STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395361	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Ridge Manor East/West	8300 West Ridge Road Girard, PA 16417

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)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. Based on review of clinical records, Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, and staff interview, it was determined that the facility failed to ensure that a quarterly Minimum Data Set (MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care), was completed within the required time frame for one of 37 residents reviewed (Resident R46). Findings include: The Long-Term Care Facility RAI 3.0 User's Manual, which provides instructions and guidelines for completing required MDS assessments, dated October 2024, indicated that the assessment reference date (ARD- the last day of the assessment's look-back period) of a quarterly MDS assessment must be no more than 92 calendar days after the ARD of the most recent assessment of any type. Resident R46's clinical record revealed an admission date of 2/12/24, with diagnoses that included Dementia (loss of cognitive functioning affecting a person's memory and behaviors), Transient Ischemic Attack (TIA - occurs when there is a brief interruption of blood flow to a part of the brain, leading to symptoms similar to those of a stroke that are temporary, typically lasting only a few minutes to a maximum of 24-hours), and Peripheral Vascular Disease (A common condition characterized by narrowed arteries that reduce blood flow to the limbs, primarily the legs, leading to symptoms like leg pain and cramping). Resident R46's clinical record revealed an annual MDS Assessment with an ARD of 1/15/26. The next MDS assessment completed had an ARD of 5/21/26, 34 days past the required 92 calendar days. During an interview on 6/4/26, at 10:40 a.m. Registered Nurse Assessment Coordinator confirmed that Resident R46's quarterly MDS ARD was past the required 92-days from his/her last MDS ARD. 28 Pa. Code 211.5(f)(ix) Medical records

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on review of clinical records and Minimum Data Set (MDS - federally mandated standardized assessment conducted at specific intervals to plan resident care), and staff interviews it was determined that the facility failed to ensure that MDS assessments accurately reflected the status of two of 36 residents reviewed (Residents R5 and R213).Findings include: Resident R5's clinical record revealed an admission date of 4/10/17, with diagnoses that included Malignant Neoplasm of Pancreatic Duct (Cancerous tumor that originates in the cells lining the ducts of the pancreas [a large gland behind the stomach which secretes digestive enzymes into the intestines]), Chronic Obstructive Pulmonary Disease (COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing), and Diabetes (a health condition caused by the body's inability to produce enough insulin). Resident R5's physician's orders dated 11/24/25, revealed an order that the resident was admitted under Hospice Services with admitting diagnosis of Malignant Neoplasm of the Pancreatic Duct. Resident R5's quarterly MDS with an Assessment Reference date (ARD) of 4/30/26, MDS Section O Special Treatments, Procedures, and Programs O0110 K1 Hospice Care was coded as No. During an interview on 6/4/26, at 11:58 a.m. Registered Nurse Assessment Coordinator (RNAC) confirmed that Resident R5's 4/30/26 quarterly MDS was coded incorrectly and should have been coded Yes that he/she was receiving hospice services. Resident R213's clinical record revealed an admission date of 11/21/25, with diagnoses that included difficulty swallowing, kidney disease, dementia, and adult failure to thrive [syndrome of progressive physical, cognitive, and functional decline, often marked by weight loss, poor nutrition, decreased appetite, and inactivity]. Resident R213's physician's orders dated 12/3/25, revealed an order to admit to Hospice services. Resident R213's quarterly MDS's with an ARD of 2/19/26, and 5/14/26, MDS Section O Special Treatments, Procedures, and Programs O0110 K1 Hospice Care was coded as No. During an interview on 6/4/26, at 12:50 p.m. the Nursing Home Administrator confirmed that Resident R213's 2/19/26, and 5/14/26, quarterly MDS's were coded incorrectly and should have been coded Yes that he/she was receiving hospice services. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.5(f)(ix) Medical records

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on review of facility policies and clinical records and staff interviews, it was determined that the facility failed to maintain accurate and complete documentation for one of 36 residents reviewed (Resident R121). Findings include: Review of facility policy dated January 2026, entitled Administering Medications revealed The individual administering the medication initials the resident's MAR (Medication Administration Record) on the appropriate line after giving each medication and before administering the next ones; As required or indicated for a medication, the individual administering the medication records in the resident's medical record: the date and time the medication was administered; the dosage; the route of administration; the injection site; any complaints or symptoms for which the drug was administered; any results achieved and when those results were observed; and the signature and title of the person administering the drug. Resident R121's clinical record revealed an admission date of 12/1/25, with diagnoses that included Osteomyelitis of the vertebra, sacral and sacrococcygeal region(infection of the bone including the back and pelvis), Chronic Kidney Disease (a long-term condition in which the kidneys are damaged and gradually lose their ability to function properly over time), and Diabetes (a health condition caused by the body's inability to produce enough insulin). Review of Resident R121's May 2026 IV (Intravenous) Administration Record revealed the following orders: Physician's order dated 5/4/26, for Central Line (an IV inserted in a vein near the heart): Document total volume infused per shift every shift related to osteomyelitis of vertebra, sacral, and sacrococcygeal region. Out of 82 opportunities to document completion, 58 were documented as completed and 24 were blank. Physician's order dated 5/4/26, for Central Line: Flush all unused ports(a device used to deliver IV medications) with 10cc (cubic centimeter) NSS (normal saline solution) in 10cc syringe every shift related to osteomyelitis of vertebra, sacral, and sacrococcygeal region. Out of 82 opportunities to document completion, 58 were documented as completed and 24 were blank. Physician's order dated 5/4/26, for Central Line: Flush port with 10cc NSS in 10cc syringe before and after medication administration every shift related to osteomyelitis of vertebra, sacral, and sacrococcygeal region. Out of 82 opportunities to document completion, 57 were documented as completed and 25 were blank. Physician's orders with numerous start and stop dates for the month of May 2026, for Vancomycin HCL Intravenous Solution (an antibiotic administered by IV) for Osteomyelitis. Out of 51 total opportunities to document completion, 34 were documented as completed and 17 were blank. During an interview on 6/4/26, at 12:10 p.m. the Director of Nursing confirmed that Resident R121's clinical records were incomplete regarding IV documentation. 28 Pa. Code 211.5(f)(ii)(viii) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services