

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395731	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/03/2025
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NAME OF PROVIDER OR SUPPLIER: SOUTH HILLS POST ACUTE STATE LICENSE NUMBER: 138802	STREET ADDRESS, CITY, STATE, ZIP CODE: 60 HIGHLAND ROAD BETHEL PARK, PA 15102
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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 0000	INITIAL COMMENT	F 0000		
F 0550 SS=E	Based on an Abbreviated Survey in response to two complaints, completed on April 3, 2025, it was determined that South Hills Post Acute was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0550		

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 0550 SS=E	Continued from page 1 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	Social services met with resident R1, R2,R3, R4, and R5 to ensure the care provided to these residents since initial discovery was completed with respect, kindness and dignity. A complete floor audit was completed by DON and/or designee to ensure there was no skin breakdown, emotional distress and no further issues identified since initial discovery indicating lack of respect, kindness and dignity. All staff was given Resident rights education by the staff educator to ensure understanding of resident rights covering prompt care, incontinence needs and call bell response. The administrative team and or/designee will complete guardian angel rounds on the unit 2x a week for 2 weeks to ensure all residents are treated with respect, kindness and dignity. Guardian Rounds audits will be reviewed by Administrator and/or	Completion Date: 04/24/2025 Status: APPROVED Date: 04/14/2025

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F 0550 SS=E	Continued from page 2 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:	F 0550	designee at the monthly QAPI meeting to ensure citation has been cleared. Date of Corrective action 4/24/2025	

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F 0550 SS=E	Continued from page 3 Based on review of facility policy, resident interviews, observation, and staff interviews, it was determined that the facility failed to provide prompt assistance to meet residents care needs for five of fifteen residents who require care (Residents R1, R2, R3, R4 and R5). Findings included: Review of facility policy "Resident Rights" last reviewed 11/01/24, indicated employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to a dignified existence, be treated with respect, kindness and dignity. The "Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual," which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that a BIMS (Brief	F 0550		

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F 0550 SS=E	Continued from page 4 Interview of Mental Status) is a brief screener that aids in detecting cognitive impairment. Scores from a BIMS assessment suggests the following distributions: 13 - 15: cognitively intact 8 - 12: moderately impaired 0 - 7: severe impairment Review of the clinical record revealed Resident R1 was originally admitted to the facility on 3/27/25. Review of the MDS dated 4/3/25, Review of Section I, did not have diagnosis listed. The admission record did included diagnoses of nontraumatic intracerebral hemorrhage in hemisphere, subcortical (subtype of a stroke) and ambulatory dysfunction (difficulty in walking). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 15. Review of Section G: indicated Resident R1 required one-person physical assist for bed mobility and no documentation for toilet use.	F 0550		

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F 0550 SS=E	Continued from page 5 During an interview with Resident R1 on 4/3/25, at 11:54 a.m. the following was stated: "On the weekend I laid in poop from 6 p.m. to 2 a.m..." I used the call bell a couple of times over these hours so I could get my brief changed. The first time the staff came in and turned off the light and said, "it isn't time". The second time staff came in turned off the light and said, "we will get here when we feel like it". Review of the clinical record revealed Resident R2 was originally admitted to the facility on 3/1/25. Review of the MDS dated 3/8/25, included diagnoses of coronary artery disease (reduced blood flow to the heart muscle) and heart failure (heart cannot keep up with its workload). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 13. Review of Section GG: 0130 Functional Abilities, indicated Resident R2 was dependent for toileting hygiene. During an interview with Resident R2 on 4/3/25, at 11:14 a.m. the following was stated: "You often wait	F 0550		

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F 0550 SS=E	Continued from page 6 when you use the call light to get changed. "The staff come in and turn of the light and leave, they say they will be back and maybe if you're lucky they come in a half hour, if you're not lucky you can wait hours." "I have sat in my poop for a half hour up to two hours." "Talk to my roommate, its worse for her, she can tell you how it is." Review of the clinical record revealed Resident R3 was originally admitted to the facility on 3/6/25. Review of the MDS dated 3/13/25, included diagnoses of nondisplaced fracture of anterior wall of right acetabulum (broken right hip) and anemia (low red blood cells). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 13. Review of Section GG: 0130 Functional Abilities, indicated Resident R3 was dependent for toileting hygiene. During an interview with Resident R3 on 4/3/25, at 11:30 a.m. the following was stated: "You wait when you use the call light for everything including	F 0550		

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F 0550 SS=E	<p>Continued from page 7</p> <p>getting changed. "The staff come in and turn off the light and leave, they say your aide or nurse is on break, they will tell them to come when their break is over. They said I use my call light too much; I tell them I have a broken hip I can't do things for myself. The longest I sat in poop and pee in my diaper was three and a half hours.</p> <p>Review of the clinical record revealed Resident R4 was originally admitted to the facility on 3/12/25.</p> <p>Review of the MDS dated 3/19/25, included diagnoses of coronary artery disease (reduced blood flow to the heart muscle) renal insufficiency (kidneys aren't function properly) and hypertension (high blood pressure). Review of Section C: Cognitive Patterns, indicated, moderately impaired cognition with a BIMS Score of 9. Review of Section GG: 0130 Functional Abilities, indicated Resident R4 was substantial/maximal assistance for toileting hygiene.</p> <p>During an interview with Resident R4 on 4/3/25, at</p>	F 0550		

