

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395434	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/10/2024
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NAME OF PROVIDER OR SUPPLIER: WECARE AT MT LEBANON REHABILITATION AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 350 OLD GILKESON ROAD PITTSBURGH, PA 15228
STATE LICENSE NUMBER: 137202	

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F 0000	INITIAL COMMENT	F 0000		
F 0689 SS=D	Based on an Abbreviated survey in response to three complaints completed on December 10, 2024, it was determined that WeCare Mt. Lebanon 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 as they relate to the Health portion of the survey.	F 0689		

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 0689 SS=D	Continued from page 1 483.25(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	"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." F689 1. Resident R1 was safely returned to the facility by nurse aide. Resident R1 was assessed for injuries upon return and no injuries noted. Resident R1 was dressed appropriately for the weather. A new elopement assessment was completed 11/15/24 and wander guard placed on Resident R1. 2. The facility will provide adequate supervision to prevent	Completion Date: 01/17/2025 Status: APPROVED Date: 01/02/2025

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F 0689 SS=D	Continued from page 2	F 0689	<p>elopements. Residents are evaluated for elopement risk on admission, readmission and as needed.</p> <p>3. Facility staff will be re-educated on the wandering and elopement policy by the Director of Nursing/designee.</p> <p>4. The Interdisciplinary Team (IDT) will meet weekly for four weeks and then monthly for three months to discuss any potential elopement risks with each department including status changes of current residents and new admissions. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</p>	

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F 0689 SS=D	Continued from page 3 Based on facility documents, clinical record review, and staff interview, it was determined that the facility failed to provide adequate supervision to prevent elopement one of four residents (Resident R1). Findings include: Review of the facility policy, "Wandering and Elopements" dated 9/9/24, indicated the facility will identify residents who are at risk of unsafe wandering. Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2023, 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 0-7: severe impairment Review of Resident R1's admission record indicated	F 0689		

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F 0689 SS=D	Continued from page 4 he was admitted to the facility on 2/13/24, and readmitted on 3/5/24. Review of Resident R1's Minimum Data Set (MDS-periodic assessment of a resident's abilities and care needs) dated 9/19/24, included diagnoses of 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). Review of Section C: Cognitive Patterns, Questions C0500 "BIMS Summary Score" revealed Resident R1's score to be "5." Review of the facility diagnosis list included dementia (a group of symptoms that affects memory, thinking and interferes with daily life) with accompanying mood disturbance, dated 11/12/24. Review of Resident R1's plan of care initiated 4/8/24, for "Risk for Wandering/Elopement Identified" indicated the goal of Resident R1 will not leave the facility unattended. Further review of the	F 0689		

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F 0689 SS=D	Continued from page 5 plan of care failed to reveal any updates to the care plan until 11/15/24. Review of the facility's elopement evaluations indicated that on 2/13/24, 3/5/24, and 6/6/24, Resident R1 was documented as not being at risk for elopement. Review of a "Nursing Quarterly / Annual / Significant Change" assessment initiated 9/16/24, included a section titled, "Elopement Risk Evaluation." This assessment was not completed. Further review of the clinical record failed to include any new elopement assessments completed, until 11/15/24, the date of Resident R1 exiting the building. Review of National Weather Service historical temperature data indicated the high temperature for 11/15/24, at the facility s location, was 52 degrees Fahrenheit.	F 0689		

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F 0689 SS=D	Continued from page 6 Review of a progress note dated 11/15/24, at 5:00 p.m. indicated, "Resident was found by a CNA (nurse aide) outside the facility on the highway. Resident was brought back to the facility by the CNA." Review of a facility incident report dated 11/15/24, indicated that Resident R1 was found by a nurse aide outside the facility, walking towards the traffic light on the highway. The resident description indicated, "I was going to get a cigarette." Review of an employee statement dated 11/15/24, written by Nurse Aide Employee E1, stated, "I was riding down the street and I happen to look to the side and [Resident R1] was walking on the highway." During an interview on 12/11/24, at approximately 1:30 p.m. the Director of Nursing and the Regional Director of Nursing confirmed that the facility failed to provide adequate supervision to prevent elopement one of four residents.	F 0689		

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F 0689 SS=D	Continued from page 7 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code: 201.29(a)(b)(c)(i)(n) Resident rights. 28 Pa. Code 201.18(b)(1) Management.	F 0689		
F 0744 SS=D		F 0744		

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F 0744 SS=D	Continued from page 8 483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:	F 0744	F744 1. The facility cannot correct that Resident R1 was not reassessed for elopement with a cognitive decline until 11/15/24. 2. The Social Service Director/designee will review current residents BIMS to ensure if there was a cognitive decline they were reassessed for elopement. 3. The nursing staff and social service will be re-educated on the policy dementia -clinical protocol by the Director of Nursing/designee. Social Service will notify the interdisciplinary team when there is a change in resident BIMS to ensure resident is reassessed for elopement risk. 4. The Social Service will audit 5 residents BIMS weekly for four weeks and then monthly for three months to ensure if there was cognitive decline the resident was reassessed for elopement. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.	Completion Date: 01/17/2025 Status: APPROVED Date: 01/02/2025

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F 0744 SS=D	Continued from page 9 Based on facility documents, clinical record review, and staff interview, it was determined that the facility failed to make certain residents with cognitive decline were reassessed for elopement, for one of four residents (Resident R1). Findings include: Review of the facility policy, "Dementia - Clinical Protocol" dated 9/9/24, indicated for the individual with confirmed dementia, the IDT (interdisciplinary care team will identify a resident-centered care plan to maximize remaining function and quality of life. Review of the Resident Assessment Instrument 3.0 User's Manual, effective October 2023, 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 0-7: severe impairment	F 0744		

