

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  03/18/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records and staff interview, it was determined that the facility failed to obtain a physician order to discharge for two of three residents (Resident R1, R2). Findings include: Review of clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included fracture of thoracic vertebra, urinary tract infection and muscle weakness. Review of Resident R1's admission MDS assessment (minimum data assessment)- periodic assessment of resident care needs) dated 12/11/25, indicated the diagnosis remained current. Review of facility provided documents indicated Resident R1 was discharged [DATE]. Review of Resident R1's most recent physician orders indicate no order for discharge. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE], with diagnoses that included atrial fibrillation (irregular heart rhythm), diabetes mellitus and protein-calorie malnutrition. Review of Resident R2's 5-day MDS assessment (minimum data assessment)- periodic assessment of resident care needs) dated 3/2/26, indicated the diagnosis remained current. Review of facility provided documents indicated resident R2 was discharged [DATE]. Review of Resident R2's most recent physician orders indicate no order for discharge. During an interview on 3/18/26, at 1:45 p.m. Director of Nursing confirmed there was no physician order for discharges as required. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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