

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  09/03/2025
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 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>Based on review of clinical records and staff interview, it was determined that the facility failed to notify the physician of a change in condition for one of five residents (Resident R1). Review of the clinical face sheet indicated that Resident R1 was admitted to the facility 4/4/24, with diagnoses that included seizures, moyamoya disease (rare blood vessel condition in which the carotid artery in the skull becomes blocked or narrowed) and cerebral infarction. A review of Resident R1's quarterly MDS assessment (minimum data assessment)- periodic assessment of resident care needs) dated 6/18/25, indicated the diagnosis remained current. Review of physician orders dated 8/5/25 indicated an order for valproic acid, cbc w/diff, cmp. Facility provided documentation indicated resident refused bloodwork. Review of clinical progress notes dated 8/5/25-8/25/25 indicated no notification to physician. During an interview on 9/3/25, at 1:35 p.m. Director of Nursing confirmed that the staff failed to notify the physician of Resident R1's lab work refusal. 28 Pa. Code: 211. 12(d)(1) 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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