

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 04/16/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy, resident interviews, and staff interview, it was determined that the facility failed to ensure comfortable air temperature levels (between 71-81 degrees Fahrenheit [°]) were provided in the facility for three of seven days (4/13/26, 4/14/26, and 4/15/26). Findings Include: Review of the facility policy Homelike Environment dated 1/9/26, indicated the facility will provide a safe, clean, comfortable, and homelike environment. The facility staff and management maximizes, to the extent possible characteristics that include comfortable and safe temperatures (71-81°) Review of a Resident representative concern dated 4/13/26, stated This is a nursing home that does not have a functioning air conditioning unit. We have unsafe temperatures for their residents. Review of an additional; Resident Representative concern dated 4/13/26, stated They cracked a window, but it's so hot in there. During an interview on 4/15/26, at 9:52 a.m. the Nursing Home Administrator (NHA) stated that the facility is in process for completing \$1.3 million dollar installation of a new heating and cooling system, for which they have made a \$350,000 down payment, and anticipate the new system to begin installation at the end of May or beginning of June. Tour of the facility with Maintenance Employee E1 conducted on 4/15/26 from 9:55 a.m. through 10:15 a.m. revealed the following temperatures: 2nd Floor Dining Room: 81.5 °room [ROOM NUMBER]: 81.9 °room [ROOM NUMBER]: 83.3 °room [ROOM NUMBER]: 80.6 °room [ROOM NUMBER]: 81.5 °room [ROOM NUMBER]: 85.6 °room [ROOM NUMBER]: 83.1 °4th Floor Dining Room: 86.0 °room [ROOM NUMBER]: 91.0 °room [ROOM NUMBER]: 86.0 °room [ROOM NUMBER]: 84.4 °room [ROOM NUMBER]: 87.1 °3rd Floor Dining Room: 84.7 °room [ROOM NUMBER]: 84.0 °room [ROOM NUMBER]: 84.0 °room [ROOM NUMBER]: 82.2 °room [ROOM NUMBER]: 81.9 °room [ROOM NUMBER]: 83.8 ° During an interview on 4/15/26, at 9:56 a.m. Resident R2 stated It's hot in here. Like my fan? as she demonstrated how she was fanning herself with a piece of paper. During an interview on 4/15/26, at 9:57 a.m. Maintenance Employee E1 was asked if the facility had fans to utilize. Maintenance Employee E1 stated We don't have too many fans. We put them at the nurse stations and in the hallways. During an observation and interview on 4/15/26, at 10:00 a.m. Resident R3 was noted to be sitting in front of a fan. Resident R3 stated that the fan was provided by her roommates family. During an observation and interview on 4/15/26, at 10:13 a.m. Resident R4 was observed in his room with a fan, which he confirmed was his own personal fan. During an interview on 4/15/26, at 10:56 a.m. the NHA stated that a Heating Ventilation and Air Conditioning (HVAC) Vendor would be in today to address the warm temperatures. During an interview on 4/15/26, at 12:10 p.m. HVAC Vendor stated that he was in the facility to address the issue and would report back any findings as soon as information was available. During an interview on 4/15/26, at 12:32 p.m. HVAC Vendor stated that the facility must have had a power surge that shut of the cooling system, but that he was able to fix the issue and the system would now be able to work. During an interview on 4/15/26, at 1:38 p.m. Resident R2 stated that her room is cooler now. It was hot for a few days. During an interview on 4/15/26, at 1:52 p.m. Licensed Practical Nurse Employee e23 stated It's been hot in here for a few days. It was terrible on Monday (4/13/26). During an interview on 4/15/26, at 2:56 p.m. the NHA (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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	confirmed that the facility failed to ensure comfortable air temperature levels (between 71-81 degrees Fahrenheit) were provided in the facility for three of seven days. 28 Pa. Code: 201.18(b)(3) Management		

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<p>F 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to ensure that a dental appointment was scheduled for one of three residents reviewed (Resident R1). Findings include: Review of the facility policy Dental Services dated 1/9/26, indicated that routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. Review of a Resident representative concern dated 4/13/26, stated that Resident R1's gums are so bloody. Review of the admission 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 2/3/26, indicated diagnoses of high blood pressure, vitamin D deficiency, and muscle weakness. Documentation by the facility's contracted dental provider dated 10/9/25, indicated Resident R1 Was treated at bedside. Recommend resident be brought to clinic for ultrasonic scaling [a dental cleaning technique used to remove plaque, and tartar]. Deposit remains. During an interview on 4/15/26, at 2:19 p.m. the Director of Nursing stated that no appointment has been made to have Resident R1 taken to the Dental Clinic for follow up as was suggested at 10/9/25 dental visit, and confirmed that the facility failed to obtain dental services for Resident R1 as required. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa. Code 211.15(a) Dental Services.</p>