

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument (RAI) User's Manual, clinical records, and the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) validation report, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive admission and annual MDS assessments were completed in the required timeframe for 11 of 68 residents reviewed (Residents 26, 31, 35, 36, 38, 44, 54, 79, 108, 110, 113). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that for admission MDS assessments, the assessment completion date was to be no later than the resident's admission date plus 13 calendar days and that the Assessment Reference Date (ARD - the last day of an assessment's look-back period) must be set within 366 days after the ARD of the previous comprehensive assessment, and for annual MDS assessments, the assessment completion date was to be no later than the assessment reference date plus 14 calendar days. An admission MDS assessment for Resident 26, dated February 28, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on March 4, 2025, which was four days late. An annual MDS assessment for Resident 31, dated February 16, 2025, revealed that the MDS was documented in section Z0500B as being completed on March 3, 2025, which was one day late. An annual MDS assessment for Resident 35, dated March 5, 2025, revealed that the MDS was documented in section Z0500B as being completed on April 1, 2025, which was 13 days late. An admission MDS assessment for Resident 36, dated May 5, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on May 9, 2025, which was one day late. An admission MDS assessment for Resident 38, dated March 24, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on March 31, 2025, which was one day late. An admission MDS assessment for Resident 44, dated June 19, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on June 30, 2025, which was one day late. An annual MDS assessment for Resident 54, dated March 5, 2025, revealed that the MDS was documented in section Z0500B as being completed on March 27, 2025, which was 8 days late. An admission MDS assessment for Resident 79, dated March 25, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on April 1, 2025, which was one day late. An admission MDS assessment for Resident 108, dated March 24, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on March 31, 2025, which was one day late. An annual MDS assessment for Resident 110 revealed that the ARD was May 31, 2024, and the ARD of the next annual MDS was June 10, 2025 (10 days late). An admission MDS assessment for Resident 113, dated April 29, 2025, revealed that the resident was admitted on [DATE]. The resident's MDS was documented in section Z0500B as being completed on May 6, 2025, which was one day late. Interview (continued on next page)		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with the Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on September 18, 2025, at 2:58 p.m. confirmed that the admission and annual MDS assessments listed above were not completed within the required timeframes. 28 Pa. Code 211.5(f) Clinical Records.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure that each resident's assessment is updated at least once every 3 months. Based on review of the Resident Assessment Instrument (RAI) User's Manual, clinical records, and the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) validation report, as well as staff interviews, it was determined that the facility failed to ensure that quarterly Minimum Data Set assessments were completed within the required time frame for 4 of 68 residents reviewed (Residents 19, 49, 69, 120). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that for quarterly MDS assessments, the assessment completion date was to be no later than the assessment reference date (ARD - the last day of an assessment's look-back period) plus 14 calendar days. A quarterly MDS assessment for Resident 19, dated February 14, 2025, revealed that the MDS was documented in section Z0500B as being completed on March 4, 2025, which was four days late. A quarterly MDS assessment for Resident 49, dated July 2, 2025, revealed that the MDS was documented in section Z0500B as being completed on July 17, 2025, which was one days late. A quarterly MDS assessment for Resident 69, dated April 22, 2025, revealed that the MDS was documented in section Z0500B as being completed on June 16, 2025, which was 41 days late. A quarterly MDS assessment for Resident 120, dated January 21, 2025, revealed that the MDS was documented in section Z0500B as being completed on March 25, 2025, which was 49 days late. Interview with the Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on September 18, 2025, at 2:58 p.m. confirmed that the above quarterly MDS assessments were not completed in the required time frames. 28 Pa. Code 211.5(f) Clinical records.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to inform the resident and/or resident representative in advance of the risks and benefits of a psychotropic medication (medications that affect the persons mental state, emotions and behavior) use and the treatment alternatives prior to initiating the administration of the medication for one of 68 residents reviewed (Resident 63). Findings include: A facility policy related to the use of psychotropic medications, dated January 18, 2025, indicated that when determining whether to initiate, modify, or discontinue medication therapy, the interdisciplinary team (IDT) conducts an evaluation of the resident. The evaluation will clarify whether other causes for symptoms have been ruled out, signs and symptoms are clinically significant enough to warrant medication therapy, a particular medication is clinically indicated to manage the symptoms or condition, and the actual or intended benefit of the medication is understood by the resident/representative. Residents (and/or representatives) have the right to decline treatment with psychotropic medications. The staff and physician will review with the resident/representative the risks related to not taking the medication as well as appropriate alternatives. