

Pennsylvania Department of Health

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: 12/16/2024
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NAME OF PROVIDER OR SUPPLIER: WECARE AT MT LEBANON REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 137202	STREET ADDRESS, CITY, STATE, ZIP CODE: 350 OLD GILKESON ROAD PITTSBURGH, PA 15228
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P 5520		P 5520		

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

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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	"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." P5520 1. The facility cannot correct that the nurse aide staffing ratio was not meet on 12/12/24, 12/13/24 and 12/15/24. There were no adverse effects to residents on the identified dates. 2. The scheduler will be re-educated regarding the state ratios by the Nursing Home Administer/designee. 3. Nursing Administration will be re-educated on staffing ratios by the	Completion Date: 01/21/2025 Status: APPROVED Date: 01/02/2025

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P 5520	Continued from page 2	P 5520	<p>Nursing Home Administrator/designee. Twice a day staffing meetings will be held to review the schedule with 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. The facility has started regular job fairs to increase staffing.</p> <p>4. Nursing Home Administrator/designee will audit staffing daily for three weeks and monthly for three months to ensure staffing ratios are being met. Outcomes will be reported to the Quality Assurance Performance Improvement Committee for review and recommendations.</p>	

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P 5520	<p>Continued from page 3</p> <p>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 daylight shift on one of six days (12/13/24), one NA per 11 residents on the second shift on two of six days (12/12/24 and 12/15/24) and one NA per 15 residents on the night shift on one of six days (12/15/24) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 12/10/24 through 12/15/24, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Daylight shift:</p> <table border="1" data-bbox="185 1396 786 1554"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>12/13/24</td> <td>85</td> <td>53.50</td> <td>63.75</td> </tr> </tbody> </table>	Date	Census	Actual hours	Hours required	12/13/24	85	53.50	63.75	P 5520		
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P 5520	<p>Continued from page 4</p> <p>Evening shift:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>12/12/24</td> <td>85</td> <td>54.00</td> <td>57.95</td> </tr> <tr> <td>12/15/24</td> <td>84</td> <td>53.50</td> <td>57.27</td> </tr> </tbody> </table> <p>Night shift:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Census</th> <th>Actual hours</th> <th>Hours required</th> </tr> </thead> <tbody> <tr> <td>12/15/24</td> <td>84</td> <td>24.50</td> <td>42.00</td> </tr> </tbody> </table> <p>During an interview on 12/16/24 at 3:05 p..m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.</p>	Date	Census	Actual hours	Hours required	12/12/24	85	54.00	57.95	12/15/24	84	53.50	57.27	Date	Census	Actual hours	Hours required	12/15/24	84	24.50	42.00	P 5520		
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P 5640	<p>Nursing services.</p> <p>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<ol style="list-style-type: none"> 1. The facility cannot correct that the state required PPD (per patient daily) minimum hours of 3.20 was not met on 12/12/24 and 12/15/24. 2. The facility scheduler will continue to be educated regarding the state ratios and daily PPD by the NHA/designee. 3. The NHA, DON and scheduler will meet twice a day to review PPD and projected PPD. Nursing supervisors will monitor it on weekends. If the facility is projected to not meet daily PPD the scheduler/ or designee will call off duty facility staff and utilize external staffing support resources. 4. NHA/designee will audit staffing daily for three weeks and monthly for three months to ensure daily PPD is being met. Outcomes will be reported to the QA&A committee for review and recommendations. 	<p>Completion Date: 01/21/2025</p> <p>Status: APPROVED</p> <p>Date: 01/06/2025</p>

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P 5640	<p>Continued from page 6</p> <p>Based on a review of nursing time schedules and staff interview, it was determined that the facility failed to provide a minimum of 3.20 PPD (per patient daily) hours of direct care for each resident on two of six days (12/12/24 and 12/15/24).</p> <p>Findings include:</p> <p>Review of staffing documents and nursing staff schedules from 12/10/24 through 12/15/24, indicated that the State required PPD minimum hours of 3.20 was not met on the following day:</p> <p>12/12/24= 3.16 PPD 12/15/24= 2.94 PPD</p> <p>During an interview on 12/16/24, at 3:05 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD hours of direct care on the above dates as required.</p>	P 5640		



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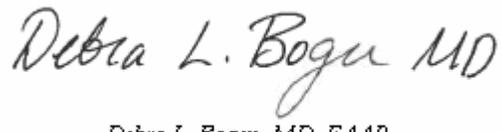
WECARE AT MT LEBANON REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 137202

SURVEY EXIT DATE: 12/16/2024

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