

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395670	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER MONROEVILLE REHABILITATION AND WELLNESS CENTER		STREET ADDRESS, CITY, STATE, ZIP 4142 MONROEVILLE BLVD MONROEVILLE, PA 15146	
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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on an observation and resident interviews, it was determined that the facility failed to provide accommodations of need, failed to respond to resident call bells in a timely manner for 2 of forty three on Side 1 nursing unit (Residents R2 and R3), and failed to provide bedspreads to residents in the facility. Findings include: During an interview on 8/27/20, at 8:45 a.m. Resident R2 stated that there are not enough staff, call bells take forever to get answered and garbage is always in the halls. Resident R2 stated that residents complain of being cold but there are no blankets. There are not linen bags in the cans and usually no garbage bags either. During an observation on 8/17/20, from 9:00 a.m. through 9:42 a.m. all resident rooms were observed for bedspreads and linen and garbage bags. The Side 1 Red Zone unit bins were not with liners in the linen bins in each resident room. Residents did not have bedspreads on their beds. During an interview on 8/17/20, at 9:42 a.m. the Nursing Home Administrator confirmed the residents did not have bedspreads. Laundry area did not contain any. Laundry carts on units did not have bedspreads. During an observation on 8/17/20, at 9:42 a.m. the call light above resident room [ROOM NUMBER] illuminated. At 10:27 a.m. Resident R3 was observed sitting in his wheelchair in the doorway and waved at SA, SA then promoted staff sitting at the desk to assist the resident. The resident stated it always takes forever. The call light illuminated for 42 minutes. During a phone review with the Nursing Home Administrator and Director of Nursing on August 21, 2020 at 10:00 a.m. the above observations were reviewed. 28 Pa. Code: 201.29(j) Resident rights. 28 Pa. Code: 211.10(c)(d) Resident care policies.</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. Based on review of facility policy, observations and staff interview, it was determined that the facility failed to consistently maintain a clean and disinfected environment in the residents rooms and throughout one of two nursing units (Red Zone Side 1 nursing unit). Findings include: During an observation of the facility, the facility continues to have garbage bins at the end of the hall in the Red Zone with overflowing cans. There were four bins two with red bags for food debris and two with yellow bags for soiled linen. One can was overflowing with food items and the lid was not covering it, there was a foul odor coming from the area. This is directly outside of resident rooms and in the doorway of the emergency exit blocking the thruway and exit doors. During the observation, the resident room floors and hallway were found to have food debris and black substances. The red bins in resident rooms did not have bags in multiple rooms for soiled linen and garbage to go into. The infection control bags hanging on resident doors were empty and did not have gloves, gowns, or bags in them. During a phone review with the Nursing Home Administrator and Director of Nursing on August 21, 2020 at 10:00 a.m. the above observations were reviewed. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12(D)(1)(2)(3)(5) Nursing services.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.