

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  03/27/2025
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.

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F 0600  Level of Harm - Actual harm  Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</b></p> <p>Based on review of facility policy, facility provided documentation, and staff interviews, it was determined that the facility failed to protect one of four residents (Resident R1) from sexual abuse, prevent psychosocial and/or physical harm, and physical discomfort that resulted in actual harm for Resident R1.</p> <p>Findings include:</p> <p>Review of facility policy Resident Rights dated 3/4/25, indicated residents have a right to be free from mental physical, sexual abuse, exploitation, neglect, and involuntary seclusion: no one may mistreat, threaten, or coerce a resident in anyway.</p> <p>Review of the facility policy Abuse and Neglect dated 3/4/25, indicated Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Sexual abuse is defined as non-consensual sexual contact of any kind. Sexual abuse includes unwanted touching, sexual harassment, inappropriate comments or requests of a sexual nature, and all types of sexual assault or battery. Sexual assault or battery includes rape, sodomy, coerced nudity, and sexually explicit photographing. Sexual contact with any person incapable of giving consent is also considered sexual abuse. If residents are touched against their will or are incapable of stopping a person from touching them inappropriately it is considered sexual abuse.</p> <p>Review of the admission record indicated Resident R1 admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/26/25, indicated the diagnoses of dementia (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life), multiple sclerosis (MS - immune system eats away at protective covering of nerve cells), anxiety disorder (a group of mental illnesses that cause constant fear and worry and are characterized by sudden feelings of worry, fear, and restlessness), and neurogenic bladder (lack of bladder control due to a brain, spinal cord or nerve problem).</p> <p>-Section C0500 indicated a Brief Interview for Mental Status (BIMS - is a screening test that aides in detecting cognitive impairment) score of four. The distribution indicated zero to seven as severe cognitive impairment.</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Section GG0130 Self Care indicated resident is dependent for eating, oral hygiene, toileting, lower body dressing, personal hygiene, transfers, and wheelchair propelling.</p> <p>Review of Resident R1's current care plan indicated the resident has impaired cognitive function and impaired thought processes related to dementia. Monitor, document, and report to physician any changes in cognitive function.</p> <p>Review of Resident R1's social services progress note dated 3/17/25, at 5:57 p.m. indicated social service was made aware that Confidential Employee (CE) E1 witnessed Resident R1's husband inappropriately touching the resident's genital area. Social Service (SS) Employee E2 and Director of Nursing (DON) asked Resident R1's husband to leave the facility. DON asked Resident R1 if her husband was touching her inappropriately. Resident responded, YES. DON asked resident if she wanted her husband's visitation to continue. Resident responded, No. SS Employee E2 repeated the series of questions with Resident R1 and received the same answers. The DON and SS Employee E2 later repeated the series of questions for a third time with Resident R1 and received the same answers.</p> <p>Review of facility provided document Sexual: Family to Resident dated 3/17/25, at 1:30 p.m. indicated CE Employee E1 reported to the DON and SS Employee E2 that she observed Resident R1's husband touching Resident R1 inappropriately in the vaginal area.</p> <p>Further review of the facility provided document Sexual: Family to Resident dated 3/17/25, at 1:30 p.m. indicated Resident Description: Unable to give description. When asked if the husband touched Resident R1 inappropriately, Resident R1 nodded her head Yes. Emotional support provided. No physical injuries were noted post episode.</p> <p>During an interview on 3/26/25, at 11:52 a.m. CE Employee E1 indicated on 3/17/25, in the morning a duty was to pass out the daily chronicle (a listing of activities/events) and Resident R1's husband was in the room. Later that afternoon, mail was being delivered to the resident rooms, approximate time was 1:30 p.m. as a scheduled activity was due at 2:00 p.m. CE Employee E1 entered Resident R1's room to deliver mail to Resident R2 who had the privacy curtain pulled due to using the bedside commode. CE Employee E1 turned away from the pulled privacy curtain towards Resident R1 and observed Resident R1's husband sitting in the chair, had Resident R1's blanket pulled up, and observed his fingers inside of Resident R1's vagina. The husband had a glove on one hand, and specifically had his middle and ring fingers inside Resident R1's vagina. Resident R1 was lying in bed like always and looked teary eyed. CE Employee E1 immediately told nursing what was observed. The husband told Nurse Aide (NA) Employee E3 he wanted to speak to CE Employee E1 personally but CE Employee E1 refused to speak with Resident R1's husband. CE Employee E1 indicated frequently hearing the nursing staff speak with Resident R1's husband telling him he can't touch his wife every 15 minutes with that glove on and the husband's response was always She's my wife, I can touch her if I want. CE Employee E1 was visibly shaken and pale during the interview and indicated being traumatized from what was observed and fearful of the husband.