

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395670	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/19/2025
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NAME OF PROVIDER OR SUPPLIER: WECARE AT MONROEVILLE REHABILITATION AND NURSING CENTER STATE LICENSE NUMBER: 026102	STREET ADDRESS, CITY, STATE, ZIP CODE: 4142 MONROEVILLE BOULEVARD MONROEVILLE, PA 15146
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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 cannot retroactively correct cited deficiencies. The facility will continue to maintain the required ratios and implement a contingency plan if needed by calling in off duty staff, calling sister facilities or utilizing bonuses as needed to ensure sufficient nursing staff. Additionally, the facility will continue to maintain efforts to recruit and retain staff to meet care needs and ensure residents are receiving appropriate care and services. The regional staff educated NHA/DON/ on ensuring sufficient nursing staff to meet residents' needs and ensure that the facility is holding daily staffing meetings. To monitor and maintain ongoing compliance the NHA/DON/scheduler will complete staffing meetings 5x weekly x4 weekly then monthly x2 to ensure sufficient nursing staff.	Completion Date: 04/11/2025 Status: APPROVED Date: 03/26/2025

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P 5520	Continued from page 2	P 5520	The results of the audits will be forwarded to the facility Quality Assurance Performance Improvement (QAPI) committee for further review and recommendations.	

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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 day shift on four of five days (3/11/25, 3/13/25 through 3/15/25) one NA per 11 residents on the second shift on four of five (3/12/25 through 3/15/25) and one NA per 15 residents on the night shift on three of five days (3/11/25, 3/12/25 and 3/15/25) as required. Findings include: A review of facility staffing documents provided by the facility from 3/11/25 through 3/15/25, revealed the facility failed to provide NA on the following shifts as required: Day shift: Date Census Actual hours Hours required 3/11/25 92 72.00 73.60	P 5520		

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P 5520	Continued from page 5 During an interview on 3/19/25 at 9:05 a.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 6 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	The facility cannot retroactively correct cited deficiencies. The facility will continue to maintain the required ratios and implement a contingency plan if needed by calling in off duty staff, calling sister facilities or utilizing bonuses as needed to ensure sufficient nursing staff. Additionally, the facility will continue to maintain efforts to recruit and retain staff to meet care needs and ensure residents are receiving appropriate care and services. The regional staff educated NHA/DON/ on ensuring sufficient nursing staff to meet residents' needs and ensure that the facility is holding daily staffing meetings. To monitor and maintain ongoing compliance the NHA/DON/scheduler will complete staffing meetings 5x weekly x4 weekly then monthly x2 to ensure sufficient nursing staff.	Completion Date: 04/11/2025 Status: APPROVED Date: 03/26/2025

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P 5530	Continued from page 7	P 5530	The results of the audits will be forwarded to the facility Quality Assurance Performance Improvement (QAPI) committee for further review and recommendations.	

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P 5530	<p>Continued from page 8</p> <p>Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 40 residents on the night shift on one of five days (3/15/25).</p> <p>Findings include:</p> <p>Review of facility census data and nursing time schedules from 3/11/25 through 3/15/25 revealed the following LPN staffing shortage:</p> <p>Day shift:</p> <p>3/15/25 census 92 18.00 actual hours 18.40 hours required.</p> <p>During an interview on 3/19/25 at 9:05 a.m. the Nursing Home Administrator confirmed the facility failed to provide the minimum of LPN's on the above day as required.</p>	P 5530		

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P 5640		P 5640		
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P 5640	Continued from page 10 Nursing services. (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. This REGULATION is not met as evidenced by:	P 5640	The facility cannot retroactively correct cited deficiencies. The facility will continue to maintain the required ratios and implement a contingency plan if needed by calling in off duty staff, calling sister facilities or utilizing bonuses as needed to ensure sufficient nursing staff. Additionally, the facility will continue to maintain efforts to recruit and retain staff to meet care needs and ensure residents are receiving appropriate care and services. The regional staff educated NHA/DON/ on ensuring sufficient nursing staff to meet residents' needs and ensure that the facility is holding daily staffing meetings. The RDO educated NHA/DON/ on ensuring sufficient nursing staff and ensuring a minimum of 3.20 PPD. To monitor and maintain ongoing compliance the NHA/DON/scheduler will complete staffing meetings 5x weekly x4	Completion Date: 04/11/2025 Status: APPROVED Date: 03/26/2025

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P 5640	Continued from page 11	P 5640	<p>weekly then monthly x2 to ensure sufficient nursing staff.</p> <p>The results of the audits will be forwarded to the facility Quality Assurance Performance Improvement (QAPI) committee for further review and recommendations.</p>	

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P 5640	<p>Continued from page 12</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 four of five days (3/12/25 through 3/15/25).</p> <p>Findings include:</p> <p>Review of staffing documents and nursing staff schedules from 3/11/25 through 3/15/25, indicated that the State required PPD minimum hours of 3.20 was not met on the following days:</p> <p>3/12/25= 3.17 PPD. 3/13/25= 2.70 PPD. 3/14/25= 3.02 PPD. 3/15/25= 3.02 PPD.</p> <p>During an interview on 3/19/25, at 9:05 a.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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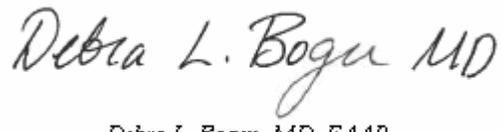
WECARE AT MONROEVILLE REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 026102

SURVEY EXIT DATE: 03/19/2025

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