

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395743</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/05/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>CARNEGIE PARK POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1848 GREENTREE ROAD PITTSBURGH, PA 15220</b>		
STATE LICENSE NUMBER: <b>381502</b>				
(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  Based on an Abbreviated Survey in response to four complaints, completed on February 5, 2025, at Carnegie Park Post Acute, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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.

Pennsylvania Department of Health

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P 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>DON will educate Administrator and Staffing Coordinator on the staffing ratios</p> <p>Staffing meetings will be held 5 days per week to review ratios from the prior day(s) and the projected staffing to the upcoming week to ensure appropriate staffing levels are planned. Identified staffing needs will be offered to existing staff and contracted agencies, as needed, by the Administrator/designee. The facility will continue to recruit staff through use of company platforms and recruiter representatives.</p> <p>Audits of staffing ratios will be completed by the NHA/designee to ensure that the facility meets daily hours requirements and nurse aid staffing ratio requirements. Audits will be completed by the administrator during the staffing meetings.</p>	<p>Completion Date: <b>03/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/25/2025</b></p>

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P 5520	Continued from page 1  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 nurse aide (NA) per 10 residents during the day shift for 2 of 21 days (1/16/25 and 1/20/25).  Findings include:  Review of the facility census data, nursing time schedules, and deployment sheets from 1/12/25 through 2/1/25, revealed the following nurse aide staffing shortages:  On 1/16/25 the census was 150, which required 15.00 NAs during the day shift. Review of the nursing time schedules revealed 6.53 NAs provided care on the day shift. No additional excess higher-level staff were available to compensate this deficiency.  On 1/20/25 the census was 145, which required 14.50 NAs during the day shift. Review of the nursing time schedules revealed 9.60 NAs provided	P 5520		

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P 5520	Continued from page 2  care on the day shift. No additional excess higher-level staff were available to compensate this deficiency.  During an interview on 2/5/25, at 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of one nurse aide per 10 residents during the day shift for 2 of 21 days.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 3  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	DON will educate Administrator and Staffing Coordinator on the staffing ratios  Staffing meetings will be held 5 days per week to review ratios from the prior day(s) and the projected staffing to the upcoming week to ensure appropriate staffing levels are planned. Identified staffing needs will be offered to existing staff and contracted agencies, as needed, by the Administrator/designee. Should additional staff be needed during the after hours shifts, the administrator/designee should provide more shifts on agencies platforms. The facility will continue to recruit staff through use of company platforms and recruiter representatives.  Audits of staffing ratios will be completed by the NHA/designee to ensure that the facility meets daily hours requirements and LPNs staffing ratio requirements. Audits will be completed by the administrator during the staffing	Completion Date: <b>03/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/25/2025</b>



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P 5530	<p>Continued from page 5</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 for one of 21 days (1/21/25).</p> <p>Findings include:</p> <p>Review of the facility census data, nursing time schedules, and deployment sheets from 1/12/25 through 2/1/25, revealed the following nurse LPN staffing shortages:</p> <p>On 1/21/25 the census was 146, which required 3.65 LPN's during the night shift. Review of the nursing time schedules revealed 1.00 LPN's provided care on the night shift. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>During an interview on 2/5/25, at 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of one LPN per 40 residents during the night shift.</p>	P 5530		

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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	<p>DON will educate Administrator and Staffing Coordinator on the PPD state requirements.</p> <p>Staffing meetings will be held 5 days per week to review ratios from the prior day(s) and the projected staffing to the upcoming week to ensure appropriate staffing levels are planned. Identified staffing needs will be offered to existing staff and contracted agencies, as needed, by the Administrator/designee. The facility will continue to recruit staff through use of company platforms and recruiter representatives.</p> <p>Audits of PPD requirements will be completed by the NHA/designee to ensure that the facility meets daily hours requirements. Audits will be completed by the administrator during the staffing meetings.</p>	<p>Completion Date: <b>03/18/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>02/25/2025</b></p>

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P 5640	Continued from page 7  Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on 2 of 21 days (1/15/25 and 1/16/25).  Findings include:  Review of the nursing schedules and census information for 1/12/25, through 2/1/25, revealed that the facility failed to maintain 3.20 hours of general nursing care to each resident in a 24-hour period on the following dates:  -1/15/25, Census 146. PPD 3.10. -1/16/25, Census 150. PPD 2.64.  During an interview on 2/5/25, at approximately 1:00 p.m. the Nursing Home Administrator confirmed that the facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on 2 of 21 days.	P 5640		

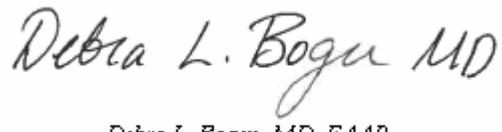


# Certified End Page

**CARNEGIE PARK POST ACUTE**  
**STATE LICENSE NUMBER: 381502**  
**SURVEY EXIT DATE: 02/05/2025**

**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