

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Platinum Ridge Ctr for Rehab & Healing		STREET ADDRESS, CITY, STATE, ZIP CODE 1050 Broadview Boulevard Brackenridge, PA 15014	
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of facility policy, review of clinical documentation and staff interview it was determined the facility failed to have accurate narcotic count sheets from shift to shift, failed to document the disposition of narcotics accurately, and failed to identify discrepancies between Medication Administration Records and narcotics count sheets for three of five closed record residents (CR Resident R1, CR2, and CR3).</p> <p>Review of facility policy Management of Controlled Drugs, dated 8/24/23, indicated Schedule II to V controlled drugs must be disposed of in accordance with federal and state regulations.</p> <p>Review of facility documentation shift count (a tool used for nursing to confirm the narcotic count is accurate shift to shift ongoing/off-going) for 3rd floor indicated the following:</p> <p>10/6/24 status of count: blank with no response - no nurse coming on duty signature</p> <p>10/16/24 no nurse coming on duty signature</p> <p>10/17/24 no nurse going off duty signature</p> <p>10/18/24 no nurse going off duty signature</p> <p>10/22/24 no nurse coming on duty signature</p> <p>Review of Closed Record Resident R1 was admitted to the facility on [DATE], and CTB on 10/7/24.</p> <p>Review of clinical record indicated CR Resident R1 was admitted with the following diagnosis: acute kidney failure (kidneys can't filter waste from blood) and diabetes mellitus (too much sugar in the blood), which remained curtain as of MDS (minimum data set a periodic assessment of resident needs) dated 9/30/24.</p> <p>Review of facility documentation controlled drug administration record tablet - fentanyl 12.5 mcg/hr patch, with CTB (ceased to breath) written on the form has destroyed written on the form but does not indicate how many were destroyed.</p> <p>Hydrocodone 325 mg - CTB destroyed but does not indicate how many were destroyed.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395011	Facility ID: 395011 If continuation sheet Page 1 of 2

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of CR Resident R2 was admitted to the facility on [DATE], with the following diagnosis Thrombocytopenia (bleeding into tissue), and unspecified cirrhosis of the liver (damage from a variety of causes leading to scarring and liver failure)and CTB on 10/13/24.</p> <p>Review of facility documentation for CR Resident R2 controlled medication count sheet morphine given 5 times on the following days 10/12/24, (3 times) and 10/13/24, (two times) on MAR for October - resident was given morphine 3 times.</p> <p>Resident Review of CR Resident R3 record indicated resident was admitted on [DATE], and CTB 10/13/24.</p> <p>CR Resident R3 with diagnosis of acute kidney failure (kidneys can't filter waste from blood) and hypertension (force of the blood against artery walls is too high). These diagnosis remained current as of 8/6/24, MDS.</p> <p>Review of facility documentation controlled drug administration record tablet tramadol 50mg tab CTB dated 10/15/24, but no amount of medications destroyed was indicated on the form.</p> <p>During an interview on 10/22/24, at 4:15 p.m. NHA and DON confirmed that facility failed to accurately document the shift to shift narcotics, failed to complete the destruction of narcotics, and failed to address the discrepancies between the MAR and narcotic count sheet.</p> <p>28 Pa. Code211.12(d)(1)(3)(5)Nursing services.</p>		