STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395434	A. Building B. Wing	03/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at MT Lebanon Rehabilitation and Nrsg Ctr	350 Old Gilkeson Road Pittsburgh, PA 15228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. 46167 Based on a review of facility policies, facility documents, resident interviews, resident representative statements, and staff interviews, it was determined that the facility failed to ensure that the residents were able to receive unrestricted visitation or phone calls for two of ten residents (Closed Record Resident CR2, and Resident R10). Findings include: Review of the facility policy Access and Visitation Rights, last reviewed 3/22, indicated that immediate family or other relatives are not subject to visiting hour limitations or other restrictions not imposed by the resident. Review of a resident representative's concern indicated that a visitor tried to gain access to the facility for visitation on 1/21/23, at 6:00 pm and the door to the facility was locked. Visitor then rang bell to gain access, however no one came. Visitor proceeded to call the facility via cell phone, however there was no answer. Visitor stated that he stood in the vestibule for 30 minutes trying to gain access and saw several staff members walk past, however he was never able to gain access despite repeated phone calls and ringing of the access bell. Visitor left without seeing the Closed Record Resident CR2. Review of resident representative's concern also indicated that family attempted to call the facility on 1/22/23, and received a message that the line is not in service During an unscheduled visit on 2/15/23, at 5:05 p.m. State Agency was unable to gain access into the facility as the door was locked. State Agency rang access bell, but door did not open. State Agency proceeded to knock on the door and wave down an employee, who opened the door. During an interview on 2/16/23, at 10:09 a.m., Nursing Home Administrator (NHA), confirmed that the receptionist has been off duty since October and that there is no evening receptionist. It was also stated that nursing is responsible for answering the phones and allowing access to and from the building. During an interview on 2/17/23, at 1:02 p.m., when asked about receiving visitors or phone calls, Resident R10 indicated that she has had difficulty with family members being able to place a phone call and have someone answer the phone within the past month. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility documents indicated that phone and internet services were out of service on 12/27/22, and 1/30/23. During an interview on 2/18/23, at 10:35 a.m. the Nursing Home Administrator confirmed that the facility failed to ensure that the residents were able to receive unrestricted visitation or phone calls. 28 Pa. Code 201.29(a) Resident Rights

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167 Based on review of facility provided policies and documentation, clinical records, and resident, family, and staff interviews, it was determined that the facility failed to protect residents from staff initiated sexual abuse. This failure resulted in a staff member receiving oral sex from a resident, a staff member sexually touching a resident's genitalia to two of four residents, and this failure created an Immediate Jeopardy for two of 96 residents (Resident R1 and R2). Findings include: Review of facility policy Abuse: Protection from Abuse, reviewed 3/2022, revealed that each resident has the right to be free from abuse, corporal punishment, involuntary seclusion, neglect, and misappropriation of property. Residents must not be subjected to abuse by anyone, including, but limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members or legal guardians, friends, or other individuals. Review of abuse education provided to facility staff defined sexual abuse as non-consensual sexual contact of any type with a resident; any forced, coerced, or extorted sexual activity with a resident, is sexual abuse. Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS), is a screening test that aides in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment A review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE]. A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 2/2/23, included diagnoses of high blood pressure, diabetes (an impairment in the way the body regulates and uses sugar), and schizoaffective disorder (mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R1's score to be 15, cognitively intact. A review of documentation submitted by the facility on 1/20/23, revealed that Resident R1 performed oral sex on Nurse Aide (NA) Employee E1 on an unknown date, in Resident R1's bathroom. A review of documentation submitted by the facility on 1/20/23, revealed that on 1/20/23, Resident R1 told Physical Therapy Assistant (PTA) Employee E3 that NA Employee E1 let him give him head in his bathroom in his room (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 2/15/23, at 2:46 p.m. Resident R1 confirmed that the above did occur. Resident R1 also stated that I wish I didn't tell anyone because people are avoiding talking to me. During an interview on 2/21/23, at 3:05 p.m., Resident R1's family member stated that Resident R1 has an intelligence level of a [AGE] year-old, and that he can be swayed very easily. It was also stated that prior to this incident he has been the most balanced he has ever been and has now become more manic since the situation and has had his medication upped. During an interview on 2/21/23, at 3:09 p.m. Psychiatric Nurse Practitioner (PNP) Employee E6 stated that Resident R1 is diagnosed with schizoaffective disorder and that while a person is in a manic state, they often become hypersexual, and may be easily persuaded into sexual activity. PNP Employee E6 stated that Resident R1 would not be able, while during a manic state, of making a rational decision to consent to sexual activity. Review of medical records indicated that Resident R1 had been on olanzapine (an antipsychotic medication used to treat schizophrenia and bipolar disorder) 5 milligram (mg) once per day from 12/21/21, until it was increased on 2/10/23 to 10 mg twice per day. Resident R1 had also been on lamotrigine (a medication used to stabilize mood in bipolar disorder) 100 mg twice per day from 12/22/21 to 2/9/23, when it was increased to 100 mg daily and 125 mg daily. On 2/13/23, lorazepam (a medication used to treat anxiety) 0.5 mg take every eight hours as needed, was added. