

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: 01/29/2025
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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 the procedures established by the Department of Health in order to comply with the Departments 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 or the facility right to appeal or challenge the accuracy of severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements. The CNA schedule is created to ensure staffing ratios reflect the current census per shift. Each shifts staffing is adjusted based on census. When additional staff is needed to meet ratios, shifts are posted on our staffing portal, bonuses are offered, text messages are sent to staff. The Administrator or designee will educate the Nursing Admin, the scheduler and RN	Completion Date: 03/05/2025 Status: APPROVED Date: 02/07/2025

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P 5520	Continued from page 2	P 5520	Supervisors on the staffing ratio grid and how to adjust. A staffing meeting will occur daily to review ratios and audited for 3 weeks. The Audits will be taken to QAPI for review.	

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P 5520	Continued from page 3 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 five of eight days (1/23/25, 1/24/25, 1/26/25 through 1/28/25), one NA per 11 residents on the second shift on four of eight days (1/24/25, 1/26/25 through 1/28/25) and one NA per 15 residents on the night shift on one of eight days (1/24/25) as required. Findings include: A review of facility staffing documents provided by the facility from 1/21/25 through 1/28/25, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Date Census Actual hours Hours required	P 5520		

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P 5520	Continued from page 4 <table border="0"> <tr> <td>1/23/25</td> <td>84</td> <td>47.45</td> <td>63.00</td> </tr> <tr> <td>1/24/25</td> <td>85</td> <td>50.22</td> <td>63.75</td> </tr> <tr> <td>1/26/25</td> <td>85</td> <td>45.74</td> <td>63.75</td> </tr> <tr> <td>1/27/25</td> <td>87</td> <td>60.37</td> <td>65.25</td> </tr> <tr> <td>1/28/25</td> <td>87</td> <td>54.62</td> <td>65.25</td> </tr> </table> <p>Evening shift:</p> <table border="0"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours</td> </tr> <tr> <td>required</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1/24/25</td> <td>85</td> <td>53.22</td> <td>57.95</td> </tr> <tr> <td>1/26/25</td> <td>85</td> <td>48.61</td> <td>57.95</td> </tr> <tr> <td>1/27/25</td> <td>87</td> <td>56.67</td> <td>59.32</td> </tr> <tr> <td>1/28/25</td> <td>87</td> <td>52.54</td> <td>59.32</td> </tr> </table> <p>Night shift:</p> <table border="0"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours</td> </tr> <tr> <td>required</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1/24/25</td> <td>85</td> <td>31.96</td> <td>42.50</td> </tr> </table>	1/23/25	84	47.45	63.00	1/24/25	85	50.22	63.75	1/26/25	85	45.74	63.75	1/27/25	87	60.37	65.25	1/28/25	87	54.62	65.25	Date	Census	Actual hours	Hours	required				1/24/25	85	53.22	57.95	1/26/25	85	48.61	57.95	1/27/25	87	56.67	59.32	1/28/25	87	52.54	59.32	Date	Census	Actual hours	Hours	required				1/24/25	85	31.96	42.50	P 5520		
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P 5520	Continued from page 5	P 5520		
P 5640	<p>During an interview on 1/29/25 at 3:55 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> <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	<p>The Nursing schedule is created to ensure staffing ratios reflect the current census per shift to meet PPD. When additional staff is needed to meet PPD, shifts are posted on our staffing portal, bonuses are offered, text messages are sent to staff. The Administrator or designee will educate Nursing Admin, the Scheduler and RN Supervisors on the staffing ratio grid and how to adjust. A staffing meeting will occur daily to review PPD and audited for 3 weeks. The Audits will be taken to QAPI for review.</p>	<p>Completion Date: 03/05/2025 Status: APPROVED Date: 02/07/2025</p>

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P 5640	Continued from page 6 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 four of eight days (1/24/25, 1/26/25, 1/27/25 and 1/28/25). Findings include: Review of staffing documents and nursing staff schedules from 1/21/25 through 1/28/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following day: 1/24/25= 2.73 PPD. 1/26/25= 2.78 PPD. 1/27/25= 3.01 PPD. 1/28/25= 3.00 PPD. During an interview on 1/29/25, at 3:55 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of 3.20 PPD	P 5640		

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P 5640	Continued from page 7 hours of direct care on the above dates as required.	P 5640			



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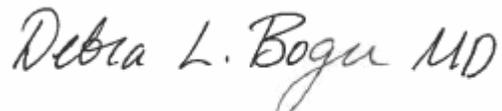
WECARE AT MT LEBANON REHABILITATION AND NURSING CENTER

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SURVEY EXIT DATE: 01/29/2025

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