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F 0744 SS=D	Continued from page 10 Review of Resident R1's admission record indicated he was admitted to the facility on 2/13/24, and readmitted on 3/5/24. Review of Resident R1's Minimum Data Set (MDS-periodic assessment of a resident's abilities and care needs) dated 9/19/24, included diagnoses of 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). Review of Section C: Cognitive Patterns, Questions C0500 "BIMS Summary Score" revealed Resident R1's score to be "5." Review of the facility diagnosis list included dementia (a group of symptoms that affects memory, thinking and interferes with daily life) with accompanying mood disturbance, dated 11/12/24. Review of the clinical record indicated the following BIMS assessment scores:	F 0744		

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F 0744 SS=D	Continued from page 11 2/20/24: 14 3/12/24: 15 5/17/24: 15 8/17/24: 9 9/19/24: 5 11/15/24: 5 Review of Resident R1's plan of care initiated 2/14/24, failed to include goals and interventions for dementia, increased confusion, or cognitive decline. Review of a psychiatric telemedicine note created 7/17/24, at 6:03 p.m. indicated, "Per staff, pt (patient) continues to have difficulty with his memory" and "Staff report that pt has confusion." Review of a progress note dated 7/22/24, at 4:18 a.m. indicated, "Resident was anxious this shift. At 0200 (2:00 a.m.), when this nurse went to his room to check his BS (blood sugar), resident was still awake and said he cannot sleep because he is worried about his truck. Stated his son's grandfather might take his truck. Went outside the facility to	F 0744		

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F 0744 SS=D	Continued from page 12 check his truck if it's still there. Followed the resident and pointed where his red truck is. Went out again around 0330 (3:30 a.m.) and said he will check his truck. Followed him again and he stayed at the parking lot for about 30-45 mins. Came back in around 0415 (4:15 a.m.) and said "I am ok, I'm alive." Will continue to monitor." Review of a progress note created 10/3/24, at 10:39 p.m. indicated Resident R1 was seen with a chief complaint of cognitive decline. "ongoing cognitive decline and poor short term memory. staff redirecting. he is pleasant but confused and does not recall previous conversations." The assessment and plan section revealed: Cognitive decline - poor short term memory - possible dementia dx (diagnosis) - palliative and psych - LOA (leave of absence) not appropriate without responsible party Review of a psychiatry note created 10/4/24, at	F 0744		

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F 0744 SS=D	Continued from page 13 10:08 p.m. indicated, "The pt continues to have ongoing memory problems and does not acknowledge them." Review of a progress note created 10/11/24, at 7:32 p.m. indicated Resident R1 was seen with a chief complaint of discharge from facility / cognitive decline. "Pt stated he will be driving to South Carolina, with a clear destination, without any money as his bank account is frozen due to some fraud going on from a family member. Will state I do not care about the money, and couple of minutes later will express his frustration that he have [has] money and unable to use it. Pt has no safe plan, no place to stay. Unable to understand that what he used to be able to do, unable to do now." Review of a physician note dated 10/24/24, indicated that Resident R1's cognitive status as: Forgetful, confused, amnesia. Review of a psychiatric note dated 11/11/24, at 6:28 p.m. included the diagnosis of "Dementia with	F 0744		

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F 0744 SS=D	Continued from page 14 mood disturbance, unspecified dementia severity, unspecified dementia type, progressive, requires monitoring." Review of a progress note dated 11/15/24, at 5:00 p.m. indicated, "Resident was found by a CNA (nurse aide) outside the facility on the highway. Resident was brought back to the facility by the CNA." Review of a facility incident report dated 11/15/24, indicated that Resident R1 was found by a nurse aide outside the facility, walking towards the traffic light on the highway. The resident description indicated, "I was going to get a cigarette." Review of an employee statement dated 11/15/24, written by Nurse Aide Employee E1, stated, "I was riding down the street and I happen to look to the side and [Resident R1] was walking on the highway." Review of the facility's elopement evaluations	F 0744		

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F 0744 SS=D	Continued from page 15 indicated that on 2/13/24, 3/5/24, and 6/6/24, Resident R1 was documented as not being at risk for elopement. Review of a "Nursing Quarterly / Annual / Significant Change" assessment initiated 9/16/24, included a section titled, "Elopement Risk Evaluation." This assessment was not completed. Further review of the clinical record failed to include any new elopement assessments completed, until 11/15/24, the date of Resident R1 having exited the building. During an interview on 12/10/24, at 12:15 p.m. the Director of Nursing confirmed that Wandering/Elopement Assessments are to be completed at least quarterly. During an interview on 12/11/24, at approximately 1:30 p.m. the Director of Nursing and the Regional Director of Nursing confirmed that the facility failed to make certain residents with cognitive decline	F 0744		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395434	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/10/2024	
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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 0744 SS=D	Continued from page 16 were reassessed for elopement, for one of four residents. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code: 201.29(a)(b)(c)(i)(n) Resident rights. 28 Pa. Code 201.18(b)(1) Management.	F 0744		



Certified End Page

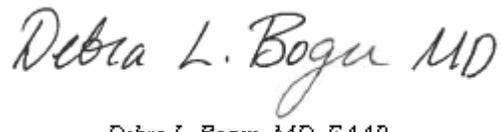
WECARE AT MT LEBANON REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 137202

SURVEY EXIT DATE: 12/10/2024

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