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/26/25, at 9:59 a.m. NA Employee E3 indicated being employed as a nurse aide for over five years and has cared for Resident R1 for a very long time. NA Employee E3 confirmed that CE Employee E1 reported to her and Licensed Practical Nurse (LPN) Employee E4 that Resident R1's husband was touching her vaginal area inappropriately. LPN Employee E4 and NA Employee E3 immediately went to Resident R1's room. Observed Resident R1's husband with one glove on the right hand, sitting in the chair at bedside. Observed Resident R1's brief was ripped and when NA Employee E3 changed the brief post episode, there was a significant amount of Resident R1's pubic hair in the brief that was not normally there. Staff notified the DON immediately.</p> <p>The facility failed to protect and ensure that Resident R1 was free from sexual abuse perpetrated by the husband. Review of the Centers for Medicare and Medicaid Services psychosocial outcome guide, application of the reasonable person concept, Resident R1 would have the expectation that she was safe in her home and treated with respect and dignity. When the reasonable person concept is applied, Resident R1 would have suffered psychosocial harm and humiliation due to being sexually abused by her husband.</p> <p>During an interview on 3/27/25, at 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to protect one resident (Resident R1) from sexual abuse and prevent psychosocial and/or physical harm and physical discomfort for Resident R1.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18 (e)(1) Management.</p> <p>28 Pa. Code 201.29 (a)(c)Resident Rights.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>46336</p> <p>Based on review of facility policy, education literature, clinical record review, and staff interviews, it was determined that the facility failed to recognize and report timely suspicions of sexual abuse for one of three residents (Resident R1) until it was actually witnessed by a staff member.</p> <p>Findings include:</p> <p>Review of the United States Code of Federal Regulations (CFR), 42 CFR S483.5. Sexual abuse includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>-Unwanted intimate touching of any kind especially of breasts or perineal area (are located between the thighs, including the anus and the scrotum or vagina);</li> <li>-All types of sexual assault or battery, such as rape, sodomy (sexual intercourse involving anal or oral copulation), and coerced (persuasion of a person to do something by the use of force or threats) nudity;</li> <li>-Forced observation of masturbation and/or pornography; and</li> <li>-Taking sexually explicit photographs and/or audio/video recordings of a resident(s) and maintaining and/or distributing them. This would include, but is not limited to, nudity, fondling, and/or intercourse involving a resident.</li> </ul> <p>Generally, sexual contact is nonconsensual if the resident either:</p> <ul style="list-style-type: none"> <li>-Appears to want the contact to occur, but lacks the cognitive ability to consent; or</li> <li>-Does not want the contact to occur.</li> </ul> <p>Review of the facility policy Abuse and Neglect dated 3/4/25, indicated Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Sexual abuse is defined as non-consensual sexual contact of any kind. Sexual abuse includes unwanted touching, sexual harassment, inappropriate comments or requests of a sexual nature, and all types of sexual assault or battery. Sexual assault or battery includes rape, sodomy, coerced nudity, and sexually explicit photographing. Sexual contact with any person incapable of giving consent is also considered sexual abuse. If residents are touched against their will or are incapable of stopping a person from touching them inappropriately it is considered sexual abuse.</p> <p>Review of facility provided education literature, Abuse Prevention Program dated 3/4/25, indicated residents will be protected from abuse by anyone including, but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies, family members, legal representatives, friends, visitors, or any other individual. Identify and assess all possible incidents of abuse.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R1's social services progress note dated 3/17/25, at 5:57 p.m. indicated social service was made aware that Confidential Employee (CE) E1 witnessed Resident R1's husband inappropriately touching the resident's genital area. Social Service (SS) Employee E2 and Director of Nursing (DON) asked Resident R1's husband to leave the facility. DON asked Resident R1 if her husband was touching her inappropriately. Resident responded, YES. DON asked resident if she wanted her husband's visitation to continue. Resident responded, No. SS Employee E2 repeated the series of questions with Resident R1 and received the same answers. The DON and SS Employee E2 later repeated the series of questions for a third time with Resident R1 and received the same answers.