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F 0550 SS=E	<p>Continued from page 8</p> <p>11:40 a.m. the following was stated: "Just this past week I sat in my bowel movement close to an hour if not a bit longer." "It happens time to time here." "I have a catheter, so peeing is not a problem, but the other is." "I don't use my light much, at night they turn it off and say they will be back, I wait and then press the button again."</p> <p>Review of the clinical record revealed Resident R5 was readmitted to the facility on 3/12/25.</p> <p>Review of the MDS dated 2/12/25, included diagnoses of anemia (low red blood cells) and heart failure (heart cannot keep up with its workload). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 14. Review of Section GG: 0130 Functional Abilities, indicated Resident R5 was dependent for toileting hygiene.</p> <p>During an interview with Resident R5 on 4/3/25, at 11:00 a.m. the following was stated: "They are busy, and you have to wait to get changed." "Once in a while I had to wait more than a half hour when I</p>	F 0550		

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F 0550 SS=E	Continued from page 9 move my bowels to be changed." "They will come in and turn off the light and will come back when they can, they are busy." During an interview on 4/3/25, at approximately 1:10 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to provide an environment and care to promote dignity for each resident's quality of life for five of fifteen residents. 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services 28 Pa. Code 201.29 (j) Resident Rights	F 0550		
F 0725 SS=E		F 0725		

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F 0725 SS=E	Continued from page 10 483.35(a)(1)(2) Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:	F 0725	F 0725 Sufficient Nursing Staff The facility failed to ensure sufficient staffing to meet residents' care needs for five of fifteen residents who require care (Residents R1, R2, R3, R4 and R5). What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Social Services met with residents R1, R2, R3, R4 and R5 to discuss the identified situation and ensure all care needs were met in a timely manner. Daily staffing meeting will be held with scheduler, DON and Admin and/or designee to ensure sufficient staffing is provided for all 3 shifts and meeting the staffing ratio and PPD. · How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? The staff educator provided education to all staff on	Completion Date: 04/24/2025 Status: APPROVED Date: 04/14/2025

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F 0725 SS=E	Continued from page 11	F 0725	<p>prompt response for "Answering call Lights" Daily Huddles will occur with administrative staff and /or designee with all floor staff to communicate necessary needs expressed by residents during guardian rounds.</p> <p>· What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur? Daily Huddles will be initiated to ensure all staff is informed of residents needs and staffing will be reviewed as well as assignments given to ensure all residents receive timely care. The DON and/or designee will complete an audit 2x a week with 5 residents for two weeks to ensure all residents have received prompt care and in timely manner. As well as complete staffing tool to ensure facility is meeting ratio and PPD.</p> <p>· How the corrective action will be monitored to ensure that the deficient practice will not recur; i.e., what quality assurance programs will</p>	

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F 0725 SS=E	Continued from page 12	F 0725	be established? All audit findings will be reviewed by DON and/or designee at the monthly Quality Assurance Meeting to determine if deficient practice has been corrected or will need to continue by DON and/or designee. Dates of when the corrective action will be completed. April 24th 2025	

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F 0725 SS=E	Continued from page 13 Based on review of facility policy, resident interviews, observation, and staff interviews, it was determined that the facility failed to ensure sufficient staffing to meet residents care needs for five of fifteen residents who require care (Residents R1, R2, R3, R4 and R5). Findings include: Review of the facility policy, "Answering the Call Light" dated 11/1/24, indicated the facility will listen to the resident's request, do what the resident asks if permitted, if you promised the resident you will return with an item or information, do so promptly. If assistance is needed when you enter the room, summon help by using the call signal. Review of the clinical record revealed Resident R1 was originally admitted to the facility on 3/27/25. Review of the MDS dated 4/3/25, Review of Section I, did not have diagnosis listed. The admission record did included diagnoses of	F 0725		

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F 0725 SS=E	Continued from page 14 nontraumatic intracerebral hemorrhage in hemisphere, subcortical (subtype of a stroke) and ambulatory dysfunction (difficulty in walking). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 15. Review of Section G: indicated Resident R1 required one-person physical assist for bed mobility and no documentation for toilet use. During an interview with Resident R1 on 4/3/25, at 11:54 a.m. the following was stated: "On the weekend I laid in poop from 6 p.m. to 2 a.m..." I used the call bell a couple of times over these hours so I could get my brief changed. The first time the staff came in and turned off the light and said, "it isn't time". The second time staff came in turned off the light and said, "we will get here when we feel like it". "They need more staff or staff who will do their job." Review of the clinical record revealed Resident R2 was originally admitted to the facility on 3/1/25. Review of the MDS dated 3/8/25, included	F 0725		

