

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 03/18/2026
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical closed records, resident fund account statements and staff interview it was determined that the facility failed to convey resident funds and close accounts upon discharge within 30 days for two of four closed records (Closed Resident Record CR1 and Closed Resident Record CR2). Findings include: The facility Resident fund management service policy last reviewed 5/20/25, indicated discharged resident account is closed following reconciliation. Funds are released following completion of an audit and reconciliation of the account, in accordance with applicable regulations. Review of Closed Resident Record CR1's admission record indicated he was admitted [DATE]. Review of Closed Resident Record CR1's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 11/26/25, indicated he had diagnoses that included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), schizophrenia (a mental disorder characterized by delusions, hallucinations, disorganized thoughts and disordered behaviors impacting daily functioning) and hypertension (a condition impacting blood circulation through the heart related to poor pressure). Review of Closed Resident Record CR1's clinical progress notes dated 1/4/26, indicated at 1:00 p.m. that Closed Resident Record CR1 was not at baseline, he was refusing all medications and screaming to kill him. Upon assessment, he was repeatedly screaming Don't come near me, don't give me any medicine. Kill me! Kill me! Kill me! Closed Resident Record CR1 a threat to himself and roommates. 302 (involuntary commitment for psychiatric evaluation and safety) was called and approved. Ambulance called for pick up. He left the facility accompanied by two EMT's and two police officers, and he was able to walk out of the facility without incident. Review of Closed Resident Record CR1's clinical record did not indicate that his monies were provided 30 days after his discharge. Review of Closed Resident Record CR2's admission record indicated she was admitted [DATE]. Review of Closed Resident Record CR2's MDS assessment dated [DATE], indicated she had diagnoses that included diabetes, hypertension and Alzheimer's dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning). Review of Closed Resident Record CR2's clinical progress notes dated 1/25/26, indicated staff member was called to assess Closed Resident Record CR2. Apical pulse and respirations were absent at 11:55 p.m. She appeared to be sleeping; her skin was warm and dry. Physician's office was notified and gave physician order to release body. Nephew was also notified and will be contacting Funeral Home. Review of Closed Resident Record CR2's physician order dated 1/25/26, indicated that it was ok to release her body to funeral home. Review of Closed Resident Record CR2's clinical record did not indicate that his monies were provided 30 days after his discharge. Review of resident fund trial balance (a statement indicating current resident monies overseen by facility staff in a secured account) dated 3/18/26, indicated the following: Closed Resident Record CR1 account was open with a balance of \$384.68. Closed Resident Record CR2 account was open with a balance of \$7430.63 During an interview on 3/18/26, at 11:29 a.m. Business Office Manager Employee E1 confirmed that the facility failed to convey resident funds and close accounts upon discharge within 30 days for Closed Resident Record CR1 and Closed Resident Record CR2 as required. 28 Pa. Code 211.5(d) Clinical records.</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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