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS, federally mandated assessment of a resident's abilities and care needs) dated 2/6/23, included diagnoses of high blood pressure, anxiety, and depression. Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R2's score to be 15, cognitively intact. A review of documentation submitted by the facility on 2/4/23, indicated Resident R2 reported that NA Employee E1 touched her inappropriately during routine care by rubbing her clitoris and inserting a finger into her rectum. A review of documentation submitted by the facility on 2/4/23, revealed that Resident R2 reported that the incident occurred about a year ago. And that she reported it via text message to NA Employee E2, but that nothing was ever done. During an interview on 2/15/23, at 2:30 p.m., Resident R2 confirmed the above statements and stated that it occurred sometime in 2022 and that NA Employee E1 had manipulated her clitoris and placed his finger in her rectum. Resident R2 stated she reported this, via text message about an hour after the occurrence to NA Employee E2. Resident R2 stated that she elected to tell NA Employee E2 about that incident as she wasn't sure what to do and that he had been my aide for years and he took good care of me, and I didn't realize he wouldn't tell anyone, and I trusted him. She elaborated that it appeared that NA Employee E2 might have told NA Employee E1 that she reported this to NA Employee E2 as NA Employee E1 acted different towards me after that. Resident R2 elaborated that once she realized that no one was going to ask her anything about the incident she decided to not pursue it anymore as she had already told someone that she trusted. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of records revealed that Resident R2 is seen regularly by psychiatry. During an interview on 2/15/23, at 2:40 p.m., Resident R2 stated that she never discussed the incident with psychiatry as I didn't want to stir anything up. She stated that once the story broke about Resident R1 and NA Employee E1 on the local news channel, she felt safe to report the incident as she was not the only victim. Review of Resident R2's medical record revealed that Ativan 0.5 mg every eight hours as needed was added on 2/9/23. Review of an employee statement written by NA Employee E2, dated 2/4/23, indicated I recall her texting me about that issue. During an interview on 2/16/23, at 10:15 a.m., NA Employee E4 stated that she was surprised to know of the incidents involving NA Employee E1 and Residents R1 and R2 and that she was unaware that NA Employee E2 was aware of the incident involving Resident R2. During an interview on 2/17/23, at 9:15 a.m., Licensed Practical Nurse (LPN) Employee E5 stated that if you see abuse or hear about it, you have to report it to the supervisor During an interview on 2/21/23, at 9:40 a.m., Law Enforcement Personnel confirmed that NA Employee E1 admitted to law enforcement that he participated in a sex act with Resident R1 and that Employee E2 had admitted to receiving a text message from Resident R2 regarding sexual abuse by NA Employee E1 which was unreported. Review of NA Employee E1's file revealed that abuse education was completed on 6/22/22. Review of NA Employee E2's file revealed that abuse education was completed on 3/28/22. On 3/2/23, at 4:05 p.m. the Nursing Home Administrator was made aware that an Immediate Jeopardy situation existed for two of 96 residents, and the Immediate Jeopardy template was provided to facility administration. On 3/2/23, at 8:33 p.m. an acceptable Corrective Action Plan was received which included the following interventions: -Before reporting for his next scheduled shift, on 1/23/23, NA Employee E1 was interviewed by the NHA. He was escorted out of the building. Police were then notified as well as Adult Protective services. NA Employee E1 was placed on Do Not Return list 1/23/23. His staffing agency was informed of the allegation and pending investigation. -Resident R1 was immediately offered psych services. He has been seen by psych several times since. -When Resident R2 disclosed on 02/04/23, that she was inappropriately touched by NA Employee E1 , he was already placed on the Do not return list from facility. Law enforcement and Adult Protective Services were notified on 02/04/23. NA Employee E2 was suspended pending investigation on 02/04/23. Resident R2 was offered to be transported to hospital on 02/04/2,3 and resident refused transport. Resident R2 was immediately offered psych services. She has been seen by psych several times since. (continued on next page)

