

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  12/26/2024
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>46337</p> <p>Based on review of facility policy, grievances and staff and resident interviews, it was determined that the facility failed to provide residents with access to their personal funds/petty cash for three of four residents (Residents R1, R2, R4).</p> <p>Findings include:</p> <p>Review of the facility policy Management of Residents' Personal Funds last reviewed on 11/1/24, indicated that the facility manages the personal funds of residents who request the facility to do so. Should the facility be appointed the resident's representative payee, and directly receive monthly benefits to which the resident is entitled, such funds are managed in accordance with established policies and federal/state requirements.</p> <p>Review of the Business Office Manager job description reviewed 11/1/24, indicated the BOM is responsible for the overall supervision and management of the business office staff and assists with managing resident trust fund.</p> <p>Review of the facility Resident Council minutes dated 12/5/24, indicated residents would like to know how to set up a trust fund account and how to get money taken out.</p> <p>Review of Resident R2's grievance report dated 12/6/24, it was indicated he was upset that he did not receive his money that was owed to him by social security. The response from facility to the grievance revealed the resident was given cash on 12/19/24, 13 days after he expressed a concern.</p> <p>During an interview on 12/26/24, at 10:02 a.m. Resident R2 indicated he had a concern with accessing his funds from the facility. He indicated it took about two weeks to get his money.</p> <p>Review of Resident R4's grievance dated 12/19/24, indicated family expressed a concern that Resident R4 was not provided his \$45 personal allowance for December.</p> <p>Review of Resident R4's Resident Fund Management Service (RFMS) statement revealed his account was opened on 11/7/24. It was indicated on 12/3/24, he had a balance of \$1,167.00.</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R4's progress note dated 12/19/24, at 9:47 a.m. entered by Business Office Manager, Employee E1 indicated the administrator spoke to family again regarding personal allowance, multiple family member have called and made threats about resident allowance, administrator explained the check just came yesterday and the bank is just now opening, and resident will have money by today. Family and resident upset showing erratic behaviors.</p> <p>During an interview on 12/26/24, at 11:33 a.m. Resident R1 stated she has been trying to get her money. She indicated she was told the facility received her check and is waiting for it to process. She indicated she has been waiting since 12/1/24. It was indicated she spoke to someone Tuesday, and she was told she had to wait until Friday for it to be processed.</p> <p>Review of facility RFMS dated 12/26/24, at 11:05 a.m. revealed Resident R1 had an account balance of \$0.23.</p> <p>During an interview on 12/26/24, at 11:33 a.m. the Business Office Manager and Nursing Home Administrator, the BOM, Employee E2 stated I have her check, her check just came. When asked why the facility did not receive Resident R1's December check timely, the Nursing Home Administrator stated the facility did not have the access to the Resident Fund Management Service (RFMS) yet. It was indicated the prior owner was managing the account funds for the month of November and indicated Resident R1's check was in transit somewhere. BOM, Employee E2 confirmed Resident R1 check was processed on the first of December.</p> <p>During an interview on 12/26/24, at 2:32 p.m., the Nursing Home Administrator confirmed that the facility failed to provide residents with access to their personal funds/petty cash timely for three of five residents (Resident R1, R2, and R4).</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.29(a)(d)(e) Resident Rights</p>		