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 63, dated July 11, 2025, revealed that she was cognitively impaired, required assistance with care needs, received antipsychotic medications (a psychotropic medication used to treat mental health disorders) and antidepressant medications (psychotropic medications used to treat depression) and had diagnoses that included Alzheimer's dementia, depression, and anxiety. Physician's orders for Resident 63, dated April 23, 2025, revealed that the resident was to receive 0.25 milligrams (mg) of Risperidone (an antipsychotic medication) daily at bedtime related to dementia with agitation. Physician's orders for Resident 63, dated June 18, 2025, revealed that the resident was to receive 0.25 mg of Risperidone twice daily related to dementia with agitation. There was no documented evidence in the resident's clinical record that the resident's representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased dose of Risperidone. Physician's orders for Resident 63, dated July 7, 2025, revealed that the resident was to receive 0.25 mg of Risperidone three times daily related to dementia with agitation. There was no documented evidence in the resident's clinical record to indicate that the resident's representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased dose of Risperidone. Physician's orders for Resident 63, dated August 28, 2025, revealed that the resident was to receive 0.25 mg of Risperidone two times daily for seven days, then give 0.25 mg of Risperidone daily for seven days related to dementia with agitation. Physician's orders for Resident 63, dated August 28, 2025, revealed that the resident was to receive 0.5 mg of Rexulti (an antipsychotic medication) daily for seven days, then give 1 mg of Rexulti daily for seven days related to Alzheimer's dementia and dementia with agitation. Physician's orders for Resident 63, dated September 8, 2025, revealed that the resident was to receive 2 mg of Rexulti daily starting on September 13, 2025, related to dementia with agitation. There was no documented evidence in Resident 63's clinical record to indicate that the resident's representative was informed in advance of the risks and benefits and treatment alternatives prior to decreasing the Risperidone and initiating Rexulti. Interview with the Director of Nursing on September 18, 2025, at 1:48 p.m. confirmed that there was no documented evidence in Resident 63's clinical record to indicate that the resident's representative was informed in advance of the risks and benefits and treatment alternatives prior to initiating the increased doses of Risperidone and prior to initiating Rexulti. 28 Pa. Code 201.29(a)(j) Resident Rights.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from unnecessary psychotropic drugs (drugs that affect a person's mental state, emotions, and behavior) for two of 68 residents reviewed (Residents 63 and 67). Findings include: A facility policy related to the use of psychotropic medications, dated January 18, 2025, indicated that nonpharmacological approaches are used (unless contraindicated) to minimize the need for medications, permit the lowest possible dose, and to allow for discontinuation of medications when possible. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 63, dated July 11, 2025, revealed that she was cognitively impaired, required assistance with care needs, received antipsychotic medications (a psychotropic medication used to treat mental health disorders) and antidepressant medications (psychotropic medications used to treat depression) and had a diagnosis of Alzheimer's dementia, depression, and anxiety. Physician's orders for Resident 63, dated May 30, 2025, and June 25, 2025, revealed that the resident was to receive 25 milligrams (mg) of Trazadone (a psychotropic medication) three times daily, as needed for anxiety. Physician's orders for Resident 63, dated August 18, 2025, revealed that the resident was to receive 25 mg of Trazadone daily, as needed for agitation. Physician's orders for Resident 63, dated September 8, 2025, revealed that the resident was to receive 50 mg of Trazadone daily, as needed for agitation. Review of Resident 63's Medication Administration Record (MAR) for June 2025, through September 2025, revealed that the resident received 25 mg of Trazadone on June 5 at 11:22 a.m., June 7 at 2:10 p.m., June 18 at 1:38 p.m., June 25 at 11:33 a.m., June 27 at 9:56 a.m., July 2 at 1:48 p.m. and 7:17 p.m., July 4 at 9:00 a.m. and 2:08 p.m., July 5 at 9:33 a.m., July 6 at 1:02 p.m., July 9 at 9:25 a.m., July 13 at 11:14 a.m., July 16 at 10:47 a.m., July 23 at 4:29 p.m., August 19 at 1:01 p.m., August 23 at 1:31 p.m. and 6:15 p.m., and September 4 at 9:49 a.m. Review of Resident 63's MAR for September 2025, revealed that the resident received 50 mg of Trazadone on September 16 at 12:07 p.m. Review of Resident 63's clinical record revealed no documented evidence that non-pharmacological interventions were attempted prior to administering