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-All staff currently working in the building were educated on the abuse policy on 03/02/23, by 6:00 p.m. -Incoming staff will be educated by the RN Supervisor at the start of their shift today. Current employees who are not presently at work will be educated by phone on the abuse policy by 12:00 p.m. on 03/03/23. All agency staff will be educated on the abuse policy prior to the start of their next scheduled shift. -Social Worker will audit all grievances for the past three months for unrecognized abuse. Any grievances identified for unrecognized abuse will be investigated and reported. Grievances will continue to be audited monthly at QAPI. -Psychotropic medications for Resident R1 and R2 will be audited monthly for three months, and then quarterly and as needed. -In-house and agency staff will be educated on abuse reporting monthly for three months, then yearly. New hires and new agency staff will be educated upon orientation. -Social Worker will interview residents monthly for three months. During staff interviews conducted on 3/3/23, between 9:00 a.m. and 11:30 p.m. 17 staff members confirmed they received education on abuse prevention. During resident interviews conducted on 3/3/23, between 9:00 a.m. and 11:30 p.m. 12 residents confirmed they had been re-interviewed to learn if they had any concerns about staff abusing them. The Immediate Jeopardy was lifted on 3/3/23, at 12:40 p.m., when the action plan implementation was verified. During an interview on 3/3/23, at 12:45 p.m. the Nursing Home Administrator confirmed that the facility failed to protect residents from staff initiated sexual abuse. This failure resulted in a staff member receiving oral sex from a resident, a staff member sexually touching a resident's genitalia to two of four residents, and this failure created an Immediate Jeopardy for two of 96 residents (Resident R1 and R2). 483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.20(a)(b) Staff development 28 Pa. Code 201.29(a)(c)(d) Resident rights

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 46167 Based on a review of employee personnel files and staff interviews, it was determined that the facility failed to properly screen two out of ten employees to ensure that they were eligible for employment in a long-term care nursing facility (Nurse Aide (NA) Employee E1 and NA Employee E9). Findings include: In accordance with Act 13 Elder Abuse Mandatory Reporting and Act 169 Criminal Background Checks, nursing facilities are required to obtain a criminal background check on all newly hired employees. Facilities are required to obtain the Pennsylvania State Police background check within 30 days of hire on all prospective employees. If the prospective employee does not have continuous residency in Pennsylvania for two years prior to employment, then the facility is required to obtain a Federal Bureau of Investigation (FBI) check within 90 days. Review of the personnel files revealed that NA Employee E1 relocated from the state of Ohio and revealed a copy of NA Employee E1's Ohio driver's license. Further review of the personnel file revealed that NA Employee E1 did not have an FBI clearance. During an interview with Nursing Home Administrator (NHA), on 2/22/23, at 9:57 a.m., it was confirmed that NA Employee E1 was employed at the facility for over a year with last date of employment of 1/19/23. Review of the personnel files revealed that NA Employee E9 relocated from the state of Louisiana and revealed a copy of NA Employee E9 ' s Louisiana driver ' s license. Further review of the personnel file revealed that NA Employee E9 did not have an FBI clearance. During an interview with NHA on 2/22/23, at 9:59 a.m., it was confirmed that NA Employee E9 worked at the facility from 9/26/22, through 12/30/22. During an interview on NHA confirmed that the facility failed to obtain FBI clearance for two out of ten state employees prior to working. 28 Pa Code 201.18 (e)(1) Management 28 Pa. Code 201.29(a)(c) Resident rights

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on review of state laws, facility policies, clinical records, and resident and staff interviews, it was determined that the facility failed to implement policies and procedures for covered individuals to report the suspicion of staff to resident sexual abuse for one of four residents reviewed (Resident R2), which resulted in the previously accused staff member engaging in a sexual act with one of four residents reviewed (Resident R1). This failure created an Immediate Jeopardy for two of 96 residents (Resident R1 and R2). Findings include: Review of the Older Adult Protective Services Act of 11/6/87, amended by Act 1997-13, Chapter 7, Section 701, requires any employee or administrator of a facility who suspects abuse is mandated to report the abuse. All reports of abuse should be reported to the local area agency on aging and licensing agencies. If the suspected abuse is sexual abuse, serious physical injury, serious bodily injury, or suspicious death, the law requires additional reporting to the Department of Aging and local law enforcement. Review of the facility's policy Abuse Reporting and Investigation dated 3/22, indicated anyone who witnesses an incident of suspected resident abuse is to intervene immediately and stop the abuse. They are to report it to the charge nurse or supervisor immediately. Review of abuse education provided to facility staff defined sexual abuse as non-consensual sexual contact of any type with a resident; any forced, coerced, or extorted sexual activity with a resident, is considered to be sexual abuse. Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS, a screening test that aides in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS, federally mandated assessment of a resident's abilities and care needs) dated 2/6/23, included diagnoses of high blood pressure, anxiety, and depression. Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R2's score to be 15, cognitively intact. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of documentation submitted by the facility on 2/4/23, Resident R2 reported that Nurse Aide (NA) Employee E1 touched her inappropriately during routine care by rubbing her clitoris and inserting a finger into her rectum. A review of documentation submitted by the facility on 2/4/23, revealed that Resident R 2 reported that the incident occurred about a year ago. And that she reported it via text message to NA Employee E2, but that nothing was ever done. During an interview on 2/15/23, at 2:30 p.m., Resident R2 confirmed the above statements and stated that it occurred sometime in 2022 and that NA Employee E1 had manipulated her clitoris and placed his finger in her rectum. Resident R2 stated she reported this, via text message about an hour after the occurrence to NA Employee E2. Resident R2 stated that she elected to tell NA Employee E2 about that incident as she wasn't sure what to do and that he had been my aide for years and he took good care of me, and I didn't realize he wouldn't tell anyone, and I trusted him. She elaborated that it appeared that NA Employee E2 might have told NA Employee E1 that she reported this to NA Employee E2 as NA Employee E1 acted different towards me after that. Resident R2 elaborated that once she realized that no one was going to ask her anything else about the incident she decided to not pursue it anymore as she had already told someone that she trusted. Review of records revealed that Resident R2 is seen regularly by psychiatry. During an interview on 2/15/23, at 2:40 p.m., Resident R2 stated that she never discussed the incident with psychiatry as I didn't want to stir anything up. She stated that once the story broke about Resident R1 and NA Employee E1on the local news channel, she felt safe to report the incident as she was not the only victim. Review of an employee statement written by NA Employee E2, dated 2/4/23, indicated I recall her texting me about that issue. During an interview on 2/17/23, at 9:15 a.m., Licensed Practical Nurse (LPN) Employee E5 stated that if you see abuse or hear about it, you have to report it to the supervisor During an interview on 2/21/23, at 9:40 a.m., Law Enforcement Personnel confirmed that Employee E2 had admitted to receiving a text message from Resident R2 regarding sexual abuse by NA Employee E1 which was unreported. Review of education rosters dated 3/28/22, revealed NA Employee E2 received facility provided inservice education on abuse. A review of the clinical record indicated that Resident R1 was admitted to the facility on [DATE]. A review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 2/2/23, included diagnoses of high blood pressure, diabetes (an impairment in the way the body regulates and uses sugar), and schizoaffective disorder (mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania). Review of Section C: Cognitive Patterns, Questions C0500 BIMS Summary Score revealed Resident R1's score to be 15, cognitively intact. (continued on next page)

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F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of documentation submitted by the facility on 1/20/23, revealed that Resident R1 performed oral sex on Nurse Aide (NA) Employee E1 on an unknown date, in Resident R1's bathroom. A review of documentation submitted by the facility on 1/20/23, revealed that on 1/20/23, Resident R1 told Physical Therapy Assistant (PTA) Employee E3 that NA Employee E1 let him give him head in his bathroom in his room During an interview on 2/15/23, at 2:46 p.m. Resident R1 confirmed that the above did occur. Resident R1 also stated that I wish I didn't tell anyone because people are avoiding talking to me. On 3/2/23, at 4:05 p.m. the Nursing Home Administrator was made aware that an Immediate Jeopardy situation existed for two of 96 residents, and the Immediate Jeopardy template was provided to facility administration. On 3/2/23, at 8:33 p.m. an acceptable Corrective Action Plan was received which included the following interventions: -NA Employee E2 was suspended on 2/4/23, pending investigation of allegation failure to report abuse. NHA notified police on 2/4/23 and they immediately came to the facility. Resident R2 was offered to go to the hospital for evaluation, she declined. Adult protective services were notified also on 2/4/23. -NA Employee E2's employment was then terminated on 2/7/23, due to failure to report abuse. -All staff currently working in the building were educated on the abuse policy specifically as it applies to reporting abuse on 03/02/23 by 6:00 p.m. -Incoming staff will be educated by the RN Supervisor at the start of their shift today. Current employees who are not presently at work will be educated by phone on the abuse policy by 12:00 p.m. on 03/03/23. All agency staff will be educated on the abuse policy prior to the start of their next scheduled shift. -Resident R2 has been receiving psych services. She is care planned for two female caregivers for all care. -Social Services and Activity Director conducted interviews with current residents to determine if any abuse had happened on 03/02/23. No other allegations of abuse occurring has been reported from interviews. -Social Worker will audit all grievances for the past three months for unrecognized abuse. Any grievances identified for unrecognized abuse will be investigated and reported. Grievances will continue to be audited monthly at QAPI. -Psychotropic medications for Resident R2 will be audited monthly for three months, and then quartely and as needed. -In-house and agency staff will be educated on abuse reporting monthly for three months, then yearly. New hires and new agency staff will be educated upon orientation. (continued on next page)

