

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 12/01/2025
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)
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>Based on observations, resident and staff interviews it was determined that the facility failed to provide residents food products based on their preferences for approximately 38 out of 76 residents. Findings: Review of a resident representative concern dated 9/29/25, stated No coffee for our residents for breakfast. During an interview on 9/29/25, at 10:40 a.m. Resident R1 stated I didn't get my coffee this morning. This happens from time to time. I heard it was because of the budget. During an interview on 9/29/25, at 11:30 a.m. Certified Dietary Manager (CDM) Employee E1 stated that she ordered coffee on Wednesday 9/24/25, but that it has no go through a third party for approval, and the coffee should be in today (9/29/25). CDM Employee E1 confirmed that the residents did not receive coffee today for breakfast as there was none in the building, and that approximately half of the residents have it ordered for their trays. Another time we ran out of coffee, and we had to buy it at the store. When State Agency (SA) asked if she could get it at the store now CDM Employee E1 stated It depends if they have any petty cash on hand, During an interview on 9/29/25, at 12:19 a.m. Nurse Aide (NA) Employee E2 stated I've been hearing about it all day (residents not receiving coffee). This happens often. During an observation of lunch in the Second-Floor dining room on 9/29/25, at 12:22 p.m. the following conversation occurred: Resident R2: We need coffee. NA Employee E2: We don't have any. Resident R2: Well. Make some. NA Employee E2: They don't have any in the building. Resident R2: They should have it in the building. NA Employee E2: They don't have any in the building. They're out. Resident R2: They shouldn't run out. Go buy some. During an interview of 9/29/25, at 1:46 p.m. the Nursing Home Administrator confirmed that the facility failed to provide residents food products based on their preferences by failing to provide coffee. Pa Code: 201.14(a) Responsibility of licensee.</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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