the as needed Trazadone on the above-mentioned dated and times. Interview with the Director of Nursing on September 18, 2025, at 11:27 a.m. confirmed that there was no documented evidence that non-pharmacological interventions were attempted prior to administering as needed Trazadone to Resident 63 on the above-mentioned dates/times. An admission MDS assessment for Resident 67, dated August 4, 2025, revealed that the resident was cognitively impaired, required assistance from staff for care needs, and had diagnosis that included dementia. Physician's orders for Resident 67, dated July 30, 2025, included for the resident to receive 100 milligrams (mg) of quetiapine (a psychotropic medication) at bedtime daily. A nurse's note for Resident 67 dated September 9, 2025, at 4:15 p.m. revealed that the resident's legal guardian did not sign the consent for the use of the psychotropic medication Seroquel (the brand name drug for quetiapine) stating she wants to see if the dose can be reduced and she wants the Geriatric-Psychiatry Nurse Practitioner to start handling this medications and evaluate the resident. Review of the Medication Administration Record (MAR) for Resident 67 dated September 2025, revealed that 100 mg of quetiapine was administered daily at bedtime from September 9, 2025, through September 18, 2025. Interview with the Director of Nursing on September 18, 2025, at 12:38 p.m., revealed that a referral was to be sent to the Geriatric-Psychiatry Nurse Practitioner (an advanced practice registered nurse who specializes in the mental health care of older adults, diagnosing and treating psychiatric conditions like depression, anxiety, and dementia) before she could see resident and address the Seroquel orders. The Director of Nursing confirmed that a referral should have been sent to the Geriatric-Psychiatry Nurse Practitioner on September 9, 2025, however, as of September 18, 2025, there was no documentation that a referral was sent and therefore the requested dose reduction of Seroquel had not been addressed. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. Based on review of the Resident Assessment Instrument (RAI) User's Manual, clinical records, and the Centers for Medicare and Medicaid Services (CMS) Minimum Data Set (MDS) validation report, as well as staff interviews, it was determined that the facility failed to transmit Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs) to the required electronic system, the Centers for Medicare and Medicaid Services (CMS) Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, within 14 days of completion for 3 of 68 residents reviewed (Residents 14, 77, 120). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required MDS assessments, dated October 2024, indicated that comprehensive MDS assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days). The MDS assessment validation report from iQIES (a federal government website for the Centers for Medicare and Medicaid), dated March 25, 2025, through August 25, 2025, revealed that the following MDS assessments were submitted late: Resident 14 had a quarterly MDS assessment with a completion date of May 14, 2025, however, was not submitted until May 29, 2025. Resident 77 had a quarterly MDS assessment with a completion date of May 14, 2025, however, was not submitted until May 29, 2025. Resident 120 had a quarterly MDS assessment with a completion date of March 25, 2025, however, was not submitted until June 26, 2025. Interview with the Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on September 18, 2025, at 2:58 p.m. confirmed that the above quarterly MDS assessments were not submitted in the required time frames. 28 Pa. Code 211.5(f) Clinical records.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to develop an individualized care plan for two of 68 residents reviewed (Residents 6 and 130). Findings include: A facility policy for Comprehensive Person-Centered Care Plans dated January 18, 2025, indicated that a comprehensive person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. The comprehensive person-centered care plan describes services that are to be furnished to attain or maintain the resident's highest practical physical, mental, and psychosocial well-being and reflects currently recognized standards of practice for problem areas and concerns. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6 dated August 29, 2025, indicated that the resident was cognitively impaired, was dependent on staff for daily care needs, and had diagnoses that included dementia. Physician's orders for Resident 6 dated September 13, 2025, included an order for staff to insert and maintain a peripheral intravenous device (a way of giving a drug or other substance through a needle or tube inserted into a vein, typically located in the arm, hand, or foot). Review of Resident 130's clinical record revealed that he was admitted to the facility on [DATE], with a diagnosis of hemiparesis (weakness or paralysis on one side of the body) following a stroke and esophageal cancer. He was transferred to the hospital on September 7, 2025, and returned to the facility on September 10, 2025. Physician's orders for Resident 130 dated September 14, 2025, included an order for staff to insert and maintain a peripheral intravenous device for intravenous antibiotics. An interview with the Director of Nursing on September 18, 2025, at 12:26 p.m. confirmed that Resident 6 and Resident 130 did not have care plans in place to address the care and treatment needs related to their intravenous devices. 