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F 0609 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-Social Worker will interview residents monthly for three months. During staff interviews conducted on 3/3/23, between 9:00 a.m. and 11:30 p.m. 17 staff members confirmed they received education on abuse prevention. During resident interviews conducted on 3/3/23, between 9:00 a.m. and 11:30 p.m. 12 residents confirmed they had been reinterviewed to learn if they had any concerns about staff abusing them. The Immediate Jeopardy was lifted on 3/3/23, at 12:40 p.m. when the action plan implementation was verified. During an interview on 2/22/23, at 12:40 p.m. the Nursing Home Administrator confirmed that facility staff failed to implement policies and procedures for covered individuals to report to local law enforcement, the suspicion of staff to resident sexual abuse for one of four residents, which resulted in a resident providing oral sex to a previously accused staff member for one of four residents. This failure created an Immediate Jeopardy for two of 96 residents. 483.13 - Resident Behavior and Facility Practices, 10-1-1998 edition 28 Pa. Code 201.14(a)(c)(e) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management. 28 Pa. Code 201.18(e)(1) Management.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wecare at MT Lebanon Rehabilitation and Nrsg Ctr	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on review of facility policy and clinical records and staff interviews it was determined that the facility failed to make certain that resident assessments were accurate for four of eight residents (Resident R4, R5, R6, and R7). Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set Assessments(MDS - periodic assessment of care needs) dated October 2018, and updated October 2019, indicated that Section C: Cognitive Patterns, Question C0100 Should Brief Interview for Mental Status Be Conducted? (BIMS) should be coded as 0 if the resident is rarely/never understood, and that it should be coded 1, and the BIMS assessment should be completed if the resident is at least sometimes understood. Review of the clinical face sheet indicated that Resident R4 was admitted on [DATE]. Review of the Minimum Data Set (MDS, periodic assessment of a resident's care needs) dated 1/26/23, included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life) and adult failure to thrive (seen in older adults with multiple medical conditions resulting in downward spiral of poor nutrition, weight loss, inactivity, depression and decrease in functional abilities). The MDS, Section B: Hearing, Speech, and Vision, Question G0700 indicated that Resident R4 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 for Resident R4 revealed that it was coded as Rarely Understood and the BIMS assessment was not completed. Review of the clinical face sheet indicated that Resident R5 was admitted on [DATE]. Review of the MDS dated [DATE], included diagnoses of aphasia (language disorder that affects communication) and history of a stoke. The MDS, Section B: Hearing, Speech, and Vision, Question G0700 indicated that Resident R5 is usually understood. Review of Section C: Cognitive Patterns, Question C0100 for Resident R5 revealed that it was coded as Rarely Understood and the BIMS assessment was not completed. Review of the clinical face sheet indicated that Resident R6 was admitted on [DATE]. Review of the MDS dated [DATE], included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and dementia. The MDS, Section B: Hearing, Speech, and Vision, Question G0700 indicated that Resident R6 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 for Resident R6 revealed that it was coded as Rarely Understood and the BIMS assessment was not completed. Review of the clinical face sheet indicated that Resident R7 was admitted on [DATE]. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the MDS dated [DATE], included diagnoses of Huntington's Disease (a condition that leads to progressive degeneration of nerve cells in the brain) and aphasia. The MDS, Section B: Hearing, Speech, and Vision, Question G0700 indicated that Resident R7 is sometimes understood. Review of Section C: Cognitive Patterns, Question C0100 for Resident R7 revealed that it was coded as Rarely Understood and the BIMS assessment was not completed. During an interview on 2/22/23, at 10:09 a.m. Nursing Home Administrator confirmed that the facility failed to make certain that resident assessments were accurate. 28 Pa. Code: 211.12(d)(1)(5) Nursing services. 28 Pa. Code: 211.12(d)(2) Nursing services. 28 Pa. Code: 211.12(d)(3) Nursing services.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167 Based on policy and clinical record review and resident interviews, and staff interviews, it was determined that the facility failed to make certain that showers were consistently provided for three of ten residents (Closed Record Resident CR1, Resident R8, and Resident R9). Findings include: Review of the facility policy Flow of Care last reviewed 3/22, stated that residents are to have two baths/showers per week unless the resident states otherwise, and that care should be documented in the health record. Review of closed clinical records revealed that Resident CR1 was admitted on [DATE], with diagnosis of high blood pressure, depression, and lung cancer. Review of the Minimum Data Set assessment (MDS- a periodic assessment of resident care needs) dated 12/24/22, indicated that diagnosis remain current, and that Resident CR1 requires partial/moderate assistance for bathing. Review of clinical records indicated that Resident CR1 was to receive baths/showers every Wednesday and Sunday. A review of completed task record revealed that resident did not receive a bath/shower on Wednesday 12/21/22, and Wednesday 12/28/22, as scheduled. Review of clinical record revealed that Resident R8 was admitted on [DATE], with diagnosis of high blood pressure, diabetes (an impairment in the way the body regulates and uses sugar), and cellulitis (a bacterial infection of the skin). Review of MDS dated [DATE], indicated that diagnosis remain current, and that no bathing activity had occurred. Previous MDS dated [DATE], indicated that resident has total dependence for bathing. During an observation on 2/17/23, at 1:00 p.m., Resident R8 was noted to have hair that appeared greasy and had large, white flakes on the top of her head. During an interview on 2/17/23, at 1:00 p.m. Resident R8 stated, I haven't had a shower in a while and that this is often due to being short on aides. Review of clinical record indicated that Resident R8 was to receive baths/showers every Wednesday and Saturday. A review of completed task record revealed that resident did not receive a bath/shower on Saturday 1/21/23, Wednesday 2/1/23, and Wednesday 2/8/23, as scheduled. Review of clinical records revealed that Resident R9 was admitted on [DATE], with diagnosis of high blood pressure, muscle weakness, and heart disease. Review of MDS dated [DATE], indicated that diagnosis remain current, and that Resident R9 has total dependence with bathing. During an interview on 2/17/23, at 1:05 p.m., Resident R9 stated that she does not always get showers as scheduled and depends on how many aides they have. During an interview on 2/18/23, at 10:40 a.m., Nurse Home Administrator confirmed that the facility failed to make certain that baths/showers are consistently provided. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 211.12(1) Nursing services. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12 (2)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to make certain that residents were provided appropriate treatment and services to maintain bowel function for one of four residents (Resident R4). Findings include: Review of the facility policy, Bowel Protocol dated 3/22, indicated that resident's bowel movements will be monitored daily by 11 p.m. - 7 a.m. supervisor, residents who have not had a bowel movement for two days are identified and considered to be at risk for constipation, nursing staff will encourage the resident to increase the ingestion of fluids, and residents will continue to be monitored by nursing for bowel movements following each step of the protocol, and document results as appropriate. Step One: four ounces of prune juice (three doses), or two ounces of bran mixture. Some residents may be exempt from the first step due to contraindication. Document abdominal inspection by palpation (using the hands to check the body) as well as bowel sounds with each administration on the MAR (medication administration record). RN (Registered Nurse) Supervisor and MD (Doctor of Medicine) will be notified of abnormal findings. Step Two: If prune juice ineffective, administer MOM (milk of magnesia, a medication to treat constipation) on day three. Document abdominal inspection by palpation as well as bowel sounds with prior to administration on the MAR. RN Supervisor and MD will be notified of abnormal findings. Step Three: If no results from the MOM within 24 hours of administration: RN supervisor will document in a progress note an abdominal assessment and report any abnormalities to MD. Administer a Dulcolax (bisacodyl, a medication to treat constipation) suppository (a solid medical preparation designed to be inserted into the rectum or vagina to dissolve) rectally at bedtime of day four. Document abdominal inspection by palpation as well as bowel sounds with prior to administration on the MAR. RN Supervisor and MD will be notified of abnormal findings. Step Four: If no results from the Dulcolax suppository after 12 hours (morning of day 5): RN supervisor will document in a progress note an abdominal assessment and report any abnormalities to MD. Administer a Fleets enema (solution introduced into the rectum to promote evacuation of feces) rectally. Document abdominal inspection by palpation as well as bowel sounds with prior to administration on the MAR. RN Supervisor and MD will be notified of abnormal findings. Step Five: If no results from enema, identification of pain, or absence of bowel sounds, notify RN Supervisor and physician. A review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS, a screening test that aides in detecting cognitive impairment). The BIMS total score suggests the following distributions: 13-15: cognitively intact (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8-12: moderately impaired 0-7: severe impairment Review of the clinical record revealed that Resident R4 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 1/26/23, included diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior), and adult failure to thrive (seen in older adults with multiple medical conditions resulting in downward spiral of poor nutrition, weight loss, inactivity, depression and decrease in functional abilities). Review of Section C: Cognitive Patterns, Question C0500 BIMS Summary Score revealed Resident R4's score to be not assessed due to resident being rarely understood. Section H Bladder and Bowel, Question H0400 Bowel Incontinence indicated that Resident R4 was always incontinent of bowel. Review of the physician orders active in February 2023, indicated that Resident R4 had orders for: -Miralax (polyethylene glycol, a powdered medication used to prevent and treat constipation) Give 17 gram by mouth, one time a day for constipation. -Senna (medication to treat constipation) 8.6 mg twice daily for constipation. -Milk of magnesia, give 30 milliliters (ml) as needed for constipation. Give on day three of no bowel movement. -Bisacodyl suppository, insert one suppository rectally as needed for constipation at bedtime when the patient has not had a bowel movement in four days. -Fleet enema, insert one application rectally as needed for constipation when the patient has not had a bowel movement in 12 hours after Dulcolax suppository. Review of Resident R4's plan of care for risk for bowel elimination initiated 8/4/21, indicated for staff to follow bowel protocol per facility policy, to monitor bowel movements and report abnormalities to supervisor, and to notify the provider of any unrelieved constipation. Review of Resident R4's bowel record indicated: -1/1/23, through 2/9/23, indicated Resident R4 had one or two bowel movements on 37 of 40 days. -2/10/23, through 2/13/23, no bowel movements documented. -2/14/23, through 2/15/23, resident not available. The February 2023, medication administration record indicated the following: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Scheduled Miralax and senna administered as ordered. -Milk of magnesia was not administered. -Bisacodyl suppository was not administered. -Fleets enema was not administered. Review of progress notes dated 2/10/23, through 2/17/23, failed to indicate