

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395533	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Heritage Ridge Senior Living at Windy Hill		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Dogwood Drive Philipsburg, PA 16866	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44738</p> <p>Based on a review of select policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to ensure that nursing services met professional standards of quality according to the Pennsylvania Code Title 49, Professional and Vocational Standards, by failing to ensure licensed nursing staff were knowledgeable in the necessary care and services for one of one resident reviewed with a peripherally inserted central catheter (Resident CR1; Employee 3)</p> <p>Findings include:</p> <p>A request for the facility policy regarding a peripherally inserted central catheter (PICC, thin, soft, flexible tube inserted through a vein in the arm and passed through to the larger veins near the heart for the administration of fluids or medication) was made by the surveyor to the Nursing Home administrator (NHA) on December 11, 2024, at 11:20 AM and the Director of Nursing at 12:53 PM.</p> <p>A review of the policy provided by the facility titled, Intravenous Device Care, noted care of intravenous devices (a device utilized to administer treatments or medications directly into a vein) provided in accordance with current research and practice guidelines with an objective to maintain intravenous device and prevent obstruction. The procedure portion included a section titled, PICC Line Care. This policy did not address if licensed practical nurses (LPNs) may utilize and care for the PICC or any specialized trainings or competencies associated with a PICC.</p> <p>An interview with the Director of Nursing on December 11, 2024, at 2:24 PM revealed that the policy provided was from the previous ownership of the facility and as of November 1, 2024, the facility currently follows the state guidelines for a PICC, and no further documentation was provided.</p> <p>An interview with Employee 1, licensed practical nurse, and Employee 2, registered nurse, on December 11, 2024, at 10:50 AM revealed that LPNs in the facility do not utilize a PICC to administer medications.</p> <p>Closed record review for Resident CR1 revealed the resident was admitted to the facility from November 9, 2024, to November 27, 2024.</p> <p>An Admission History and Physical signed November 12, 2024, revealed Resident CR1 had a development of osteomyelitis (an infection of the bone) and a PICC line placed. The resident was admitted to the facility on [DATE], for physical therapy, occupational therapy, and intravenous antibiotics.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nursing documentation dated November 25, 2024, at 8:30 AM revealed the resident has a PICC line in the right upper arm.</p> <p>A review of the November 2024, Medication Administration Record (MAR) for Resident CR1 revealed that the resident had an order initially dated November 9, 2024, for Cefepime (an antibiotic) two grams to be administered intravenously 100 milliliter per hour over 30 minutes twice daily.</p> <p>Further review of Resident CR1's MAR dated November 2024, revealed that Employee 3, LPN, initialed at least five times for the administration of the Cefepime from November 9, 2024, through November 27, 2024. The DON confirmed during the interview on December 12, 2024, at 2:24 PM that Employee 3 was an LPN.</p> <p>The facility could not provide any intravenous or PICC line competencies or specialized trainings (per Pa. Code 21.145b., IV therapy curriculum requirements, an IV therapy course provided as part of the LPN education curriculum relating to specific curriculum requirements for LPN programs; or as a stand-alone course offered by a provider) completed by Employee 3 after being requested by the surveyor.</p> <p>Interview via phone with the NHA on December 12, 2024, at 11:27 AM confirmed that the facility had no evidence of any competencies or specialized trainings completed with Employee 3.</p> <p>28 Pa Code 201.19(7) Personnel policies and procedures</p> <p>28 Pa. Code 201.20(a)(6)(d) Staff development</p> <p>28 Pa Code 211.12 (c)(d)(1)(5) Nursing services</p>		