

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395610	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2025
NAME OF PROVIDER OR SUPPLIER Richland Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 349 Votech Drive Johnstown, PA 15904	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of facility policies, clinical record reviews, as well as staff interviews, it was determined that the facility failed to provide care and treatment in accordance with professional standards of practice, by failing to follow physician's orders for one of 4 residents reviewed (Resident 2). Findings include: The facility's policy regarding medication administration, dated November 21, 2024, revealed that medications were to be administered in accordance with written orders of the attending physician. A admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated July 10 2025, revealed that the resident was moderately cognitively impaired, sometimes understood, required extensive assistance for daily care needs, and had diagnoses that included acute respiratory failure, heart attack, stroke, myasthenia gravis (weakness of muscles) and dementia. Physician's orders for Resident 2, dated July 9, 2025, included an order for Rivastigmine (Exelon) Transdermal Patch (a medicated patch used to treat dementia) 24 Hour 13.3 MG/24HR. Apply 1 patch one time a day related to vascular dementia and remove per schedule. Resident 2's Medication Administration Record (MAR) for July 2025, indicated that staff administered Exelon transdermal patch on July 19, 2025, and July 20, 2025, as per order (Old patch removed when new patch applied). A late entry nursing note dated July 21, 2025, at 9:00 a.m. indicated that the facility was made aware that Resident 2 was found to have two medication patches on when he arrived at the hospital on July 21, 2025. Interview with Licensed Practical Nurse 1, on August 5, 2025, at 1:30 p.m. revealed that she administered the Exelon patch on July 20, 2025, at 8:00 a.m., and indicated that she always takes the old patch off, reviews and administers the resident's pills and then applies the new patch. She went on to say that she was surprised to be informed by administration that Resident 2 was found to have two Exelon patches on him when he arrived at the hospital on July 21, 2025. Interview with the Director of Nursing on August 5, 2025, at 1:44 p.m. revealed that she was notified by Senior Life Care Services (a company that provides assistance for elder adults) that the hospital found two medication patches on Resident 2 when he arrived at the hospital on July 21, 2025. The facility began an investigation regarding the patch administration. She went on to say that the clinical documentation and verbal interview from the staff member involved indicated that the medication administration was done correctly. However, she understands that mistakes are made and that the hospital would not make up the story. She remarked that it was obvious that her staff must not have removed the old patch prior to putting on a new one, and she should have. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</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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