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	08/05/2024

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42079 Based on review of the facility's policies, documents, and residents' clinical records, as well as staff interviews, it was determined that the facility failed to provide timely medical record access to residents and/or their legal representative for one of seven residents reviewed (Resident 2). Findings include: The facility's policy regarding access to personal and medical records, dated February 23, 2024, indicated that each resident has the right to access and/or obtain copies of his or her personal and medical records upon request. A resident may submit an oral or written request for access to personal or medical information pertaining to him/her. The resident or his/her legal representative may grant others the right to access the resident's records if such request is made in writing and identifies the information that is to be released and to whom the information was to be released. A durable healthcare power of attorney (POA) form, dated February 15, 2022, indicated that Resident Family Member 1 was the resident's POA (individual legally authorized to make health decisions in the event the resident was no longer able to make his/her own decisions). A review of the clinical record revealed that Resident 2's Family Member 1 was the POA for financial and care needs, and the first emergency contact. A letter for medical/billing record requests, dated June 29, 2024, indicated that the facility received a request for medical records from Resident 2's Family Member 1. The request was for all documents and possessions concerning Resident 2, including all medical records created at the facility, records provided by the family and third parties, and all medication that was prescribed, whether brought in or purchased through her insurance at the facility. The appropriated Power of Attorney documents were on file at the facility. A nursing note for Resident 2, dated June 20, 2024, revealed that she was admitted to the facility from the hospital and was alert and oriented times four (aware of person, place, time, and situation). A nursing note for Resident 2, dated June 25, 2024, revealed that she was out of the facility and that she would not be returning. The facility census record revealed that Resident 2 was admitted on [DATE], and discharged five days later. (continued on next page)

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	08/05/2024

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview with Licensed Practical Nurse 5, who was responsible for medical records and the administrative secretary on August 5, 2024, at 3:18 p.m., revealed that the request for medical records was a long process with corporate oversite. She was still printing the record and the next step would be to send it to corporate for review and approval. The request was received but not fulfilled. Interview with the Director of Nursing on August 5, 2024, at 4:35 p.m. confirmed that she was aware Resident 2's Family Member 1 previously requested copies of medical records, was not aware that the record request was still in process, and thought the request for information was completed. She would have expected it would handled timely, approximately one week to fulfill the request. 28 Pa. Code 201.29(a) Resident Rights.

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	08/05/2024

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 42079 Based on review of policies, investigation reports, and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from neglect for one of three residents reviewed (Resident 3), resulting in a large laceration that required surgical intervention and repair. Findings include: The facility's policy regarding abuse and neglect, dated February 23, 2024, indicated that the facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated May 8, 2024, revealed that she was cognitively impaired, dependent on staff for transfers, had diagnoses that included dementia and heart failure, and was receiving an anticoagulant (blood thinning) medication. Physician's orders for Resident 3, dated May 3, 2024, included an order for the resident to be transferred with a full mechanical lift. The July, 2024 nurse aide task sheet for Resident 3, indicated that she was a full body mechanical lift for transfers. A nursing/incident note for Resident 3, dated July 18, 2024, at 6:50 p.m., revealed that the nurse was called to the resident's room. Staff reported that the resident was sitting at the bedside after a transfer from the wheelchair to her bed and was noted to have a large laceration to the right lower extremity with a significant amount of bleeding. Pressure was applied to the area. The physician was notified and an order was received for Resident 3 to be transported to the emergency department by ambulance. A witness statement by Nurse Aide 1, dated July 18, 2024, at 6:50 p.m., regarding Resident 3's right lower leg laceration revealed that she had transferred the resident from her wheelchair to the bed with a two-person physical assist. Resident 3 sat on the edge of the bed and it was noted that the skin was open. Nurse Aide 1 immediately applied pressure while Nurse Aide 2 left to inform the registered nurse. A witness statement by Nurse Aide 2, dated July 18, 2024, at 6:50 p.m., regarding Resident 3's right lower leg laceration revealed that she assisted Nurse Aide 1 to physically stand Resident 3 from her chair and turn her toward the bed. That is when Nurse Aide 1 noticed that Resident 3's leg was cut and bleeding. The cut was covered and Nurse Aide 2 left the room to get help. A witness statement by Licensed Practical Nurse 3, dated July 18, 2024, at 6:50 p.m., regarding Resident 3's right lower leg laceration revealed that he received a report that Resident 3 had split her leg open and he went to her room. The resident was lying in bed with towels wrapped around her right lower extremity. Licensed Practical Nurse 3 applied pressure to the area until emergency services arrived. (continued on next page)

