

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Heritage Ridge Senior Living at Johnstown		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>31760</p> <p>Based on review of policies, clinical records, and facility grievance forms, as well as staff interviews, it was determined that the facility's policy failed to indicate a reasonable expected time frame for completing the review of the grievances, and that the facility failed to make prompt efforts to resolve a grievance by not having documented evidence of the steps taken to investigate the grievance, a summary of the pertinent findings or conclusion regarding the resident's concerns, or any corrective action taken or to be taken by the facility as a result of the grievance for eight of 11 residents reviewed (Residents 4 through 11).</p> <p>Findings include:</p> <p>The facility's grievance policy, dated February 22, 2024, indicated that the nursing home administrator has assigned the responsibility of investigating grievances and complaints to the grievance officer (e.g. Social Services). Upon receiving a grievance and complaint report, the grievance officer will begin an investigation into the allegations. The investigation and report will include, as applicable, the date and time of the alleged incident, the circumstances surrounding the alleged incident, the location of the incident, the names of any witnesses and their accounts of the alleged incident, the resident's account of the alleged incident, accounts of any other individuals involved, and recommendations for corrective action. The grievance officer will record and maintain all grievances and complaints on the Resident Grievance Complaint Log. The following information will be recorded and maintained in the log: The date the grievance/complaint was received, the name and room number of the resident filing the grievance/complaint, the name and relationship of the person filing the grievance/complaint on behalf of the resident, the date the alleged incident took place, the names of the person(s) investigating the incident, the date the resident or interested party was informed of the findings, and the disposition of the grievance. The Resident Grievance/Compliant Investigation Report Form will be filed with the nursing home administrator/designee timely. The resident or person acting on behalf of the resident will be informed of the findings of the investigation, as well as any corrective actions recommended.</p> <p>However, the facility's grievance policy did not indicate a reasonable expected time frame for completing the review of the grievances.</p> <p>The facility's Grievance, Concern, Complaint Log, dated April 2024, revealed:</p> <p>(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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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On April 18, 2024, Resident 4 and Resident 5 submitted a concern that they do not get enough to eat.</p> <p>On April 18, 2024, Resident 6 submitted a concern that she does not like the food and does not get what she orders.</p> <p>On April 18, 2024, Resident 7 submitted a concern that she does not get what she orders.</p> <p>On April 26, 2024, Resident 8's daughter submitted a concern that the food is cold and nasty.</p> <p>On April 29, 2024, staff submitted a concern for Resident 9 that he requires honey thick liquids, and that he received thin liquids on his breakfast tray.</p> <p>On April 29, 2024, staff submitted a concern for Resident 10 that she requires nectar thick liquids, and that she received honey thick liquids on her breakfast tray.</p> <p>On April 29, 2024, Resident 11's niece submitted a concern that she continues to receive bread of multiple types on her meal trays.</p> <p>As of May 14, 2024, there was no documented evidence that the facility made prompt efforts to investigate and resolve the above grievance/complaints.</p> <p>Interview with the Nursing Home Administrator on May 14, 2024, at 12:45 p.m. confirmed that the facility's grievance policy did not indicate a reasonable expected time frame for completing the review of the grievances, and that there was no documented evidence that the facility made prompt efforts to investigate and resolve grievances for Residents 4 through 11.</p> <p>28 Pa. Code 201.29(i) Resident Rights.</p>		