28 Pa. Code 211.12(d)(1)(5) Nursing Services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 clinical record reviews, observations and staff interviews, it was determined that the facility failed to ensure that physician's orders were followed for two of 68 residents reviewed (Resident 11 and Resident 32). Findings include: An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 11, dated August 25, 2025, indicated that the resident was cognitively impaired, required assistance with daily care needs, and had diagnoses that included dementia. Physician's orders for Resident 11 dated August 21, 2025, included an order for the resident to use an event recorder (portable device that you wear or carry to record your heart's electrical activity) for a seven-day monitor related to a history of having atrial fibrillation (an irregular and often very rapid heart rhythm) and dizziness. Physician's orders dated August 22, 2025, included an order for the resident to see a neurologist within five to seven days for an Electroencephalogram (EEG- test that records the brain's electrical activity to detect any abnormal patterns that may indicate a predisposition to seizures). As of September 18, 2025, there was no documented evidence that the event monitor or the neurology consult was scheduled or completed for Resident 11 per the physician's orders. An interview with the Director of Nursing on September 18, 2025, at 3:15 p.m. confirmed that there was no documented evidence that the event recorder or the EEG was scheduled or completed and should have been. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 32, dated August 15, 2025, revealed that the resident was cognitively intact, required assistance with daily care needs, had two venous ulcers (ulcers caused by problems with blood flow in the leg veins), surgical wounds, an infection of the foot, and received dressings to the feet and surgical wound care. Physician's orders for Resident 32, dated August 13, 2025, included orders to cleanse the resident's right lower leg surgical incision and left lower leg open area with soap and water, apply xeroform (dressing used to prevent and treat infections and promote wound healing) to left lower leg wound and cover both areas with dry dressing daily every evening shift. Review of the resident's Treatment Administration Record (TAR) for August and September 2025, revealed no documented evidence that the treatment to the resident's right lower leg surgical incision and left lower leg open area was completed as ordered on August 17,18, 20, 25, 30 and September 15. Physician's orders for Resident 32, dated August 13, 2025, included orders to cleanse the resident's right and left surgical incision sites on the abdomen with soap and water and cover with dry dressing daily every evening shift. Review of the resident's TAR for August and September 2025, revealed no documented evidence that the treatment to the resident's right and left surgical incision sites on the abdomen was completed as ordered on August 17,18, 20, 25, 28, 29, 30 and September 4. Physician's orders for Resident 32, dated August 14, 2025, included orders to cleanse the resident's right great toe and right bunion with wound cleanser (rinsing solutions used to remove foreign materials on a wound surface), pat dry, apply betadine (an solution used to treat and prevent infection) soaked, fluffed gauze to the wound beds, and cover with dry dressing every evening shift and as needed for soilage/dislodgement. Review of the resident's TAR for August 2025, revealed no documented evidence that the treatment to the resident's right great toe and right bunion was completed as ordered on August 17,18, 20, 25, and 30. Physician's orders for Resident 32, dated August 14, 2025, included orders to cleanse the resident's bilateral legs with wound cleanser, pat dry, apply skin prep (creates a barrier to protect skin from irritants like medical adhesives) to closed fluid filled blisters, xeroform to open blisters, and cover with abdominal dressing (used for a wound with large amounts of drainage or used as padding for pressure points and cushioning) and wrap with gauze every evening shift and as needed for soilage/dislodgement. Review of the resident's TAR for August 2025, revealed no documented evidence that the treatment to the resident's bilateral legs was completed as ordered on August 17,18, 20, 25, 28, 29 and 30. Interview with the Assistant Director of Nursing on September 18, 2025, at 11:29 a.m. confirmed that there was no documented evidence that Resident 32's treatments were (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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	completed as ordered on the above-mentioned dates. A wound consult note for Resident 32, dated September 12, 2025, included orders to start tubigrip (compression bandage designed to provide support and even pressure to an injured or swollen limb) size D to bilateral legs daily related to edema. Physician's orders for Resident 32, dated September 13, 2025, included orders to apply tubigrips to the bilateral lower legs in the morning and take off in the evening for edema. Physician's orders for the resident, dated September 18, 2025, included orders to apply tubigrips size D to the bilateral lower legs in the morning and take off in the evening for edema. Observations of Resident 32 on September 18, 2025, at 10:42 a.m. revealed that he had returned from therapy and did not have tubigrips on his bilateral legs as ordered and a small skin tear (traumatic wound caused by direct contact between the skin and another object) to his right shin was observed. Interview with Nurse Aide 1 on September 18, 2025, at 10:46 a.m. indicated that she was not sure if Resident 32 was supposed to have tubigrips on his bilateral legs. Interview with Licensed Practical Nurse 2 on September 18, 2025, at 10:53 a.m. confirmed that Resident 32 was to have tubigrips on his bilateral legs. She believed they may have been soiled and thrown away. Interview with the Assistant Director of Nursing on September 18, 2025, at 11:29 a.m. confirmed that Resident 32's tubigrips should have been on and they were not. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on review of clinical records, as well as staff interviews and observations it was determined that the facility failed to ensure that treatments for pressure ulcers were provided as ordered by the physician for one of 68 residents reviewed (Resident 118). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 118, dated August 8, 2025, revealed that the resident was cognitively impaired, was dependent on staff for daily care needs and had a stage 3 pressure area (a full thickness skin loss that extends into the subcutaneous tissue (fat layer) but does not involve muscle, tendon or bone) on his right buttock (right side of gluteal region). Physician's orders for Resident 118, dated September 13, 2025, included an order for the staff to cleanse the stage 3 pressure ulcer on his right buttock with soap and water, pat dry, apply medical grade honey (sterilized , processed honey that is free of contaminants for medical use, primarily in wound care and dressings) to the wound bed, cover with an ABD pad (a highly absorbent sterile dressing used for large wounds) every day shift and as needed for soilage and dislodgement. Observations of treatment administration for Resident 118 on September 17, 2025, at 10:10 a.m. revealed that Licensed Practical Nurse 3 entered resident 118's room with supplies for ordered treatments. Resident 118 was positioned on his left side and did not have a treatment in place to right buttock per physician's orders. Interview with Licensed Practical Nurse 3 on September 17, 2025, at 10:15 a.m. confirmed that resident 118 did not have a have a treatment in place to the right buttock per physician's orders. Review of the Treatment Administration Record for Resident 118, for September, 2025, indicated that the treatment was signed as being completed on September 16; however, there was no documented evidence in the clinical record to indicate that it became dislodged or was removed. Interview with the Director of Nursing on September 18, 2025, at 3:50 p.m. confirmed that resident 118 should have had a treatment in place to the right buttock per physician's orders. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on review of clinical records, observations, and staff interviews, it was determined that the facility failed to ensure that physician-ordered contracture management services were provided as care planned for one of 68 residents reviewed (Resident 118). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 118, dated August 8, 2025, revealed that the resident was cognitively impaired and was dependent on staff for daily care needs. Physician's orders for Resident 118, dated May 20, 2021, included an order for staff to wash left hand with soap and water and dry, apply splint to prevent contractures with morning care and remove at bedtime. Resident 118's care plan for activities of daily living (ADL- essential and routine tasks that most young, healthy individuals can perform without assistance), dated December 17, 2017, indicated that staff was to wash and dry the left hand and apply the splint with morning care and be removed on the second shift. Observations of Resident 118 on September 17, at 2:15 p.m. revealed the resident was sitting up in his bed and the splint that was to be applied to his left hand was not in place. Interview with Licensed Practical Nurse 3 on September 17, 2025, at 2:29 p.m. confirmed Resident 118 did not have the splint in place to his left hand, and she was unable to locate it. Interview with the Director of Nursing on September 17, 2025, at 3:55 p.m. confirmed that Resident 118's left hand splint should have been applied with morning care. 28 Pa. Code 211.12(d)(5) Nursing services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on review of clinical records, and staff interviews, it was determined that the facility failed to obtain appropriate physician's orders for two of 68 residents reviewed (Resident 6 and Resident 108) who had a urinary catheter. Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6 dated August 29, 2025, indicated that the resident was cognitively impaired, was dependent on staff for daily care needs, and had diagnoses that included dementia. A nurse's note for Resident 6 dated September 3, 2025, indicated that staff obtained a urine sample using a straight catheter procedure (temporarily inserting a sterile, flexible, hollow tube through into the bladder to drain urine, and then removing it once the bladder is empty) without difficulty. There was no documented evidence to indicate that a physician's order was obtained prior to the procedure. Interview with the Director of Nursing on September 18, 2025, at 12:20 p.m. confirmed that there was no documented evidence that a physician's order was obtained prior to performing a straight catheter procedure on Resident 6. A quarterly MDS assessment for Resident 108 dated June 13, 2025, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, had an indwelling catheter (a thin, flexible tube inserted into the bladder to continuously drain urine), and had diagnoses that included a right thigh bone fracture. A licensed practical nursing note for Resident 108 dated September 19, 2025, indicated that a verbal order was obtained from a registered nurse to remove Resident 108's foley catheter (type of indwelling catheter), and the foley catheter was discontinued. However, there was no documented evidence that a physician's order was obtained prior to removing Resident 108's indwelling catheter. Interview with the Director of Nursing on September 18, 2025, at 3:20 p.m. confirmed that there was no documented evidence that a physician's order was obtained prior to removing the indwelling catheter for Resident 108. 