

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 01/30/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of clinical records, facility documents, and staff interviews, it was determined that the facility failed to notify the family of a change in condition in a timely manner for one of three residents (Resident CR1).</p> <p>Findings include:</p> <p>Review of facility policy Change in a Resident's Condition or Status, dated 1/9/25, indicated that the physician and resident representative will be notified promptly when there has been a significant change in the resident's physical/emotional/mental conditions, and a need to alter the resident's medical treatment. Notification must occur with 24 hours of a change occurring in a resident's medical condition or status.</p> <p>Review of the clinical record revealed that Resident CR1 was admitted to the facility on [DATE], with diagnoses of cerebral infarction (occurs when the supply of blood to the brain is reduced or blocked completely, which prevents brain tissue from getting oxygen and nutrients), ileostomy (a surgical procedure that connects your ileum to your abdominal wall. It's necessary when your colon or rectum can't eliminate waste.), and aphasia (a disorder that affects how you communicate).</p> <p>Review of Resident CR1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 8/2/24, indicated diagnoses were current.</p> <p>Review of Resident CR1's clinical record revealed he had a responsible party and durable power of attorney.</p> <p>Review of Resident CR1's physician order dated 3/22/23, through 12/9/25, indicated to administer 5 milligrams (mg) Eliquis (medication used to prevent blood clots), one tablet, two times a day for atrial fibrillation.</p> <p>Review of Resident CR1's clinical record revealed on 12/9/24, a nurse aide notified LPN, Employee E1 of blood noted in the resident's colostomy bag. LPN, Employee E1 assessed the resident and confirmed the resident had a moderate amount of blood mixed with dark brown stool in his colostomy bag. The Registered Nurse supervisor was notified. RN, Employee E2 tested the resident's stool for blood and it was positive. The doctor was notified and a new order to decrease the resident's Eliquis (medication used to prevent blood clots) to 2.5 mg twice a day and to schedule a colonoscopy was obtained.</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
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident CR1's physician order dated 12/9/24, indicated to administer 2.5 mg Eliquis, one tablet, two times a day related to cerebral infarction.</p> <p>Review of Resident CR1's clinical record on 12/9/24, failed to indicate the resident's responsible party was notified of the resident's change in condition.</p> <p>Review of Resident CR1's progress note dated 1/14/25, entered by the Director of Nursing (DON) indicated the resident spoke with the resident's representative and discussed medications.</p> <p>Review of a Resident Representative concern dated 1/16/25, indicated a concern about not receiving updates about the resident and not being notified of medication changes. The result of action taken indicated the DON spoke with the resident representative on 1/14/25, at 11:30 a.m. and discussed the change in the dosage of Eliquis.36 days after the resident's Eliquis dosage change.</p> <p>During an interview on 1/30/25, at 12:38 a.m. LPN, Employee E3 stated resident representatives must be notified when there is a change in a resident's condition and medication changes.</p> <p>During an interview on 1/30/25, at 1:52 p.m. the Director of Nursing confirmed that the facility failed to notify the a resident representative of a change in condition in a timely manner for one of three residents (Resident CR1).</p> <p>28 Pa. Code: 201.29(a)(b)(c)(d)(j)(m) Resident rights.</p> <p>28 Pa. Code: 201.14(a)(c)(d)(e) Responsibility of licensee.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> <p>28. Pa. Code: 211.10(a)(c)(d) Resident care policies.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on clinical record review, facility documents and staff and resident interview, it was determined that the facility failed to provide dental services to meet the needs of residents for three of four residents reviewed (Residents CR1, R2, and R3).</p> <p>Findings include:</p> <p>Review of the facility Dental Examination/Assessment policy dated 1/9/25, indicated each resident shall be offered dental services as needed.</p> <p>Review of the facility Dental Services policy dated 1/9/25, indicated routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. Routine and 24-hour emergency dental services are provided to the residents through a contract agreement with a licensed dentist that comes to the facility monthly, referral to the resident's personal dentist, referral to community dentist, or referral to other health care organizations that provide dental services. It was indicated selected dentists must be able to provide follow-up care.</p> <p>Review of the clinical record revealed that Resident CR1 was admitted to the facility on [DATE].</p> <p>Review of Resident CR1's physician order dated 3/22/23, indicated the resident may have dental evaluation and treatment with the resident/family/responsible party consent.</p> <p>Review of Resident CR1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 8/2/24, indicated diagnoses of stroke (Occurs when the supply of blood to the brain is reduced or blocked completely, which prevents brain tissue from getting oxygen and nutrients), ileostomy (a surgical procedure that connects your ileum to your abdominal wall. It's necessary when your colon or rectum can't eliminate waste.), and aphasia (disorder that affects how you communicate).</p> <p>Review of Resident CR1's clinical record revealed on 8/13/24, a progress note was entered that the resident's daughter was in to visit and reported the resident was missing a tooth. Upon examination his middle top tooth was missing. It was indicated the resident was placed on the dental list.</p> <p>Review of Resident CR1's care plan dated 8/21/24, indicated the resident was at risk for oral complications related to a missing tooth on 8/21/24. Interventions included a dental consult.</p> <p>Review of a Resident Representative concern dated 1/16/25, indicated the resident was never seen by a dentist.