

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/09/2025
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NAME OF PROVIDER OR SUPPLIER: CORNER VIEW NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 6655 FRANKSTOWN AVENUE PITTSBURGH, PA 15206
STATE LICENSE NUMBER: 060402	

(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 0584 SS=E	Based on an abbreviated survey in response to two complaints completed on April 9, 2025, it was determined that Corner View Nursing and Rehabilitation 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 0584		

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 0584 SS=E	Continued from page 1 483.10(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	The boiler was repaired by Gasco on 4/7/25. R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, and R22 were assessed by the DON on 4/14/25 with no negative findings. The Maintenance department will be educated by the NHA on the facility policy for Homelike Environment and immediately reporting concerns regarding temperatures to the NHA by 4/25/25. All residents have the potential to be affected. The Director of Operations performed random temperature checks on 4/8/25 throughout resident units to ensure temperatures were within appropriate range. No concerns identified. The NHA/Designee will perform 5 random temperature checks per week x 4 weeks on resident care units to	Completion Date: 05/06/2025 Status: APPROVED Date: 04/21/2025

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F 0584 SS=E	Continued from page 2 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	ensure temperatures are within appropriate range. Observation and audit findings will be reviewed at the facility's monthly quality assurance meeting.	

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F 0584 SS=E	Continued from page 3 Based on review of facility policy, observations and staff interviews it was determined the facility failed to ensure comfortable air temperature levels were provided for 22 of 25 residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, and R22). Findings include: Review of the facility policy "Homelike Environment" dated 2/3/25, indicated the facility will provide residents with a safe, clean, comfortable, and homelike environment. The policy further stated the facility staff and management maximizes, to the extent possible comfortable and safe temperatures (71°F - 81°Fahrenheit). Review of Title 42 Code of Federal Regulations §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.	F 0584		

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F 0584 SS=E	<p>Continued from page 4</p> <p>During an interview on 4/8/25, at approximately 3:15 p.m. Maintenance Employee E1 stated the boiler (a closed tank where water is heated under pressure, and then used for hot water or heating a building) stopped functioning on 4/5/25. At this time, temperature logs since the boiler malfunction were requested.</p> <p>During an interview on 4/8/25, at 3:40 p.m. Maintenance Employee E1 confirmed the boiler went down Saturday (4/5/25), and was repaired "late this morning" (4/8/25).</p> <p>During observations of resident area temperatures on 4/8/25, Maintenance Employee E1 received a phone call from Maintenance Employee E2, which he answered on Speakerphone in the presence of the surveyor and the Nursing Home Administrator (NHA). During this phone call, Maintenance Employee E2 stated the temperatures on the log were really low, and that's why "they are here." Maintenance Employee E2 asked if he should make new temperature records.</p>	F 0584		

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F 0584 SS=E	<p>Continued from page 5</p> <p>During an interview of 4/8/25, at 3:56 p.m. Maintenance Employee E2 was asked when the boiler stopped functioning, and he stated, "I believe it was Sunday afternoon (4/6/25)." When asked when he started monitoring facility temperatures, Maintenance Employee E2 stated, "6 am Monday morning." During this interview, Maintenance Employee E2 stated that he felt the low temperatures were inaccurate. When asked why if he felt they were inaccurate, he did not act upon them, he was unable to provide an answer.</p> <p>During a confidential interview on 4/8/25, at 4:10 p.m. the resident stated, "The boiler is broken. It's cold, but you didn't hear that from me."</p> <p>During an interview on 4/8/25, at 4:11 p.m. Resident R1 stated, "It was cold this weekend."</p> <p>During an interview on 4/8/25, at 4:15 p.m. when asked if it was cold in the facility over the weekend, Resident R2 stated, "A little bit."</p>	F 0584		

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F 0584 SS=E	Continued from page 6 During an interview on 4/8/25, at 4:17 p.m. when asked if it was cold in the facility over the weekend, Resident R3 stated, "Yes." During an interview on 4/8/25, at 4:24 p.m. when asked if it was cold in the facility over the weekend, Resident R4 stated, "Yes, I had to put this on." At this time, Resident R4 displayed a gray hooded sweatshirt. During an interview on 4/8/25, at 4:25 p.m. when asked if it was cold in the facility over the weekend, Resident R5 stated, "It was cold." During an interview on 4/8/25, at 4:32 p.m. when asked if it was cold in the facility over the weekend, Resident R6 stated, "It's always cold here." Review of facility provided temperature logs on 4/8/25, at 4:45 p.m. revealed no temperatures collected on 4/5/25, and 4/6/25. Once daily temperatures were collected on 4/4/25 (Friday),	F 0584		