28 Pa. Code 211.12(d)(5) Nursing Services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that dietitian recommendations for dietary supplements were accurately ordered for one of 68 residents reviewed (Resident 98). Findings include: The facility's policy regarding nutritional supplements, dated January 18, 2025, revealed that a physician's order would be required for residents who are underweight, who are on therapeutic diets, and those with poor intakes. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 98, dated August 7, 2025, indicated that the resident was cognitively intact, required partial assistance from staff for care needs, had diagnoses that included stage four chronic kidney disease, received hemodialysis (a process removes waste and extra fluids from the blood), and was ordered a therapeutic diet. Resident 98's care plan for a risk for weight gain or loss related to dialysis, dated August 8, 2025, included an intervention to include him to be encouraged and assisted as needed to consume foods and or supplements and fluids offered at and between meals. The registered dietitian's nutritional update note for Resident 98, dated August 11, 2025, revealed that the registered dietitian at dialysis indicated the resident was receiving a protein supplement with his dialysis treatment. Recommend that the resident receive 30 cc of LPS once daily at the nursing facility on dialysis days (Monday, Wednesday, and Friday) and twice a day on non dialysis days. Physician's orders for Resident 98, dated August 11, 2025, included an order for Resident 98 to be administered 30 cc of LPS Sugar Free Oral Liquid (Nutritional Supplements) two times a day every Monday, Wednesday, Friday. Review of Resident 98's Treatment Administration Record (TAR) for August and September 2025 revealed that the resident only received the dietary supplement on Mondays, Wednesdays, and Fridays. There was no documented evidence that the resident received the supplement twice a day on Tuesdays, Thursdays, Saturdays, or Sundays. Interview with the Registered Dietitian on September 17, 2025, at 12:27 and 2:17 p.m. respectively, confirmed that the recommendation made on August 11, 2025 was to have Resident 98 receive the dietary supplement on non dialysis days, because he was already receiving the supplement at his dialysis treatments, and she recommended Resident 98 was to have the protein supplement on non dialysis day at the facility and that there was an error with the order being put in the medical record 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents who were receiving enteral feedings received appropriate treatment and services to prevent complications for two of 68 residents reviewed (Residents 118 and 130). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 118, dated August 8, 2025, indicated that the resident was cognitively intact, was dependent on staff for daily care needs, had a gastrostomy tube (G-tube/peg tube/feeding tube-a thin flexible tube inserted into the gastrointestinal tract to provide nutrition to individuals who cannot eat or absorb enough nutrients orally) and had a diagnosis of dysphasia (difficulty swallowing). Physician's orders for Resident 118 dated May 12, 2021, included an order to cleanse the area around the peg tube with soap and water and apply drain dressing daily and as needed every day shift. Observations of treatment administration for Resident 118 on September 17, 2025, at 10:10 a.m. revealed that Licensed Practical Nurse 3 entered resident 118's room with supplies for ordered treatments. Resident 118's abdomen was exposed, and he did not have a dressing around the peg tube area as ordered. Interview with Licensed Practical Nurse 3 September 17, 2025, at 10:15 a.m. confirmed that Resident 118 did not have a dressing around the peg tube area as ordered. Interview with the Director of Nursing on September 18, 2025, at 3:50 p.m. confirmed that there should have been a dressing around Resident 118's peg tube area per physician's orders. Review of clinical records for Resident 130 revealed that he was admitted to the facility on [DATE], with diagnoses that included hemiparesis (weakness or paralysis on one side of the body) following a stroke and esophageal cancer. Physician's orders for Resident 130 dated September 11, 2025, included an order for staff to cleanse his G-tube perimeter with normal saline, pat it dry, and apply a dry dressing to the area every day and as needed for soilage for skin protection. The care plan for Resident 130 dated September 5, 2025, indicated the potential for complications of his peg/feeding tube, with an intervention dated September 15, 2025, for staff to provide care of the ostomy site (opening in the stomach where a feeding tube enters the body) as ordered by the physician. Observations of a tube feeding administration for Resident 130 on September 17, 2025, at 12:28 p.m. revealed that upon entering the resident's room with Licensed Practical Nurse 4 the resident's gown was soiled. Staff removed the resident's soiled gown, and his G-tube site was visible. There was no dressing observed on or around his G-tube insertion site and a brown liquid was noted to be draining down the resident's stomach before, during, and after the tube feed administration. Interview with the Director of Nursing on September 18, 2025, at 12:38 p.m. confirmed that the resident should have had a dressing on his G-tube site per physician's orders. 