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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395719 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>09/09/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Riverside Health & Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>100 8th Street<br>McKeesport, PA 15132 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, facility policy, and staff interviews, it was determined that the facility failed to develop a baseline care plan that included dialysis care and interventions needed to provide effective and person-centered care for three of seven residents (Resident R1, R2, and R3). Based on review of clinical records, facility policy, and staff interviews, it was determined that the facility failed to develop a baseline care plan that included dialysis care and interventions needed to provide effective and person-centered care for three of seven residents (Resident R1, R2, and R3). Findings include: The facility policy Interim/Baseline-Care Plans reviewed 1/13/25, indicated a baseline care plan to meet the resident's immediate needs shall be developed within forty-eight hours of the resident's admission. Review of the admission record indicated Resident R1 was originally admitted to the facility on [DATE], with the diagnosis of chronic kidney disease, stage 4 (severe kidney damage requiring dialysis). Review of Resident R1's orders dated 8/15/25, included dialysis at [dialysis center] three times a week. Review of Resident R1's baseline care plan completed on 8/7/25 with most recent revision date of 8/25/25, indicated the resident has not been care planned for dialysis services. Review of the admission record indicated Resident R2 was originally admitted to the facility on [DATE], with the diagnosis of end stage renal disease (kidney failure requiring dialysis). Review of Resident R2's orders dated 2/3/25, included dialysis at [Dialysis Center] three times a week. Review of Resident R2's baseline care plan completed on 2/4/25, indicated the resident has not been care planned for dialysis services. Review of the admission record indicated Resident R3 was originally admitted to the facility on [DATE], with the diagnosis of end stage renal disease (kidney failure requiring dialysis). Review of Resident R3's orders dated 9/9/25, included dialysis at [Dialysis Center] three times a week. Review of Resident R3's baseline care plan completed on 11/12/24 with most recent revision date of 8/20/25, indicated the resident has not been care planned for dialysis services. During an interview on 9/9/25, at approximately 9:00 a.m. the Director of Nursing confirmed that the baseline care plan for Residents (R1, R2, and R3) did not accurately include their immediate care needs. 28 Pa. Code: 211.11 (a)(c)(d) Resident care plan. 28 Pa. Code 211.12 (d)(1)(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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395719  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>09/09/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Riverside Health & Rehab Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>100 8th Street<br>McKeesport, PA 15132 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, and staff interviews it was determined that the facility failed to make certain consistent dialysis communication was maintained for three of six residents (Residents R1, R3, and R4). Findings include: Review of the facility policy Hemodialysis Care Policy dated 1/13/25, indicates pre-dialysis process includes document assessment in the dialysis communication tool. Post-dialysis process includes receive report from dialysis provider and/or review dialysis communication tool documentation by dialysis provider. Review of the admission record indicated Resident R1 was originally admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 8/8/25, diagnosis of chronic kidney disease, stage 4 (severe kidney damage requiring dialysis), hypertension, and heart failure. Review of Resident R1's physician orders dated 8/15/25, indicated dialysis: at [Dialysis Center], Monday, Wednesday, and Friday. Chair time scheduled for 10:30 a.m. Review of Resident R1's baseline care plan completed on 8/7/25 with most recent revision date of 8/25/25, indicated the resident has not been care planned for dialysis services. Review of Resident R1's dialysis communication forms indicated the following: 8/29/25, and 9/2/25 dialysis communication forms were incomplete, absent of any information from the dialysis center. Review of the admission record indicated Resident R3 was originally admitted to the facility on [DATE]. Resident R3 has been receiving dialysis since admission to the facility. Review of Resident R3's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 8/7/25, diagnosis of end stage renal disease (kidney failure requiring dialysis), hypertension, and diabetes (too much sugar in the blood). Review of Resident R3's physician orders dated 9/9/25, indicated dialysis: at [Dialysis Center], Monday, Wednesday, and Friday. Chair time scheduled for 6:15 a.m. Review of Resident R3's baseline care plan completed on 11/12/24 with most recent revision date of 8/20/25, indicated the resident has not been care planned for dialysis services. Review of Resident R3's dialysis communication forms indicated the following: 8/6/25, 8/8/25, 8/11/25, 8/13/25, 8/15/25, 8/18/25, 8/22/25, 8/25/25, 8/27/25, 8/29/25, 9/1/25, 9/3/25, 9/5/25, and 9/8/25 dialysis communication forms were incomplete, absent of any information from the dialysis center. Review of the admission record indicated Resident R4 was originally admitted to the facility on [DATE]. Review of Resident R4's Minimum Data Set (MDS - periodic assessment of resident care needs) dated 8/20/25, diagnosis of chronic kidney disease, stage 4 (severe kidney damage requiring dialysis), hypertension, and dementia. Review of Resident R4's physician orders dated 8/15/25, indicated dialysis: at [Dialysis Center], Tuesday, Thursday, and Saturday. Chair time scheduled for 6:45 a.m. Review of Resident R4's baseline care plan of 3/24/25 with a revision date of 6/13/25, indicated the resident requires dialysis services. Review of Resident R4's dialysis communication forms indicated the following: 8/26/25 dialysis communication form was incomplete, absent of any information from the dialysis center. On an undocumented/unknown date the dialysis communication from was incomplete, absent of any information from the facility. During an interview on 9/9/25, at 2:00 p.m. the Director of Nursing confirmed the facility failed to make certain consistent dialysis communication was maintained for three of six residents (Residents R1, R3, and R4). 28 Pa. Code: 211.5(f) Clinical records 28 Pa. Code: 211.12(d)(2)(3) Nursing services</p> |   |  |