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F 0584 SS=E	Continued from page 7 and 4/8/25 (Monday). During an interview on 4/8/25, at 4:46 p.m. the NHA confirmed he was not made aware of the boiler malfunction until 4/6/25, at 4:36 p.m. Review of facility submitted information dated 4/9/25, indicated that on 4/6/25, at approximately 1:00 p.m. Maintenance Employee E1 identified the boiler was not functional. Maintenance Employee E1 to repair the boiler without success. Maintenance Employee E1 reported to the Maintenance Employee E2 that boiler was down. Maintenance Employee E2 notified the Nursing Home Administrator. The Nursing Home Administrator reported to the regional team and gave direction to have a vendor come in to repair the boiler. Maintenance Employee E2 reported that the Center was at a home like environment with the temperature at the 71-to-81-degree threshold. Review of the facility provided temperature log for 4/7/25, of the 18 resident areas monitored, 16 were	F 0584		

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F 0584 SS=E	Continued from page 8 below 71°F: Resident R2's room: 67°F Resident R7 and R8's room: 69°F Resident R9's room: 62°F Resident R10's room: 65°F Resident R11 and R12's room: 67°F Resident R13 and R14's room: 60°F Resident R15 and R16's room: 70°F Resident R17 and R18's room: 57°F Resident R19 and R20's room: 68°F Resident R21 and R22's room: 63°F Vacant resident room: 63°F 3 East Central Bath: 67°F 4 East Central Bath: 69°F 5 East Central Bath: 65°F 5 West Central Bath: 66°F 6 East Central Bath: 67°F During an interview on 4/8/25, at approximately 5:00 p.m. the Nursing Home Administrator confirmed the facility failed to ensure comfortable air temperature levels were provided for 22 of 25	F 0584		

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F 0584 SS=E	Continued from page 9 residents. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 205.61(a) Heating and Electrical Requirements	F 0584		

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H 0009	<p>51.3 (g)(1-14) NOTIFICATION</p> <p>51.3 Notification</p> <p>(g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance and patient safety include, but not limited to the following:</p> <p>(1) Deaths due to injuries, suicide or unusual circumstances.</p> <p>(2) Deaths due to malnutrition, dehydration or sepsis.</p> <p>(3) Deaths or serious injuries due to a medication error.</p> <p>(4) Elopements.</p> <p>(5) Transfers to a hospital as a result of injuries or accidents.</p> <p>(6) Complaints of patient abuse, whether or not confirmed by the facility.</p> <p>(7) Rape.</p> <p>(8) Surgery performed on the wrong patient or on the wrong body part.</p> <p>(9) Hemolytic transfusion reaction.</p> <p>(10) Infant abduction or infant discharged to the wrong family.</p> <p>(11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.</p> <p>(12) Notification of termination of any services vital to continued safe operation of the facility or the</p>	H 0009	<p>The Nurse Home Administrator (NHA) reported the interruption of heating services via ERS on 4/9/25. The NHA will be educated by the Regional Administrator on the PA reporting requirements BY 4/23/25.</p> <p>All maintenance, dietary, and laundry/housekeeping employees will be educated by NHA on reporting interruption of services to NHA promptly.</p> <p>The Regional Administrator will audit daily audits completed by maintenance for the boilers, air temperatures, and water temperatures along with the work order system used by maintenance to ensure that disruption of any service is reported to the state agency.</p> <p>Observation and audit findings will be reviewed at the facility's monthly quality assurance meeting.</p>	<p>Completion Date: 05/06/2025</p> <p>Status: APPROVED</p> <p>Date: 04/21/2025</p>

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

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H 0009	Continued from page 1 health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange of telephone service. (13) Unlicensed practice of a regulated profession. (14) Receipt of a strike notice. This REGULATION is not met as evidenced by:	H 0009		

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H 0009	<p>Continued from page 2</p> <p>Based on a review of staff interviews and facility submitted incidents, it was determined that the facility failed to report to the State Agency an interruption of heating services.</p> <p>Findings include:</p> <p>During an interview of 4/8/25, at 3:56 p.m. Maintenance Employee E2 was asked when the boiler stopped functioning, and he stated, "I believe it was Sunday afternoon (4/6/25)."</p> <p>During an interview on 4/8/25, at 4:46 p.m. the NHA confirmed he was not made aware of the boiler malfunction until 4/6/25, at 4:36 p.m.</p> <p>Review of facility reported incidents from 4/6/25, through 4/9/25, failed to include notification that the facility had lost the ability to heat the building.</p> <p>During an electronic communication on 4/9/25, at 2:31pm. the Nursing Home Administrator confirmed the facility failed to report to the State Agency an</p>	H 0009		

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H 0009	Continued from page 3 interruption of heating services until 4/9/25.	H 0009			



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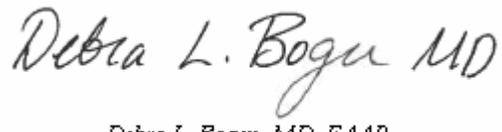
CORNER VIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 060402

SURVEY EXIT DATE: 04/09/2025

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, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

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