

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: 08/06/2025
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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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(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 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, phone calls and text messages are sent to staff. The facility is utilizing agency to assist with open shifts. The facility attendance policy is followed for	Completion Date: 09/04/2025 Status: APPROVED Date: 08/08/2025

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P 5520	Continued from page 2	P 5520	<p>staff and disciplines occur per policy. Attendance is tracked on a calendar and reviewed weekly. The facility holds a monthly retention committee meeting and ads are posted on Indeed for open positions. Interviews are conducted immediately. We have a dedicated recruiter to assisting us with recruiting and hiring new nursing staff.</p> <p>The Administrator or designee will educate the Nursing Admin, the scheduler and RN Supervisors on the staffing ratio grid and how to adjust. A staffing meeting will occur daily to review ratios with the NHA, DON, and scheduler. Daily recruiting calls occur to update the status of new applicants and interviews. The 3 week DOH Staffing Calculator Tool will be updated daily to monitor hours. The Audits will be taken to QAPI for review.</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 two of six days (7/30/25 and 8/4/25), one NA per 11 residents on the second shift on three of six days (7/31/25, 8/2/25 and 8/3/25) and one NA per 15 residents on the night shift on two of six days (7/31/25 and 8/4/25) as required.</p> <p>Findings include:</p> <p>A review of facility staffing documents provided by the facility from 7/30/25 through 8/4/25, revealed the facility failed to provide NA on the following shifts as required:</p> <p>Daylight shift:</p> <table border="0" data-bbox="185 1438 786 1512"> <tr> <td>Date</td> <td>Census</td> <td>Actual hours</td> <td>Hours required</td> </tr> </table>	Date	Census	Actual hours	Hours required	P 5520		
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P 5520	Continued from page 4 7/30/25 82 58.91 61.50 8/4/25 78 56.32 58.50 Evening shift: Date Census Actual hours Hours required 7/31/25 82 55.33 55.91 8/2/25 80 52.12 54.55 8/3/25 79 46.82 53.86 Night shift: Date Census Actual hours Hours required 7/31/25 82 40.15 41.00 8/4/25 78 31.63 39.00 During an interview on 8/6/25 at 4:26 p.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the	P 5520		

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P 5520	Continued from page 5 above shifts as required.	P 5520			



Certified End Page

WECARE AT MT LEBANON REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 137202

SURVEY EXIT DATE: 08/06/2025

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