</p> <p>Interview on 3/26/25, at 9:59 a.m. Nurse Aide (NA) Employee E3 indicated being employed as a NA for over five years and has cared for Resident R1 for a very long time. NA Employee E3 confirmed that CE Employee E1 reported to her and Licensed Practical Nurse (LPN) Employee E4 that Resident R1's husband was touching her vaginal area inappropriately. Indicated I've had suspicion before, but it was never actually witnessed until now. Sometimes the husband asks to see her rectum. Numerous times the brief is ripped, he always wears a glove only on one hand. I frequently have to tell him to stop touching her and if Resident R1 needs something to come get me. I know he's messing around down there because I place the foley in a certain way to keep it from rubbing her skin and when I change her the next time, the catheter is in a different place than I left it, and the brief is ripped. Husband also messes with her G tube.</p> <p>Interview on 3/26/25, at 10:16 a.m. NA Employee E6 indicated Husband creeps me out. Seems like every time he's here her briefs are always ripped. It's been like that for years. We're always telling him to stop touching her, but he denies doing it. Nobody ever saw him actually doing it. One day he asked to look at her rectum. He's gotten stranger as of late. He was at the desk, and we asked him why do you have that ripped glove on your hand, Husband replied because I'm touching stuff. We told him he can't touch her and to stop touching her because she can't speak for herself. We have had the thought he may be doing something to her, but we had no proof only suspicion. We've talked to our nurses about it. It's looked over as normal behavior. He made me uncomfortable he's very weird and we hate when he walks in the facility. He just stares at everyone and other residents.</p> <p>Interview on 3/26/25, at 11:14 a.m. Licensed Practical Nurse (LPN) Employee E7 indicated she works Resident R1's floor every Monday, Wednesday, and Friday. Was hired last July almost a year ago. I thought he was just an overly loving husband, but he always wanted more even if we explained things to him. He was always wearing that glove and asking for a glass of water. He'd say he wears the glove because he doesn't want to get Resident R1 sick. We had to make him leave during care for privacy. There are three other female residents in that room. When he leaves, we'll go check on her to see if he was messing with her and/or her equipment. The catheter would generally be rearranged every time he visited.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Telephonic interview on 3/26/25, at 1:52 p.m. LPN Employee E4 indicated the husband come in at 11:00 a. m. and stays until dinnertime. He asks the same questions. This has gone for years. Almost every time he's here the brief is torn. We'll go in and they change her before he arrives at 11:00 a.m. He'll arrive and say there's something in her catheter. He'll say she needs changed and her brief will be dislodged usually on the right side he sits on the left side. We've (nursing staff) told the DON's, Assistant DON's and Administrators have talked with him about messing around with her brief. I don't know if he's messing with her catheter. It made me uncomfortable that he messes with her brief and I've spoken with him, and he denies it every time. He'll tell the aides the same thing. Always had gloves on. If he's down messing around with her or whatever he's doing for the brief to become dislodged he's not pulling her privacy curtain. I have thought he's doing inappropriate things; me and the girls have felt this way a long while. We reported it to the DON. Back then we had a different DON that came up and spoke to him. The old DON spoke with him because the NA's would be upset that he was doing something inappropriate. I think that's a suspicious behavior because there's no reason for his hands to down there or messing with her brief. We told her what we were going to do to check her and Resident R1 was pushing us away like. We don't know how long this could have been going on because nobody ever witnessed it before 3/17/25.</p> <p>Interview on 3/27/25, at 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to recognize and report timely suspicions of sexual abuse for one of three residents (Resident R1) until it was actually witnessed by a staff member.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18 (e)(1) Management.</p> <p>28 Pa. Code 201.29 (a)(c)Resident Rights.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services.