STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395652	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare and Rehabilitation Center	30 Fourth Avenue Curwensville, PA 16833

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders for medications were followed for one of seven residents reviewed (Resident 6).Findings include: An admission Minimum Data Set (MDS) assessment (a mandatory assessment of a residents abilities and needs) dated April 13, 2026, revealed that the resident was cognitively intact, required assistance from staff for her daily care needs, and had diagnoses that included high blood pressure. Physician's orders for Resident 6, dated May 5, 2026, included an order for the resident to receive 3.125 milligrams (mg) of Carvedilol (a blood pressure medication), two times a day and to hold the medication if the resident's systolic (top number) blood pressure was less than 110 or the heart rate was less than 55. Resident 6's Medication Administration Record (MAR), dated May 2026, revealed that on May 5, 2026 at 8:00 a.m. the resident's blood pressure was 106/62 indicating that the Carvedilol should have been held, however, it was administered. On May 5, 2026 at 8:00 p.m. the resident's blood pressure was 108/62 indicating that the Carvedilol should have been held, however, it was administered. On May 8, 2026 at 8:00 p.m. the resident's blood pressure was 98/62 indicating that the Carvedilol should have been held, however, it was administered. On May 9, 2026 at 8:00 a.m. the resident's blood pressure was 98/56 indicating that the Carvedilol should have been held, however, it was administered. On May 9, 2026 at 8:00 p.m. the resident's blood pressure was 102/60 indicating that the Carvedilol should have been held, however, it was administered. On May 11, 2026 at 8:00 p.m. the resident's blood pressure was 98/60 indicating that the Carvedilol should have been held, however, it was administered. Interview with the Director of Nursing on May 14, 2026 at 3:10 p.m. revealed that the Carvedilol should have been held on the above referenced dates. 28 Pa. Code 211.12(d)(3) Nursing services. 28 Pa. Code 211.12(d)(5) Nursing services.

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