

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395670</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MONROEVILLE REHABILITATION AND WELLNESS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4142 MONROEVILLE BLVD MONROEVILLE, PA 15146</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0725  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observations and resident and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of 13 of 17 residents (Resident R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, and R13). Findings Include: Review of the facility policy Flow of Care dated 3/11/20, indicated that care will be provided to residents as needed to attain and maintain the highest level of functioning, that the provision of targeted care needs shall be documented on the point of care records, and that residents are to have two baths/showers/week unless the resident states otherwise. Review of Resident R1's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly Minimum Data Set (MDS - periodic assessment of care needs) dated 8/14/20, included [DIAGNOSES REDACTED].</p> <p>During an observation on 9/2/20, at 6:00 p.m. Resident R1 was noted to have dirty fingernails. Review of Resident R1's nursing progress notes and Point of Care (POC) Response History indicated that Resident R1 was to receive a bath or shower on Tuesdays and Saturdays during daylight shift. Review of bathing documentation from 8/7/20, through 9/6/20, revealed one bed bath on 8/11/20. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R2's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an observation on 9/2/20, at 6:05 p.m. Resident R2 was noted to have greasy unkempt hair. Review of Resident R2's nursing progress notes and POC Response History did not indicate a day or shift for Resident R2 to receive a bath or shower. Review of bathing documentation from 8/7/20, through 9/6/20, revealed one bed bath on 8/17/20. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R3's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an interview on 9/2/20, at 6:07 p.m. Resident R3 was stated that she had not had a shower in two weeks, and that she would like to get a shower. Review of Resident R3's nursing progress notes and POC Response History indicated that Resident R3 was to receive a bath or shower on Monday and Thursday during evening shift. Review of bathing documentation from 8/7/20, through 9/6/20, failed to reveal any showers or bed baths. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R4's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an interview on 9/2/20, at 6:09 p.m. Resident R4 was stated that the nurse aides are too busy to provide showers. Review of Resident R4's nursing progress notes and POC Response History indicated that Resident R4 was to receive a bath or shower on Sunday and Wednesday during evening shift. Review of bathing documentation from 8/7/20, through 9/6/20, indicated one bathing refusal, with no other bathing documented as provided. A review of nursing notes at that time did not indicate an absence from the facility. Review of Resident R5's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an interview on 9/2/20, at 6:09 p.m. Resident R5 was stated that he is independent with showers, but is not allowed to take them, and further stated that the nurse aides are too busy to provide showers. Review of Resident R5's nursing progress notes and POC Response History indicated that Resident R5 was to receive a bath or shower on Sunday and Wednesday during evening shift. Review of bathing documentation from 8/7/20, through 9/6/20, failed to reveal any showers or bed baths. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R6's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly Minimum Data Set (MDS - periodic assessment of care needs) dated 7/4/20, included [DIAGNOSES REDACTED]. During an observation on 9/2/20, at 6:00 p.m. Resident R6 was noted to have dirty fingernails. Review of Resident R6's nursing progress notes and Point of Care (POC) Response History indicated that Resident R6 was to receive a bath or shower on Tuesdays and Saturdays during evening shift. Review of bathing documentation from 8/7/20, through 9/6/20, failed to reveal any showers or bed baths. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R7's admission record indicated he was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an interview and observation on 9/2/20, at 6:18 p.m. Resident R7 was noted to have greasy hair, and wearing a face mask with food on it, and a yellow substance crusted on the portion of his mask directly below his nose. Review of Resident R7's nursing progress notes and POC Response History did not indicate a day or shift for Resident R7 to receive a bath or shower. Review of bathing documentation from 8/7/20, through 9/6/20, failed to reveal any showers or bed baths. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R8's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. how long and was observed to have unkempt hair. Review of Resident R8's nursing progress notes and POC Response History indicated that Resident R8 was to receive a bath or shower on Sunday and Wednesday during evening shift. Review of bathing documentation from 8/7/20, through 9/6/20, indicated one bed bath was provided on 9/2/20. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R9's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [MEDICAL CONDITION] and [MEDICAL CONDITION].</p> <p>During an observation on 9/2/20, at 6:22 p.m. Resident R9 was noted to have unkempt hair. Review of Resident R9's nursing progress notes and POC Response History did not indicate a day or shift for Resident R9 to receive a bath or shower. Review of bathing documentation from 8/7/20, through 9/6/20, indicated one bed bath was provided on 8/26/20. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R10's admission record indicated she was admitted to the facility on [DATE]. A review of the Admission MDS dated [DATE], included heart failure and diabetes. During an interview and observation on 9/2/20, at 6:28 p.m. Resident R10 was noted to have unkempt hair. When asked if staff assisted her in brushing her hair, Resident R10 responded Brush hair, are you kidding me?.</p> <p>Resident R10 stated that she has only received one shower since admission, and that you only see nurse aides for meals. All that time you learn to sit in urine. I am sitting in urine right now'. Observation at this time of Resident R10's brief and bed linen indicated that they were wet, with a strong odor. Review of Resident R10's nursing progress notes and POC Response History did not indicate a day or shift for Resident R10 to receive a bath or shower. Review of bathing documentation from 8/7/20, through 9/6/20, indicated bed baths provided on 8/10/20, 8/17/20, 8/24/20, and refusals on 8/31/20 and 9/4/20. A review of nursing notes at that time did not indicate any absence from the facility. Review of Resident R11's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [MEDICAL CONDITION] and diabetes. During an observation on 9/2/20, at 6:38 p.m. Resident R11 was noted to have unkempt, greasy hair. Review of Resident R11's nursing progress notes and POC Response History did not indicate a day</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.

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F 0725  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1) or shift for Resident R11 to receive a bath or shower. Review of bathing documentation from 8/7/20, through 9/6/20, indicated one bed bath was provided on 8/31/20, and one refusal on 8/17/20. A review of nursing notes at that time did not indicate any absence from the facility. Review of Resident R12's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an observation on 9/2/20, at 6:41 p.m. Resident R12 was observed to have jagged, broken fingernails. When asked if she needed her nails trimmed, Resident R12 nodded affirmatively. Review of Resident R12's nursing progress notes and POC Response History indicated that Resident R12 was to receive a bath or shower on Wednesday and Saturday during daylight shift. Review of bathing documentation from 8/7/20, through 9/6/20, indicated bed baths were provided on 8/15/20, 8/26/20, 9/2/20, and 9/5/20. A review of nursing notes at that time did not indicate any bathing refusals, or absence from the facility. Review of Resident R13's admission record indicated she was admitted to the facility on [DATE]. A review of the Quarterly MDS dated [DATE], included [DIAGNOSES REDACTED]. During an observation on 9/2/20, at 6:44 p.m. Resident R13 was observed to have a large amount of chin hair and stated she didn't feel well. Review of Resident R13's nursing progress notes and POC Response History indicated that Resident R13 was to receive a bath or shower on Sunday and Thursday during daylight shift. Review of bathing documentation from 8/7/20, through 9/6/20, indicated bed baths were provided on 8/13/20, 8/16/20, 8/23/20, and 8/27/20, with one refusal on 9/2/20. A review of nursing notes at that time did not indicate any absence from the facility. Review of the Grievance and Complaint Log revealed the Resident Council members voiced concerns about the shower schedule, and not receiving showers in March, May, June, July, and August 2020. During an interview on 9/2/20, at 6:52 p.m. with Director of Nursing was informed of the observations and confirmed the facility failed to have sufficient nursing staff to provide nursing and related services to 13 of 17 residents. 28 Pa. Code: 201.14(a) Responsibility of licensee. Previously cited: 11/27/18, 5/3/19, 6/12/19, 9/30/19, 7/29/20, 8/21/20 28 Pa. Code: 201.18(e)(6) Management. Previously cited: 8/21/20 28 Pa. Code: 211.12(d)(1) Nursing services. Previously cited: 11/15/18, 11/27/18, 5/3/19, 6/12/19, 9/30/19, 7/29/20, 8/21/20 28 Pa. Code: 211.12(d)(2) Nursing services. Previously cited: 5/3/19, 7/29/20, 8/21/20 28 Pa. Code: 211.12(d)(3) Nursing services. Previously cited: 11/6/18, 5/3/19, 7/29/20, 8/21/20 28 Pa. Code: 211.12(a)(c)(d)(4) Nursing services. 28 Pa. Code: 201.20 Staff development. Previously cited: 5/3/19, 7/29/20</p>		