</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46336</p> <p>Based on clinical record and facility document review and staff interview, it was determined that the facility failed to provide the necessary services and failed to make certain appropriate treatment, and services for dementia were provided to ensure safety for one of three residents (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility Dementia-Clinical Protocol policy last reviewed 3/4/25, indicated for an individual with a confirmed dementia diagnosis, the interdisciplinary team will identify a resident-care centered care plan to maximize remaining function and quality of life.</p> <p>Review of the facility Visitation policy dated 3/4/25, indicated incidents of any visitors' disruptive behavior are documented in the resident's record. Some visitations may be subject to reasonable clinical and safety restrictions that protect the health, security, and/or rights of the facility's residents.</p> <p>Review of the admission record indicated Resident R1 admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/26/25, indicated the diagnoses of (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life), multiple sclerosis (MS - immune system eats away at protective covering of nerve cells), anxiety disorder (a group of mental illnesses that cause constant fear and worry and are characterized by sudden feelings of worry, fear, and restlessness), and neurogenic bladder (lack of bladder control due to a brain, spinal cord or nerve problem).</p> <p>-Section C0500 indicated a Brief Interview for Mental Status (BIMS - is a screening test that aides in detecting cognitive impairment) score of four. The distribution indicated zero to seven as severe cognitive impairment.</p> <p>Review of Resident R1's current care plan indicated the resident has impaired cognitive function and impaired thought processes related to dementia. Monitor, document, and report to physician any changes in cognitive function. Meet with her to discuss any issues and provide psychosocial support as needed.</p> <p>Review of Resident R1's progress notes indicated the following:</p> <p>-On 11/26/24, at 4:52 p.m. spoke with Resident R1's husband in great length regarding wounds and that they are now healed. Husband is not understanding. It was explained in a different approach, and he stated he understood. Ten minutes later questioning everything that we just spoke about. Showed pictures of the healed wound and husband still did not understand.</p> <p>-On 12/20/24, at 6:38 a.m. husband visits almost every day.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 12/20/24, at 2:07 p.m. RN was called to unit due to husband took off G- tube (a small flexible tube surgically inserted through the abdomen and stomach wall to deliver nutrition, fluids, and medications directly into the stomach) dressing and kept messing with Foley catheter (a thin flexible tube inserted into the urethra to drain urine from the bladder). Husband was educated on not removing dressing and placing foley close to the patient.</p> <p>-12/27/24, at 6:08 p.m. indicated resident last seen on 11/26/24, and a lot of time in psychosocial support/care coordination with Resident R1's husband. Resident has history of worsening mood which is at least partially attributable to Resident R1's MS, but also aggravated by her husband who seems to be overly-involved.</p> <p>-On 3/4/25, at 10:37 a.m. Resident R1 was in bed asleep however, her husband readily began to pour out his heart and told me multiple different stories, reported he was working in his house, his knee buckled up and he fell down 15 stairs he had broken a lot of bones and was hospitalized for three weeks, also admitted that he was very upset that his wife hasn't been making any progress, that at this point it just seems like she is never going to get better.</p> <p>-On 3/4/25, at 1:44 p.m. Resident R1's husband came to the nursing station and asked if he could have a glass of water to give Resident R1 because she was coughing. He stated that he thought she had been cleared to have thin liquids. It was explained to him that there have not been any changes in her thickened liquid status with pleasure trays.</p> <p>-On 3/10/25, at 11:33 p.m. Resident R1's spouse was in to visit on 3-11 shift.</p> <p>-On 3/17/25, at 5:57 p.m. indicated social service was made aware that Confidential Employee (CE) E1 witnessed Resident R1's husband inappropriately touching the resident's genital area. Social Service (SS) Employee E2 and Director of Nursing (DON) asked Resident R1's husband to leave the facility. DON asked Resident R1 if her husband was touching her inappropriately. Resident responded, YES. DON asked resident if she wanted her husband's visitation to continue. Resident responded, No. SS Employee E2 repeated the series of questions with Resident R1 and received the same answers. The DON and SS Employee E2 later repeated the series of questions for a third time with Resident R1 and received the same answers.</p> <p>Interview on 3/26/25, at 9:59 a.m. Nurse Aide (NA) Employee E3 indicated being employed as a NA for over five years and has cared for Resident R1 for a very long time. NA Employee E3 confirmed that CE Employee E1 reported to her and Licensed Practical Nurse (LPN) Employee E4 that Resident R1's husband was touching her vaginal area inappropriately. Indicated I've had suspicion before. Sometimes the husband asks to see her rectum. Numerous times the brief is ripped, he always wears a glove only on one hand. I frequently have to tell him to stop touching her and if Resident R1 needs something to come get me. I know he's messing around down there because I place the foley in a certain way to keep it from rubbing her skin and when I change her the next time, the catheter is in a different place than I left it, and the brief is ripped. Husband also messes with her G tube.