any progress notes related to Resident R4's lack of a bowel movement. Review of a nurse's progress note dated 2/13/23, at 9:10 a.m. indicated that Resident R4 was admitted to the hospital after a fall. Review of hospital paperwork dated 2/14/23, indicated that Resident R4's needed and enema and likely to need disimpaction. Review of the CT scan (a series of X-ray images taken from different angles to create cross-sectional images) of the chest, abdomen, and pelvis dated 2/14/23, indicated a large rectal fecal impaction. Review of the attending physician's note dated 2/15/23, at 7:38 a.m. indicated that Resident R4 was treated a fecal impaction with fleets enema and an aggressive bowel regimen (senna, Miralax, and Colace [stool softener]). Review of a progress note dated 2/16/23, at 8:25 p.m. indicated that Resident R4 was readmitted to the facility. Review of Resident R4's bowel record indicated: -2/16/23, through 2/19/23, no bowel movements documented. During an interview on 2/18/23, at 11:00 a.m. the Nursing Home Administrator confirmed that the facility failed to administer medications to maintain bowel function for one of four residents. During an interview on 2/21/23, at 10:02 a.m., the Nursing Home Administrator confirmed that the facility failed to administer medications to maintain bowel function for one of four residents. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(b)(1) 28 Pa. Code 201.29(a) Resident rights. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.10(d) Resident care policies (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code:211.12(d)(1) Nursing services. 28 Pa Code 211.12(d)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311 Based on review of facility policy and documentation, clinical record review, and staff interviews, it was determined that the facility failed to provide adequate supervision for the transfer and bed mobility needs of two of six residents (Resident R3 and R4), resulting in the actual harm of fractures and/or lacerations. Findings include: Review of facility policy Fall Protocols dated 3/22, indicated Residents' will be assessed for fall risk upon admission, readmission, quarterly, and with a significant change in medical condition. In the event of an actual fall, an attempt will be made to eliminate causal factors and prevent further falls. Review of Resident R3's admission record indicated she was originally admitted to the facility on [DATE], and readmitted [DATE]. Review of Resident R3's Minimum Data Set (MDS, mandated assessment of a resident's abilities and care needs) dated 11/7/22, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), hemiplegia (paralysis on one side of the body), osteogenesis imperfecta (genetic disorder characterized by fragile bones that break easily). Review of Resident R3's admission, quarterly, and annual MDS assessments completed since admission (8/7/19, 8/9/19, 11/9/19, 2/9/20, 5/11/20, 8/2/20, 11/2/20, 2/2/21, 2/11/21, 5/14/21, 8/3/21, 11/3/21, 2/3/22, 5/6/22, and 8/4/22) indicated in Section G - Functional Status, Questions G0110B, ADL Assistance for Transfers, all indicated that Resident R3 required extensive assistance of two or more staff members. Review of Resident R3's plan of care initiated on 8/7/19, updated on 7/14/22, indicated Resident R3 required Transfer resident with Hoyer (mechanical lift) and assist x2 staff. Review of the Care Record report (a printable version of the resident's assigned interventions and/or tasks) indicated that Resident R3 was Transfer status: Transfer resident with assist of one. Review of a physician's order dated 8/11/22, indicated transfer resident with assist of one. Review of a progress note dated 9/3/22, at 9:03 a.m. stated Called to room by (nurse aide) saying that she was transferring resident from bed to wheelchair. During transfer, (nurse aide) says that she was losing her hold on resident and put her back onto the bed. Resident c/o (complained of) severe right knee pain. Right knee flexed approximately 90 degrees. Resident says that she isn't able to move her leg without severe pain. No redness noted, skin intact. Resident is agreeable to x-rays or whatever treatment that she can have here. Doesn't want to go to ER. Call to (provider). Review of a progress note dated 9/3/22, at 9:56 a.m. stated (Resident R3) decided the pain was too severe and requested to be transferred to the ER. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of hospital paperwork dated 9/7/22, at 11:22 a.m. indicated that Resident R3 was admitted on [DATE], and treated for a closed fracture of the distal end of the right femur (a break in the bottom end of the upper leg bone, that did not break through the skin). Review of the facility provided Fall Investigation dated 9/3/22, indicated that Resident R3 required one assist to transfer, that one aide was present at the time of the fall, and that the Hoyer lift was not used. Review of Resident R4's admission record indicated she was admitted to the facility on [DATE]. Review of Resident R4's MDS dated [DATE], indicated diagnoses of dementia (a group of symptoms that affects memory, thinking and interferes with daily life), schizoaffective disorder (a mental disorder in which a person experiences a combination of schizophrenia and mood disorder symptoms), and adult failure to thrive (seen in older adults with multiple medical conditions resulting in downward spiral of poor nutrition, weight loss, inactivity, depression and decrease in functional abilities). Review of Section G - Functional Status, Questions G0110A, ADL Assistance for Bed Mobility, indicated that Resident R4 required extensive assistance of two or more staff members. Review of Resident R4's plan of care for functional decline in ADLs initiated on 8/4/21, failed to include information on bed mobility assistance needed. Review of the nurse aide task list for Resident R4 for bed mobility did not provide any indication of the assistance level. Review of