STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395251	A. Building B. Wing	10/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Park Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, review of clinical documentation, staff interviews and review of facility reported events, it was determined the facility failed to ensure that physician orders were properly obtained, failed to identify pain or spasms to warrant medication, and failed to notify family for one of five residents (Resident R1). Findings: Review of facility policy Transcription of Orders dated 9/30/24, indicated orders from an authorized licensed independent practitioner are accepted by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). A RN or LPN must review and verify accuracy and sign off orders. Review of facility policy Resident Rights under Federal Law dated 9/30/24, indicated that residents have the fundamental right to considerate care that safeguards their personal dignity along with respecting cultural, social, and spiritual values. Centers do not discriminate on the basis of race, color, religion, national origin, gender, disability or veteran status. The purpose is to treat each resident with respect and dignity and care for each resident in a manner an in an environment that promotes maintenance or enhancement of his or her self-esteem and self-worth. Review of facility policy Licensure and Certification of Personnel dated 9/30/24, indicated those employees whose jobs require specific licenses or certifications to maintain their credentials in compliance with state and federal laws at all times. Review of facility LPN Job Description indicated that nursing personnel to deliver nursing care and within scope of practice (a range of activities that a licensed health professional is permitted to perform within their profession) coordinates care delivery, which will ensure that patients needs are met in accordance with professional standards of practice through physician orders, center policy and procedures, and federal, state, and local guidelines. (LPN's cannot order medications under their scope of practice). Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/2/24, indicated diagnoses of aphasia (a language disorder that affects a person ' s ability to speak), depression, and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of employee file on 10/23/24, at 9:30 a.m. indicated that LPN Employee E5 was hired on 6/30/21 and was given an LPN job description. Review of Resident R1's physician orders dated 8/13/24, indicated that Flexeril (a muscle relaxant) 10 mg every eight hours as needed was ordered with a discontinued date of 8/30/24. Review of Resident R1's clinical record on 10/23/24, at 10:00 a.m. revealed resident was sent to the hospital 10/2/24 and returned to facility on 10/3/24, in which Flexeril 10 mg every eight hours as needed was ordered. Review of Resident R1's clinical record on 10/23/24, at 10:15 a.m. revealed that Flexeril was discontinued on 10/4/24. Review of Resident R1's physician orders dated 10/5/24, at 10:18 a.m. revealed that Flexeril 10 mg every eight hours for severe pain was reordered and discontinued on 10/9/24. Review of Resident R1's progress notes on 10/23/24, at 10:20 a.m. failed to reveal any documentation of resident having severe pain in the month of October 2024 and failed to reveal that family was made aware of the order. Review of documentation provided by the facility on 10/23/24, at 10:28 a.m. indicated that RN Employee E2 was reviewing Resident R1's chart when he realized that Flexeril was ordered in which he knew it had been discontinued days prior by the Nurse Practitioner (NP) on his shift. During an interview on 10/23/24, at 12:16 p.m. RN Employee E2 stated I knew the NP discontinued the Flexeril and was talking to his daughter on the last day I worked about it. When I came back to work on 10/9/24, I noticed that it was reordered. When I questioned LPN Employee E5 via the phone, because I noticed she signed the order off, she stated that she thought he needed it so she ordered it without calling the physician or the NP. I let my supervisor know of the conversation and they wanted me to call LPN Employee E5 back to confirm again that she ordered a medication without calling the physician. When I called her back, she stated yes, I ordered it and did not call the physician for the order. During an interview on 10/24/24, at 2:10 p.m. NP stated, I discontinued the medication, and nobody ever called me to reorder it. During a phone interview on 10/24/24, at 2:31 p.m. the Physician stated, I was out of the area on that day. I played back my messages at the office, and no one called me from the facility. I did not get a call about Resident R1 and I never ordered Flexeril for him on 10/5/24. During an interview on 10/24/24, at 3:00 p.m. the Nursing Home Administrator and Director of Nursing confirmed that the facility failed to ensure that physician orders were properly obtained, failed to identify pain or spasms to warrant medication, and failed to notify family for one of five residents (Resident R1). 