STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395439	A. Building B. Wing	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Ridge Senior Living at Johnstown	807 Goucher Street Johnstown, PA 15905

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 38012 Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that the physician was notified about the unavailability of medications for two of five residents reviewed (Residents 1, 3). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated September 4, 2023, revealed that the resident was severely cognitively impaired and had a diagnosis of dementia (long and short-term memory loss). Physician's orders for Resident 1, dated September 14, 2023, included orders for the resident to receive 4 milligrams (mg) of Apixaban (blood thinner) twice a day and an order, dated September 15, 2023, for 600 mg of Mucinex (used to treat congestion/excessive mucous production) one tablet twice a day. Review of the Medication Administration Records (MAR) and nursing notes for Resident 1 for October 2023 revealed no documented evidence that the resident was administered Apixaban October 2 at 8:00 a.m.; October 8 at 8:00 a.m.; October 9 at 8:00 a.m. and 4:00 p.m.; October 10 at 8:00 a.m. and 4:00 p.m.; October 11 at 8:00 a.m. and 4:00 p.m.; October 13 at 8:00 a.m.; October 14 at 8:00 a.m.; October 15 at 4:00 p.m.; October 16 at 4:00 p.m.; October 17 at 8:00 a.m. and 4:00 p.m.; and October 18 at 8:00 a.m. Staff were documenting that the medication was not available. Review of the MAR and nursing notes for Resident 1 for October 2023 revealed no documented evidence that the resident was administered Mucinex on October 8 at 8:00 a.m.; October 9 at 4:00 p.m.; October 10 at 4:00 p.m.; October 13 at 8:00 a.m.; October 14 at 8:00 a.m.; October 14 at 8:00 a.m.; October 17 at 4:00 p.m. ; and October 18 at 8:00 a.m. Staff were documenting that the medication was not available. There was no documented evidence that the resident's physician was notified that the Apixaban or Mucinex were unavailable for administration. An annual MDS for Resident 3, dated September 10, 2023, revealed that the resident was cognitively intact and had diagnoses that included Factor V clotting disorder (blood does not clot properly) and that she had unhealed pressure ulcers. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395439	A. Building B. Wing	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Ridge Senior Living at Johnstown	807 Goucher Street Johnstown, PA 15905

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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Physician's orders for Resident 3, dated September 13, 2023, included an order for the resident to receive Glucerna 1.0 (supplement) 240 milliliters (mL) by mouth two times a day. Review of Resident 3's MAR, dated September, October and November 2023 revealed that the Glucerna was not administered and that the staff were charting not available. There was no documented evidence that the physician or dietician were notified regarding the unavailability of Resident 3's Glucerna. Interview with the Director of Nursing on January 31, 2024, confirmed that there was no documented evidence that the physician was notified about Resident 1's and 3's medications or supplements not being available or administered as ordered on the mentioned dates and times. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.