

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 10/24/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>31760</p> <p>Based on review of written menus, as well as observations and staff interviews, it was determined that the facility failed to ensure that dietary staff served the planned portion sizes.</p> <p>Findings include:</p> <p>The facility's written menu for the lunch meal on October 24, 2024, revealed that the residents were to receive four ounces of steak fries and four ounces of homemade coleslaw.</p> <p>Observations during the lunch meal in the main kitchen on October 24, 2024, at 12:08 p.m. revealed that Dietary [NAME] 1 was preparing plates for residents who were to receive their meal trays in the skilled main dining room and their rooms. Dietary [NAME] 1 would reach into a bin on the steam table with a gloved hand and grab a hand full of steak fries and then place them on the plates. Then using metal tongs, she would reach in a metal pan and obtain the homemade coleslaw and place the homemade coleslaw on the plate. She then was given metal tongs to obtain the steak fries. She would reach in the bin in the steam table and obtain the steak fries and then place them on a plate. There were times that Dietary [NAME] 1 would obtain additional steak fries to place on the plate or she would remove some steak fries from the plate and place them back into the bin on the steam table.</p> <p>Interview with the Temporary Dietary Manager on October 24, 2024, at 12:39 p.m. confirmed that the posted menu indicated that the residents were to receive four ounces of steak fries and four ounces of homemade coleslaw, and that Dietary [NAME] 1 should have used a measured serving utensil for the steak fries and homemade coleslaw.</p> <p>28 Pa. Code 211.6(a) Dietary Services.</p> <p>28 Pa. Code 201.29(j) Resident Rights.</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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