

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395688	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Friendship Village of South HI		STREET ADDRESS, CITY, STATE, ZIP CODE 1290 Boyce Road Pittsburgh, PA 15241	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49646</p> <p>Based on review of facility policy, clinical records and staff interview, it was determined that the facility failed to provide the opportunity to formulate an advance directive (a written instruction such as a living will or durable power of attorney for health care for when the individual is incapacitated) for four of nine residents reviewed (Resident 40, R42, R61, and R63).</p> <p>Findings include:</p> <p>A review of the facility Advance Directives 10/1/24 and 1/4/24, indicated the resident has the right to formulate an advance directive, including the right to accept or refuse medial or surgical treatment.</p> <p>A review of the medical record indicated Resident R40 was admitted to the facility on [DATE], with diagnoses that included diabetes, anxiety and high blood pressure.</p> <p>A review of the clinical record failed to reveal an advanced directive or documentation that Resident R40 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the medical record indicated Resident R42 was admitted to the facility on [DATE], with diagnoses that included high blood pressure, muscle weakness and repeated falls.</p> <p>A review of the clinical record failed to reveal an advanced directive or documentation that Resident R42 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the medical record indicated Resident R61 was admitted to the facility on [DATE], with diagnoses that included dementia (group of thinking and social symptoms that interferes with daily functioning), anxiety, high blood pressure and muscle weakness.</p> <p>A review of the clinical record failed to reveal an advanced directive or documentation that Resident R61 was given the opportunity to formulate an Advanced Directive.</p> <p>A review of the medical record indicated Resident R63 was admitted to the facility on [DATE], with diagnoses that included dementia, anxiety, high blood pressure and a history of falling.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the clinical record failed to reveal an advance directive or documentation that Resident R63 was given the opportunity to formulate an Advance Directive.</p> <p>During an interview on 10/4/24, at approximately 9:20 a.m. DON and NHA confirmed that the clinical record did not include documentation that Resident R40, R42, R61, and R63 were afforded the opportunity to formulate Advanced Directives.</p> <p>28 Pa. Code: 201.29(b)(d)(j) Resident rights.</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>49646</p> <p>Based on a review of facility documents, information from the State Ombudsman Office and staff interviews it was determined that the facility failed to notify the State Ombudsman Office of resident transfers and discharges for four plus years (9/19 through 12/19. 1/20 through 12/20, 1/21 through 12/21, 1/22 through 12/22, 1/23 through 12/23 and 1/24 through 9/24) as required.</p> <p>Findings include:</p> <p>A request to review facility documents on 10/3/24, of the facility's compliance in notifying the State Ombudsman Office revealed that the facility failed to provide documented evidence of notifying the the State Ombudsman Office of resident transfers and discharges for the time period of 9/19 through 9/24.</p> <p>A review of information on 8/1/24, provided by the State Ombudsman Office revealed that the facility failed to notify the State Ombudsman Office of transfers and discharges as required since 8/2019.</p> <p>During an interview on 10/3/24, at 3:25 p.m. the Nursing Home Administrator confirmed that the facility failed to report resident transfers and discharges to the State Ombudsman Office for a 4 plus year period from 9/19, through 9/24, as required.</p> <p>PA Code: 201.29(f)(g) Resident rights.</p>