</p> <p>Interview on 3/26/25, at 10:12 a.m. Registered Nurse (RN) Employee E5 indicated Husband is odd. Obsesses over Resident R1 over everything. Area Agency on Aging came out at one point.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 3/26/25, at 10:16 a.m. NA Employee E6 indicated Husband creeps me out. Seems like every time he's here her briefs are always ripped. It's been like that for years. We're always telling him to stop touching her, but he denies doing it. One day he asked to look at her rectum. He's gotten stranger as of late. He was at the desk, and we asked him why do you have that ripped glove on your hand, Husband replied because I'm touching stuff. We told him he can't touch her and to stop touching her because she can't speak for herself. We have had the thought he may be doing something to her, but we had no proof only suspicion. We've talked to our nurses about it. It's looked over as normal behavior. He made me uncomfortable he's very weird and we hate when he walks in the facility. He just stares at everyone and other residents.</p> <p>Interview on 3/26/25, at 11:14 a.m. Licensed Practical Nurse (LPN) Employee E7 indicated she works Resident R1's floor every Monday, Wednesday, and Friday. Was hired last July almost a year ago. I thought he was just an overly loving husband, but he always wanted more even if we explained things to him. He was always wearing that glove and asking for a glass of water. He'd say he wears the glove because he doesn't want to get Resident R1 sick. We had to make him leave during care for privacy. There are three other female residents in that room. When he leaves, we'll go check on her to see if he was messing with her and/or her equipment. The catheter would generally be rearranged every time he visited.</p> <p>Telephonic interview on 3/26/25, at 1:52 p.m. LPN Employee E4 indicated the husband came in at 11:00 a.m. and stayed until dinnertime. He asks the same questions. This has gone for years. Almost every time he's here the brief is torn. We'll go in and they change her before he arrives at 11:00 a.m. He'll arrive and say there's something in her catheter. He'll say she needs changed and her brief will be dislodged usually on the right side he sits on the left side. We've (nursing staff) told the DON's, Assistant DON's and Administrators have talked with him about messing around with her brief. I don't know if he's messing with her catheter. It made me uncomfortable that he messes with her brief and I've spoken with him, and he denies it every time. He'll tell the aides the same thing. Always had gloves on. If he's down messing around with her or whatever he's doing for the brief to become dislodged he's not pulling her privacy curtain. I have thought he's doing inappropriate things; me and the girls have felt this way a long while. We reported it to the DON. Back then we had a different DON that came up and spoke to him. The old DON spoke with him because the NA's would be upset that he was doing something inappropriate. I think that's a suspicious behavior because there's no reason for his hands to be down there or messing with her brief. We told her what we were going to do to check her and Resident R1 was pushing us away. We don't know how long this could have been going on because nobody ever witnessed it before 3/17/25.</p> <p>Interview on 3/27/25, at 2:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to provide the necessary services and failed to make certain appropriate treatment, and services for dementia were provided to ensure safety for one of three residents (Resident R1).</p> <p>28 Pa. Code 201.18 (e)(1) Management.</p> <p>28 Pa. Code 201.29 (a)(c)Resident Rights.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services.</p>		

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  03/27/2025
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>46336</p> <p>Based on review of job descriptions, clinical records, and staff interviews, it was determined that the Nursing Home Administrator and Director of Nursing did not effectively manage the facility to make certain that necessary care and services were provided to residents to prevent sexual abuse.</p> <p>Findings include:</p> <p>Review of CFR S483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on the findings in this report that identified that the facility failed to protect Resident R1 from sexual abuse and prevent psychosocial and/or physical harm and physical discomfort that resulted in actual harm for Resident R1. The facility failed to provide fundamental principal that applies to treatment and care provided to facility residents. The facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, facility policies, and resident rights.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1) Management.</p>		