

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395251	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Shadyside Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 5609 Fifth Avenue Pittsburgh, PA 15232	

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** 48546</p> <p>Based on review of clinical records, and staff interview it was determined that the facility failed to notify the resident's representative of a change in condition and transfer to the hospital for one of four resident records (Closed Resident Record CR241).</p> <p>Findings include:</p> <p>Review of facility policy Change in Condition: Notification of dated 5/7/24, indicated a Center must immediately notify the patient, consult with the patient's physician, and notify, consistent with their authority, the patient's representative, when there is a significant change in the patient's physical mental, or psychosocial status (that is, a deterioration in health, mental or psychosocial status in either life-threatening conditions on clinical complications), and when there is a decision to transfer of discharge the patient from the Center.</p> <p>Review of the clinical record indicated Closed Resident Record CR241 was admitted to the facility on [DATE].</p> <p>Review of Closed Resident Record CR241's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/2/24, indicated diagnoses of high blood pressure, history of falling, and muscle weakness.</p> <p>Review of a clinical progress note dated 7/2/24, stated, Patient found by nurse aide not responsive. Oxygen saturation (percentage of oxygen in the blood) at 63% on room air. Started on 6 liters oxygen non-rebreather mask (a device used to assist in the delivery of oxygen), saturations came up to 72% within one minute. 911 called in the meantime. Emergency Medical Services (EMS) in room at this time, face sheet and Medication Administrator Record printed. Supervisor aware. Physician texted.</p> <p>Review of a Situation, Background, Assessment, and Recommendation (SBAR) form dated 7/2/24 indicated, none listed, other than himself in regards to name of family notified of the change in condition.</p> <p>Review of Closed Resident Record CR241's emergency contact list identified a brother as emergency contact number one and a sister as emergency contact number two. Neither emergency contact had a phone number documented.</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>During an interview on 7/25/24, at 1:04 p.m. Admissions Employee E19 stated, There are no documented phone numbers for his emergency contacts because we couldn't get them. I went over Closed Resident Record CR241's admission packet with him and he could not remember their phone numbers. He said they were saved in his phone but he did not have the phone with him. If phone numbers are present on the referral paperwork sent from the hospital, I will use that and enter the emergency contact information in our system.</p> <p>During an interview on 7/25/24, at 1:04 p.m. Admission Employee E19 reviewed Closed Resident Record CR241's hospital face sheet dated 6/27/24. During this interview, it was determined that phone numbers for the emergency contacts were listed on the paperwork provided by the hospital prior to Closed Resident Record CR241's admission to the facility.</p> <p>During an interview on 7/25/24, at 1:04 p.m. Admission Employee E19 stated, That's my fault. I didn't realize the phone numbers were listed there, I missed it.</p> <p>During an interview on 7/25/24, at 1:26 p.m. the Nursing Home Administrator confirmed that the facility failed to notify the resident's representative of a change in condition and transfer to the hospital as required.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. Code 201.29 (a) Resident rights.</p>

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on facility documents, clinical records, observations, and staff interviews, it was determined that the facility failed to provide food in a form to meet individuals needs who are ordered easy to chew diet textures for one of five residents (Resident R45).</p> <p>Findings include:</p> <p>Review of facility policy Meal Service dated 5/7/24, indicated that person-centered meal service includes the delivery of a safe, sanitary, and comfortable environment for meals while accommodates patient preference and personal choice. Meal service may occur in dining rooms, patient room, and other suitable locations that promote a homelike environment. The purpose is to provide safe, sanitary, and dignified meal services which account for patient preference. When assisting residents, assure the correct meal is served to the patient.</p> <p>Review of the clinical record indicated Resident R45 was admitted to the facility on [DATE].</p> <p>Review of Resident R45's Minimum Data Set (MDS - a periodic assessment of care needs) dated 7/12/24, indicated diagnoses of high blood pressure, cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain), and coronary artery disease (damage or disease in the heart's major blood vessels). MDS Section K0520 Nutritional Approaches indicated Resident R45 is coded as mechanically altered diet.</p> <p>Review of Resident R45's physician orders dated 8/15/23, indicated resident to receive regular diet, dysphagia (difficult swallowing) advanced.</p> <p>During an observation on 7/23/24, at 1:14 p.m. Resident R45 was in his room eating lunch. Observed on his tray was a link Italian sausage on a bun, mixed vegetables, red skin potatoes, peanut butter and jelly sandwich with crust, cinnamon applesauce, and drinks.</p> <p>During an observation on 7/23/24, at 1:15 p.m. Resident R45 meal ticket read Regular-Dysphagia Advanced - 2 % milk, Ensure, Ground Italian Sausage, marinara sauce, sauteed peppers and onions, carrots, mashed potatoes with gravy, cinnamon apples, peanut butter and jelly sandwich.</p> <p>During an interview on 7/23/24, at 1:17 p.m. Registered Nurse (RN) Employee E2 stated, His meat should be ground up, like chopped. I'm not sure about the potatoes. I'll get him a new tray.</p> <p>During an interview on 7/23/24, at 1:25 p.m. Speech Language Pathologist Employee E3 stated, A Dysphagia Advanced diet would be the same as mechanical soft (a type of texture-modified diet for people who have difficulty chewing and swallowing). He should not have gotten that tray.</p> <p>During an interview on 7/23/24, at 1:33 p.m. Cook/Chef Employee E4 stated, Resident R45 should have gotten mechanical soft sausage, mashed potatoes, and little dices of carrots. We don't give them red skin potatoes. There are two people on the tray line to check meal tickets. T he cook and the checker should have checked the plate for accuracy. They must not have done that.</p> <p>(continued on next page)</p>		

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/23/24, at 3:15 p.m. Director of Nursing confirmed that the facility failed to provide food in a form to meet individuals needs who are ordered easy to chew diet textures in one of five residents (R45). 28 Pa. Code: 211.6(d) Dietary services.		