</p> <p>Review of facility documents dated 1/30/25, indicated the dentist was scheduled to come 1/20/25. On 1/16/25, the facility reached out to the facility's dental provider and it was indicated Resident CR1's consent was not obtained and prepayment was needed.</p> <p>Review of Resident CR1's clinical record from 8/13/24, through 1/28/25, failed to include evidence the resident was seen by a dentist as ordered.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of clinical record revealed Resident R2 was admitted to the facility on [DATE], with diagnoses of stroke depression, and muscle weakness</p> <p>Review of Resident R2's physician order dated 5/31/24, indicated the resident may have dental evaluation and treatment with the resident/family/responsible party consent.</p> <p>Review of Resident R2's clinical record indicated the resident was seen by the facility's dental provider for a comprehensive oral evaluation on 9/26/24. It was indicated the resident had a missing tooth and a denture impression was obtained.</p> <p>Review of Resident R2's clinical record indicated the resident was seen by the facility's dental provider for a follow up visit on 10/22/24. It was indicated a wax bite was completed.</p> <p>Review of Resident R2's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 12/25/24, indicated diagnoses were current.</p> <p>Review of facility documents dated 1/30/25, indicated the dentist was scheduled to come 1/20/25. On 1/16/25, the facility's dental provider notified the facility Resident R2 was removed from the list due to an issue with preauthorization.</p> <p>Review of Resident R2's clinical record from failed to include evidence the resident was seen by a dentist on 1/20/25.</p> <p>During an interview on 1/30/25, at 11:38 a.m. Resident R2 stated wants to see the dentist and he has been waiting awhile. Resident R2 stated he is still waiting for an update on his dentures.</p> <p>Review of clinical record revealed Resident R3 was admitted to the facility on [DATE], with diagnoses of high blood pressure, cancer, and anemia (a condition marked by a deficiency of red blood cells or of hemoglobin in the blood, resulting in pallor and weariness.).</p> <p>Review of Resident R3's physician order dated 2/21/24, indicated the resident may have dental evaluation and treatment with the resident/family/responsible party consent.</p> <p>Review of Resident R3's clinical record indicated the resident was seen by the facility's dental provider for a comprehensive oral evaluation on 9/26/24. It was indicated the resident had a missing tooth and a retained root.</p> <p>Review of Resident R3's MDS dated [DATE], indicated diagnoses were current.</p> <p>Review of facility documents dated 1/30/25, indicated the dentist was scheduled to come 1/20/25. On 1/15/25, the facility reached out to the facility's dental provider and it was indicated Resident R3 was removed from the list due consents not obtained.</p> <p>Review of Resident R3's clinical record from failed to include evidence the resident was seen by a dentist on 1/20/25.</p> <p>During an interview on 1/30/25, at 11:29 a.m. Resident R3 stated he wanted to see a dentist.</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/30/25, at 12:13 a.m. Scheduling Coordinator, Employee E4 stated she was not notified Resident CR1 needed to see the dentist until the grievance was filed on 1/16/25. Scheduling Coordinator, Employee E4 stated she received a complaint that Resident R2 was not seen by the dentist on 1/20/25, the same day the dentist came. It was indicated Resident R3 was not seen because the facility failed to obtain a consent for treatment.</p> <p>During an interview on 1/30/25, at 1:38 p.m. the Director of Nursing confirmed the facility failed to provide dental services to meet the needs of residents for three of three residents (Residents CR1, R2, and R3).</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 211.15. Dental services</p>		

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<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46337</p> <p>Based on review of clinical records, facility documents, and staff interviews, it was determined that the facility failed to schedule an appointment for outside services in a timely manner for one of three residents reviewed (Resident CR1).</p> <p>Findings include:</p> <p>Review of the clinical record revealed that Resident CR1 was admitted to the facility on [DATE], with diagnoses of cerebral infarction (occurs when the supply of blood to the brain is reduced or blocked completely, which prevents brain tissue from getting oxygen and nutrients), high blood pressure, and aphasia (a disorder that affects how you communicate).</p> <p>Review of Resident CR1's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 11/2/24, indicated diagnoses were current.</p> <p>Review of Resident CR1's clinical record revealed on 12/9/24, a nurse aide notified LPN, Employee E1 of blood noted in the resident's colostomy bag. LPN, Employee E1 assessed the resident and confirmed the resident had a moderate amount of blood mixed with dark brown stool in his colostomy bag. The Registered Nurse supervisor was notified. RN, Employee E2 tested the resident's stool for blood and it was positive. The doctor was notified and a new order to schedule a colonoscopy was obtained.</p> <p>Review of Resident CR1's physician order dated 12/9/24, indicated to schedule a colonoscopy for blood in the stool.</p> <p>Review of Resident CR1's clinical record on 12/10/24, through 1/13/24, failed to indicate an attempt was made to schedule Resident CR1's colonoscopy.</p> <p>Review of a Resident Representative concern dated 1/16/25, indicated a concern that the facility failed to schedule the resident's colonoscopy as ordered. Review of the follow up indicated the DON spoke with the resident representative on 1/17/24. An email was sent by DON to the resident representative that stated Nursing is taking and will take accountability for not making your father's appointments in a timely manner.</p> <p>During an interview on 1/30/25, at 1:36 p.m. the Director of Nursing confirmed the facility failed to schedule an appointment for outside services in a timely manner for one of three residents reviewed (Resident CR1).</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p>		