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| 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 04/29/2026 |
| 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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, closed clinical records, facility documents and staff interviews it was determined that the facility failed to provide a complete copy of a resident's medical records upon request by the resident's next of kin for one of three closed resident records (Closed Resident Record CR1). Findings include: The facility Release of information policy last reviewed on 1/9/26, indicated that the facility maintains the confidentiality of each residents' protected health information. All information contained in the resident's medical records is confidential and may only be released by the written consent of the resident or his/her legal representative. Review of Closed Resident Record CR1's admission record indicated he was admitted on [DATE]. Review of Closed Resident Record CR1's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 1/3/26, indicated he had diagnoses that included pulmonary embolism (a blockage in the arteries of the lungs that may travel to other regions of the body), B-cell lymphoma (a blood cancer that begins in the white blood cells), diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), hypertension (a condition impacting blood circulation through the heart related to poor pressure), kidney disease (a loss of kidney function resulting in the swelling of feet, fatigue, high blood pressure and changes in urination) and cancer. Review of Closed Resident Record CR1's nurse practitioner clinical note dated 1/9/26, indicated he was showing signs of left upper extremity being flaccid, slow to respond with speech, clinical feature of stroke. Order to send to emergency department for escalation to higher level of care. Complex medical decision making - Resident CR1 with acute, severe change upon neurological examination with clinical feature of stroke requiring labs, advanced imaging and possible surgical/medical intervention in which escalation to the hospital/Emergency department. Discussed in detail with nursing and collaborated with nursing/EMS to ensure appropriate information regarding Resident CR1. Review of Closed Resident Record CR1's clinical nurse note dated 1/9/26, indicated Resident CR1 was being transferred to hospital. He was transferred via stretcher with two attendants. Resident CR1 was sent with an acute care transfer/change of condition forms. Family made aware of transfer. No belongings sent with Resident CR1, and his cellphone was at bedside. Facility electronic communications dated 1/14/26, indicated a signed request for Closed Resident Record CR1's medical record was completed by family. Review of facility documentation dated 2/28/26, indicated that Closed Resident Record CR1's family received the mailed four-pound shipment of documents. Facility electronic communications dated 3/5/26, indicated family had a concern that not all of the medical record was released. In the communication, Administration stated that Medical Records Personnel E1 was under the impression that the whole record was sent. During an interview on 4/29/26, at 11:56 a.m. Medical Records Personnel E1 was asked if she received another medical records request for anything else? no. I gave her everything I had. When asked if she had any communications around 3/11/26? Nursing Home Administrator told me about the family. I sent records to legal and the Nursing Home Administrator. When asked if there was any evidence that the nurse notes were sent as well, she stated: I thought they were in with the other record. During an interview on 4/29/26, at 3:16 p.m. (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>information disseminated to the Nursing Home Administrator (NHA) and the Director of Nursing (DON) that the facility failed to provide a complete copy of a Closed Resident Record CR1's record upon family initial request as required. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(2) Management</p> | | |