Resident R4's physicians orders since admission failed to reveal an order for the bed mobility assistance level. Review of a progress note dated 2/13/23, at 11:30 p.m. indicated a nurse and nurse aide were providing care to Resident R4. Resident was rolled on her right side and stated she was cold and thrust herself towards the right which made aide and nurse slip and resident fell to the ground. Bed was in an elevated position for staff while doing dressing change. Resident hit her head off the ground. open area to top of forehead noted. actively bleeding. Resident never lost consciousness and remained alert. Resident understood she hit her head. Pressure applied while staff waited on EMTs (emergency medical technicians). Review of a progress note dated 2/14/23, at 6:09 a.m. indicated that Resident R4 had been admitted to the hospital Intensive Care Unit (ICU). Review of a progress note dated 2/16/23, at 8:25 p.m. indicated that Resident R4 was readmitted to the facility. Review of a progress note dated 2/16/23, at 10:27 p.m. indicated that Resident R4 is required to wear a c-collar (neck brace) for 6 weeks, and has five staples at the top of her scalp. Review of hospital paperwork dated 2/16/23, at 11:12 a.m. that Resident R4 was seen on 2/14/23, after a fall from her bed at the skilled nursing facility while staff was attempting to roll her. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of multiple CT scans (a series of X-ray images taken from different angles to create cross-sectional images) of the head, cervical spine (neck region), CAP (chest, abdomen, pelvis), and T/L (thoracolumbar - area of the back from approximately shoulder level to waist) indicated the following: -Small subarachnoid hemorrhage (bleeding in the space that surrounds the brain). -Large frontal scalp hematoma and laceration (solid swelling of clotted blood within the tissues, and deep cut or tear in skin or flesh). -Comminuted acute fracture (bone that is broken in at least two places) of the C1 (first vertebra, which supports the head). -Nondisplaced (not out of alignment) acute fracture of the C2 (second vertebra of the spine). -Prevertebral (in front of) soft tissue swelling/hematoma at T3-T4 (tenth and eleventh vertebra of the spine) -Likely acute compression (break caused by pressure) fracture of the T3. -Acute compression burst (the vertebra is crushed in all directions) fracture of the T2 (ninth vertebra of the spine) and T3. During a telephone inteview on 2/18/23, at 11:44 a.m. Licensed Practical Nurse (LPN) Employee E7 clarified that Nurse Aide (NA) Employee E8 was positioned between Resident R4's bed and the wall, and that she (LPN Employee E7) was positioned between Resident R4's bed and the roommate bed. LPN Employee E7 stated she was changing the wound dressing on Resident R4's back. Resident kept stating she was cold, and began to get irritated. LPN Employee E7 stated Nurse Aide (NA) Employee E8 turned her body slightly to the left (but did not step away) to get a brief and wipes from the bedside night stand, and Resident R4 rolled off of the bed, on the side of NA Employee E8. During an interview on 2/22/23, at 10:10 a.m. the Nursing Home Administrator confirmed that facility failed to provide adequate supervision for the bed mobility and transfer needs of two of six residents, which resulted in fractures and or lacerations. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.14(c)(d)(e) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management. 28 Pa. Code: 211.10(a) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(5) Nursing services.

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Wecare at MT Lebanon Rehabilitation and Nrsg Ctr	350 Old Gilkeson Road Pittsburgh, PA 15228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46167 Based on review of facility policy, review of clinical records, and staff interviews, it was determined that the facility failed to make certain that proper pain management was provided for one of ten residents reviewed (Closed Record Resident CR1). Findings include: Review of the facility policy Medication Administration last reviewed 3/22, stated that Medications are administered in accordance with written orders of attending physicians. The resident's electronic medication administration record (E-MAR) is initialed by the person administering a medication in the space provided under the date and on the line for that specific medication dose administration. Documentation is done immediately after the administration and/or refusal of the medication or attempt. Clinical record review revealed that CR Resident R1 was admitted to the facility on [DATE], with diagnoses which included, brain cancer, high blood pressure, and depression. Minimum Data Set assessment (MDS - a comprehensive, standardized assessment of each resident's functional capabilities and health needs) dated 12/24/22, indicated that the diagnoses remained current. A clinical record review revealed CR Resident R1 was admitted to hospice services (supportive care given to people in the final phase of a terminal illness and focus on comfort and quality of life) on 12/10/22. A review of Physician's order dated 11/29/22, indicated that CR Resident R1 was to receive morphine (a medication used to help relieve severe, ongoing pain) 30 milligram extended release every 12 hours. A review of the Medication Administration Record (MAR) revealed that facility failed to administer morphine on two scheduled doses, in morning and evening of 12/23/22. During an interview on 2/18/23, at 10:29 a.m. Nursing Home Administrator confirmed that the facility failed to administer pain medications as ordered by the physician to provide CR Resident R1 the highest practicable pain management. 28 Pa Code:201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a)(b)(c)(d) Staff development. 28 Pa. Code: 201.29(j) Resident rights. 28 Pa. Code: 211.10(c)(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services