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F 0725 SS=E	Continued from page 15 diagnoses of coronary artery disease (reduced blood flow to the heart muscle) and heart failure (heart cannot keep up with its workload). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 13. Review of Section GG: 0130 Functional Abilities, indicated Resident R2 was dependent for toileting hygiene. During an interview with Resident R2 on 4/3/25, at 11:14 a.m. the following was stated: "You often wait when you use the call light to get changed. "The staff come in and turn of the light and leave, they say they will be back and maybe if you're lucky they come in a half hour, if you're not lucky you can wait hours." "I have sat in my poop for a half hour up to two hours." "Talk to my roommate, its worse for her, she can tell you how it is." "They need more help here." Review of the clinical record revealed Resident R3 was originally admitted to the facility on 3/6/25. Review of the MDS dated 3/13/25, included	F 0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395731	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/03/2025	
NAME OF PROVIDER OR SUPPLIER: SOUTH HILLS POST ACUTE STATE LICENSE NUMBER: 138802		STREET ADDRESS, CITY, STATE, ZIP CODE: 60 HIGHLAND ROAD BETHEL PARK, PA 15102		
(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 0725 SS=E	<p>Continued from page 16</p> <p>diagnoses of nondisplaced fracture of anterior wall of right acetabulum (broken right hip) and anemia (low red blood cells). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 13. Review of Section GG: 0130 Functional Abilities, indicated Resident R3 was dependent for toileting hygiene.</p> <p>During an interview with Resident R3 on 4/3/25, at 11:30 a.m. the following was stated: "You wait when you use the call light for everything including getting changed. "The staff come in and turn off the light and leave, they say your aide or nurse is on break, they will tell them to come when their break is over. They said I use my call light too much; I tell them I have a broken hip I can't do things for myself. The longest I sat in poop and pee in my diaper was three and a half hours. "Some staff doesn't want to help and maybe some are too busy.</p> <p>Review of the clinical record revealed Resident R4 was originally admitted to the facility on 3/12/25.</p>	F 0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395731	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/03/2025
NAME OF PROVIDER OR SUPPLIER: SOUTH HILLS POST ACUTE STATE LICENSE NUMBER: 138802		STREET ADDRESS, CITY, STATE, ZIP CODE: 60 HIGHLAND ROAD BETHEL PARK, PA 15102		
(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 0725 SS=E	Continued from page 17 Review of the MDS dated 3/19/25, included diagnoses of coronary artery disease (reduced blood flow to the heart muscle) renal insufficiency (kidneys aren't function properly) and hypertension (high blood pressure). Review of Section C: Cognitive Patterns, indicated, moderately impaired cognition with a BIMS Score of 9. Review of Section GG: 0130 Functional Abilities, indicated Resident R4 was substantial/maximal assistance for toileting hygiene. During an interview with Resident R4 on 4/3/25, at 11:40 a.m. the following was stated: "Just this past week I sat in my bowel movement close to an hour if not a bit longer." "It happens time to time here." "I have a catheter, so peeing is not a problem, but the other is." "I don't use my light much, at night they turn it off and say they will be back, I wait and then press the button again." Review of the clinical record revealed Resident R5 was readmitted to the facility on 3/12/25.	F 0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395731	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/03/2025	
NAME OF PROVIDER OR SUPPLIER: SOUTH HILLS POST ACUTE STATE LICENSE NUMBER: 138802		STREET ADDRESS, CITY, STATE, ZIP CODE: 60 HIGHLAND ROAD BETHEL PARK, PA 15102		
(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 0725 SS=E	<p>Continued from page 18</p> <p>Review of the MDS dated 2/12/25, included diagnoses of anemia (low red blood cells) and heart failure (heart cannot keep up with its workload). Review of Section C: Cognitive Patterns, indicated, intact cognition with a BIMS Score of 14. Review of Section GG: 0130 Functional Abilities, indicated Resident R5 was dependent for toileting hygiene.</p> <p>During an interview with Resident R5 on 4/3/25, at 11:00 a.m. the following was stated: "They are busy, and you have to wait to get changed." "Once in a while I had to wait more than a half hour when I move my bowels to be changed." "They will come in and turn off the light and will come back when they can, they are busy."</p> <p>During an interview on 4/3/25, at approximately 1:10 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to ensure sufficient staffing to meet resident need for each resident's quality of care for five of fifteen residents.</p>	F 0725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395731	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 04/03/2025
NAME OF PROVIDER OR SUPPLIER: SOUTH HILLS POST ACUTE STATE LICENSE NUMBER: 138802			STREET ADDRESS, CITY, STATE, ZIP CODE: 60 HIGHLAND ROAD BETHEL PARK, PA 15102		
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F 0725 SS=E	Continued from page 19 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.	F 0725			



Certified End Page

SOUTH HILLS POST ACUTE
STATE LICENSE NUMBER: 138802
SURVEY EXIT DATE: 04/03/2025

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