28 Pa. Code 201.18 (b)(1) Management. 28 Pa. Code 201.29(d) Resident rights. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.10 (c)(d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, review of clinical documentation. observation and staff interview it was determined the facility failed to dispose and reconcile discontinued medication in a timely manner for one of two residents (Resident R1). Findings: Review of facility policy Disposal of Medication Waste dated [DATE], indicated medications will be disposed of in accordance with applicable federal, state, and local regulations for the disposal of chemical and potentially dangerous or hazardous pharmaceuticals. Medications for disposal include medications which are not taken with the patient upon discharge and discontinued, expired, or contaminated medications. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated [DATE], indicated diagnoses of aphasia (a language disorder that affects a person ' s ability to speak), depression, and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). Review of Resident R1's physician orders dated [DATE], indicated that Flexeril (a muscle relaxant) 10 mg every eight hours as needed was ordered with a discontinued date of [DATE]. Review of Resident R1's clinical record on [DATE], at 10:00 a.m. reveal resident was sent to the hospital [DATE] and returned to facility on [DATE], in which Flexeril 10 mg every eight hours as needed was reordered. Review of Resident R1's clinical record on [DATE], at 10:15 a.m. reveal that Flexeril was discontinued on [DATE]. Review of Resident R1's physician orders dated [DATE], reveal that Flexeril 10 mg every eight hours for severe pain was ordered and discontinued on [DATE]. During an observation on [DATE], at 2:13 p.m. the facility had a blister pack of Flexeril 10 mg being stored in the medication room. During an interview on [DATE] at 2:15 p.m. the Director of Nursing (DON) stated, The Flexeril should have been sent back to pharmacy or destroyed when the order to discontinue the medication was obtained. During an interview on [DATE], at 2:23 p.m. the DON confirmed that the facility failed to dispose and reconcile discontinued medication in a timely manner for one of two residents (Resident R1). 28 Pa. Code211.12(d)(1)(3)(5)Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0836 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075 Based on review of facility policy, review of clinical documentation, staff interviews and review of facility reported events, it was determined the facility failed to ensure that orders were properly obtained by a Physician, Physician Assistant, or Nurse Practitioner (NP) for one of five residents (Resident R1). Findings: Review of facility policy Transcription of Orders dated 9/30/24, indicated orders from an authorized licensed independent practitioner are accepted by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). A RN or LPN must review and verify accuracy and sign off orders. Review of facility policy Resident Rights under Federal Law dated 9/30/24, indicated that residents have the fundamental right to considerate care that safeguards their personal dignity along with respecting cultural, social, and spiritual values. Centers do not discriminate on the basis of race, color, religion, national origin, gender, disability or veteran status. The purpose is to treat each resident with respect and dignity and care for each resident in a manner an in an environment that promotes maintenance or enhancement of his or her self-esteem and self-worth. Review of facility policy Licensure and Certification of Personnel dated 9/30/24, indicated those employees whose jobs require specific licenses or certifications to maintain their credentials in compliance with state and federal laws at all times. Review of facility LPN Job Description indicated that nursing personnel to deliver nursing care and within scope of practice (a range of activities that a licensed health professional is permitted to perform within their profession) coordinates care delivery, which will ensure that patients ' needs are met in accordance with professional standards of practice through physician orders, center policy and procedures, and federal, state and local guidelines. (LPN ' s can not order medications under their scope of practice). Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/2/24, indicated diagnoses of aphasia (a language disorder that affects a person ' s ability to speak), depression, and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). Review of employee file on 10/23/24, at 9:30 a.m. indicated that LPN Employee E5 was hired on 6/30/21 and was given a LPN job description. Review of Resident R1's physician orders dated 8/13/24, indicated that Flexeril (a muscle relaxant) 10 mg every eight hours as needed was ordered with a discontinued date of 8/30/24. (continued on next page)

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