250 residents during the night shift on eight out of 21 days (12/11/24, 12/12/24, 12/13/24, 12/18/24, 12/19/24, 12/20/24, 12/24/24, and 12/25/24).</p> <p>Findings include:</p> <p>Review of facility census data and RN ratios from 12/8/24 through 12/28/24, indicated the following nights that did not meet the state minimum requirements for the night shift:</p> <table border="0"> <tr><td>12/11/24</td><td>census 81</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/12/24</td><td>census 81</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/13/24</td><td>census 81</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/18/24</td><td>census 87</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/19/24</td><td>census 86</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/20/24</td><td>census 87</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/24/24</td><td>census 88</td><td>present 0</td><td>required 1</td></tr> <tr><td>12/25/24</td><td>census 88</td><td>present 0</td><td>required 1</td></tr> </table>	12/11/24	census 81	present 0	required 1	12/12/24	census 81	present 0	required 1	12/13/24	census 81	present 0	required 1	12/18/24	census 87	present 0	required 1	12/19/24	census 86	present 0	required 1	12/20/24	census 87	present 0	required 1	12/24/24	census 88	present 0	required 1	12/25/24	census 88	present 0	required 1	P 5540		
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P 5540	Continued from page 20  During an interview on 1/17/25, at 3:30 p.m. the Director of Nursing confirmed that the facility failed to provide a minimum of one RN per 250 residents during the night shift on eight out of 21 days, as required.	P 5540		



# Certified End Page

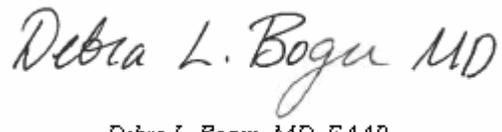
**WECARE AT MURRYSVILLE REHABILITATION AND NURSING CENTER**

**STATE LICENSE NUMBER: 134702**

**SURVEY EXIT DATE: 01/17/2025**

**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**

THIS PAGE IS NOW PART OF THIS SURVEY