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	08/05/2024

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 0600 Level of Harm - Actual harm Residents Affected - Few	Hospital emergency room documents, dated July 19, 2024, at 12:32 a.m., indicated that Resident 3 presented to the emergency department with a significant right leg laceration. She was reportedly at the facility being moved into bed by facility staff when staff inadvertently bumped her right leg against one of the iron bedposts. The hospital trauma surgery service has admitted the resident, because she required operative intervention to repair the laceration. There was significant hemorrhaging noted during her work up with episodes of hypotension (low blood pressure) consistent with hemorrhagic shock (insufficient blood flow can cause damage to organs). Resident 3 was given one unit of uncrossmatched blood at this time. An interview with the Therapy Director on August 5, 2024, at 2:30 p.m. revealed that the therapy department worked with Resident 3 trialing her with a two-person physical assist with pivot. Resident 3 had cognitive issues, and at times therapy staff were unable to transfer the resident with a physical assist. The physician's order for Resident 3 to be a mechanical lift transfer remained in place and was not changed to a two-person physical assist with pivot. An interview with the Director of Nursing on August 5, 2024, at 3:33 p.m. confirmed that Nurse Aides 1 and 2 transferred Resident 3 incorrectly causing an injury to her leg. Resident 3 was sent to the hospital and did not return. 28 Pa. Code 211.10(c)(d) Resident Care Policies. 28 Pa. Code 201.24(e)(4) Admission Policy. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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	08/05/2024

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 42079 Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to initiate and conduct a thorough investigation to rule out neglect for one of seven residents reviewed (Resident 5). Findings include: The facility's policy regarding accidents and incidents, dated February 23, 2024, indicated that all accidents and incidents involving residents, employees, visitors, and vendors occuring on the premises shall be investigated and reported to the Nursing Home Administrator. The nurse supervisor, charge nurse, and/or the department director or supervisor shall promptly initiate and document an investigation of the accident or incident. A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated February 13, 2024, revealed that the resident was usually understood, could usually understand, had diagnoses that included dementia and malnutrition, and had unhealed pressure ulcers. A care plan for the resident, dated April 15, 2024, indicated a potential for skin impairment related to fragile skin. A wound assesment report for Resident 5, dated April 8, 2024, revealed there were two new skin tear/lacerations on the left forearm and the left hand. The left forearm measured 4.50 centimeters (cm) by 0. 80 cm with a depth of 0.20 cm. The left hand skin tear measured 3.80 cm by 2.28 cm with a depth of 0.20 cm. Both areas were documented as new and in-house aquired on April 8, 2024. There was no documented evidence that an investigation was completed for Resident 5's newly identified skin tears on April 8, 2024, to rule out neglect and/or abuse. Interview with the Director of Nursing on August 5, 2024, at 3:33 p.m. confirmed that an investigation was not completed as to how Resident 5 aquired two new skin tears on April 8, 2024. She indicated that the wound consultant rounds every Monday with a registered nurse; however, the nurse failed to report or initiate an investigation into the new skin tears. 28 Pa. Code 201.14(a) Responsibility of Licensee. 28 Pa. Code 201.18(e)(1) Management.

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	08/05/2024

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 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. 42079 Based on review of facility policy, clinical records, and investigation documents, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of seven residents reviewed (Resident 3). Findings include: A facility policy regarding charting and documentation, dated February 23, 2024, revealed that objective observations, medications administered, treatments or services performed, changes in condition, evens, incidents, or accidents involving the resident, and progress toward changes in the care plan goal and objectives should be documented in the medical record. Documentation in the medical record would be objective, complete and accurate. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated May 8, 2024, revealed that the resident was cognitively impaired, required staff assistance for care needs, and had diagnoses that included dementia and heart failure. Facility investigation documents for Resident 3 revealed that the resident had three bruises on her arm on on July 10, 2024. The investigation document included witness statements, and an undated, not signed, handwritten assessment of the resident; however, there was no documentation of the assessment in the resident's clinical record. Interview with the Director of Nursing on August 5, 2024, at 5:43 p.m. confirmed that although a registered nurse assessed Resident 3 on July 10, 2024, and documented the assessment on the investigation documents, those documents were not part of the resident's clinical record. The assessment was not documented in the resident's clinical record and should have been. 28 Pa. Code 211.5(f) Clinical Records. 28 Pa. Code 211.12(d)(1) Nursing Services.