

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 10/09/2024
NAME OF PROVIDER OR SUPPLIER Ivy Park Post Acute		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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of facility policy, clinical records and interviews with staff it was determined that the facility failed to implement a safe and orderly discharge from the facility for one of three residents (Closed Record Resident R2).</p> <p>Findings include:</p> <p>Review of facility policy Discharge and Transfer dated 9/30/24, indicated Purpose -To provide guidance that meets federal and state regulations. To meet resident needs. To facilitate a safe transition to an alternate setting.</p> <p>Review of facility admit sheet indicated CR R2 was admitted to the facility on 9/6/24.</p> <p>Review of MDS (minimum data set - a periodic assessment of resident needs) dated 9/14/24, indicated diagnosis of Conversion Disorder (a mental health condition issue that disrupts how your brain works) and Shortness of Breath.</p> <p>Review of CR R2 clinical record indicated the following:</p> <p>Discharge Planning - ongoing indicated home care/Personal Provider Name/ Address and phone number - returning to North Carolina, Physician phone number [PHONE NUMBER].</p> <p>Progress notes dated 9/26/24, type social service : CR Resident 2 set to discharge 9/26/24, back to North Carolina. CR Resident 2 states friend sent her money via cash app for Greyhound bus ticket which was confirmed. Rx was delivered from (local pharmacy) to nurse at this facility 9/25/26. PCP to set up Home Health Care when she returns to North Carolina can not remember PCP name but will schedule appt when she returns home.</p> <p>During an interview on 10/ 8/24, at 1:54 p.m. Nursing Home Administrator and Director of Nursing confirmed that the facility failed to implement a safe and orderly discharge from the facility for CRR2, and the facility could not provide a home address, personal provider name (doctor's name), address/phone number of resident or physician or where CR Resident 2 was staying.</p> <p>Pa. Code 201.25 Discharge policy.</p> <p>Pa. Code 201.29 (f)(g)Resident rights.</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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