28 Pa. Code 211.12(d)(3)(5) Nursing services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician orders were obtained to flush intravenous catheters (small tube inserted into a vein to deliver fluids or medication) for one of 68 residents reviewed (Resident 130). Findings include: Review of clinical records for Resident 130 revealed that he was admitted to the facility on [DATE], with a diagnosis of hemiparesis (weakness or paralysis on one side of the body) following a stroke and esophageal cancer. He was transferred to the hospital on September 7, 2025, and returned to the facility on September 10, 2025. Physician's orders for Resident 130 dated September 14, 2025, included for staff to administer 2 grams of Ceftriaxone (an antibiotic) intravenously every 12 hours for five days for pneumonia. Review of the Medication Administration Record for Resident 130 dated September 2025, revealed 2 grams of Ceftriaxone was administered intravenously on September 14 at 10:24 a.m., September 15 at 8:00 a.m. and 8:00 p.m., on September 16 at 8:00 a.m. and 8:00 p.m., and on September 17 at 8:00 a.m. There was no documented evidence that the resident's intravenous device was flushed before and after each medication administration. Interview with the Director of Nursing on September 18, 2023, at 12:19 p.m. revealed that it is the facility's policy to flush intravenous devices before and after intravenous medication administration, and there was no documented evidence that staff were flushing Resident 130's intravenous device before and after his intravenous medication administration. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of manufacturer's instructions, facility policies, and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that medications were stored in accordance with currently accepted professional principles for one resident (Resident 88, in one of three medication carts reviewed (Oak Medication Cart). Findings include: The facility's policy regarding storage of medications, dated January 18, 2025, revealed The facility stores all medications and biologics on locked compartments under proper temperature, humidity and light controls and only authorized personnel have access to keys. Medications requiring refrigeration are stored in a refrigerator located in the medication room at the nurse's station or other secured location. medications are stored separately from food and are labeled accordingly. Manufacturer's directions for the use of Liraglutide (a once daily, non-insulin injectable medication specifically formulated for type 2 diabetes mellitus (a chronic condition where high blood glucose levels result from the body not producing enough insulin or not using it effectively), dated December 2024, revealed that before use Liraglutide should be stored in a refrigerator 36 degrees Fahrenheit (F) to 46 degrees F, away from the freezer. During use it can be stored below 86 degrees F and should be used within one month. Physician's orders for Resident 88, dated July 17, 2025, included an order for the resident to receive 0.3 milliliters(ml) of Liraglutide 18 milligrams(mg)/3 ml solution subcutaneously one time a day related to type 2 diabetes. Observations of the Oak medication cart on September 18, 2025, at 2:13 p.m. revealed a Liraglutide pen-injector for Resident 88 that was not opened and not stored in the refrigerator. Interview with Licensed Practical Nurse 5 at the time of observation confirmed that the unopened Liraglutide pen-injector should have been stored in the refrigerator until it was opened. Interview with the Director of Nursing on September 18, 2025, at 3:50 p.m. confirmed that the unopened Liraglutide pen-injector should have been stored in the refrigerator until it was opened. 28 Pa. Code 211.9(a)(1) Pharmacy services. 28 Pa. Code 211.12(d)(1) Nursing services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, as well as resident and staff interviews, it was determined that the facility failed to maintain clinical records that were complete and accurately documented for two of 68 residents reviewed (Residents 49 and 130). Findings include: A facility policy dated January 18, 2025, regarding charting and documentation revealed that events, incidents, or accidents involving the resident were to be documented in the residents' medical record. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 58, dated July 2, 2025, revealed that the resident was moderately cognitively impaired, was understood, could understand, required supervision for care needs, and had diagnoses that included fractures and other trauma. A fall investigation report dated August 14, 2025, indicated that Resident 49 was found on the floor and had sustained a skin tear. The investigation concluded that she slid off the side of the bed. There was no documented evidence of the fall with skin tear in Resident 49's clinic record, per the facility's policy. Interview with the Assistant Director of Nursing on September 18, 2025, at 1:20 p.m. confirmed that Resident 49's fall incident on August 14, 2025, was not documented in the medical record and should have been. Review of clinical records for Resident 130 revealed that he was admitted to the facility on [DATE], with diagnoses that included hemiparesis (weakness or paralysis on one side of the body) following a stroke and esophageal cancer. The care plan for Resident 130 dated September 5, 2025, indicated that the resident had a feeding tube (a thin, flexible tube inserted into the gastrointestinal (GI) tract to provide nutrition or medication when a person cannot eat or drink adequately on their own). Physician's orders for Resident 130 dated September 11, 2025, included an order for the resident to have nothing by mouth except ice chips and thin water. Physician's orders for Resident 130 dated September 11, 2025, included orders for the resident to receive 50 milligrams (mg) of trazadone (an antidepressant) by mouth at bedtime. Review of the Medication Administration Record (MAR) dated September 2025, revealed that on September 11 through September 16 at 8:00 p.m., it was documented that this medication was administered by mouth. Physician's orders dated September 11, 2025, included orders for the resident to receive two 325 mg tablets of acetaminophen as needed for a temperature greater than 100.4 degrees Fahrenheit (F). Review of the MAR revealed that on September 14 at 5:32 a.m. and at 8:19 p.m., it was documented that this medication was administered by mouth. Physician's orders dated September 12, 2025, included an order for the resident to receive 5 mg of oxycodone (pain medication) by mouth two times a day for pain. Review of the MAR revealed that on September 12 through September 16 at 8:00 p.m., it was documented that this medication was administered by mouth. Physician's orders dated September 13, 2025, included an order for the resident to receive a 325 mg iron tablet by mouth once. Review of the MAR revealed that on September 12 at 10:42 a.m. it was documented that this medication was administered by mouth. Physician's orders dated September 13, 2025, included that the resident receive a 325 mg iron tablet by mouth once daily. Review of the MAR revealed that on September 13 through September 15 it was documented that this medication was administered by mouth. Physician's orders dated September 15, 2025, included an order for the resident to receive 0.5 mg of alprazolam (medication used to treat anxiety) by mouth every evening. Review of the MAR revealed that on September 15 at 9:52 p.m. and on September 16 at 8:00 p.m. it was documented that this medication was administered by mouth. Physician's orders dated September 16, 2025, included an order for the resident to receive 0.5 mg of alprazolam by mouth two times a day. Review of the MAR revealed that on September 16 at 8:00 a.m. and 8:00 p.m., it was documented that this medication was administered by mouth. Interview with the Director of Nursing on September 18, 2025, at 3:20 p.m. revealed that Resident 130 received all of his medications through his feeding tube and that the documentation on the MAR that it was given by mouth was incorrect. 28 Pa Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(5) Nursing services		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395652	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Ridgeview Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to correct quality deficiencies and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies. Findings include: The facility's deficiencies and plans of corrections for a State Survey and Certification (Department of Health) survey ending October 24, 2024, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending September 18, 2025, identified repeated deficiencies related to comprehensive assessments and timing, quarterly assessments and timing, development and implementation of comprehensive care plans, quality of care, and labeling and storage of drugs and biologicals. The facility's plan of correction for a deficiency regarding comprehensive assessments and timing, cited during the survey ending October 24, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F636, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding comprehensive assessments and timing. The facility's plan of correction for a deficiency regarding quarterly assessments and timing, cited during the survey ending October 24, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F638, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quarterly assessments and timing. The facility's plan of correction for a deficiency regarding the development and implementation of comprehensive care plans, cited during the survey ending October 24, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F656, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding the development and implementation of comprehensive care plans. The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending October 24, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quality of care. The facility's plan of correction for a deficiency regarding labeling and storage of drugs and biologicals, cited during the survey ending October 24, 2024, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761 revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding the labeling and storage of drugs and biologicals. Refer to F636, F638, F656, F684, and F76128 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(e)(1) Management.		