

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395732	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Heritage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 Phillips Avenue Pittsburgh, PA 15217	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>36115</p> <p>Based on a review of facility policies, observations and resident and staff interviews it was determined that that the facility failed to provide the residents a dignified dining experience for the breakfast and lunch meals on 7/26/24. (Breakfast and lunch meals)</p> <p>Findings include:</p> <p>A review of facility Frequency of Meals policy last review date undetermined, revealed that the facility serves three meals at times comparable to meal times of the community or in accordance with the resident's needs, preferences and requests.</p> <p>A review of the facility's meal cart delivery schedule revealed that meal carts for the breakfast meal are delivered to the nursing units beginning at 7:17 am and finishing at 7:57 am. The third floor south nursing unit delivery time is 7:42 am for the breakfast meal. Meal carts for the lunch meal are delivered to the nursing units beginning at 11:48 am and finishing at 12:17 pm. the third floor south nursing unit delivery time is 12:10 pm for the lunch meal</p> <p>During an observation of breakfast meal service on 7/26/24, it was identified that the meal delivery cart arrived on the third floor south nursing unit at 8:35 am, 53 minutes late.</p> <p>During an observation of lunch meal service on 7/26/24, it was identified that the meal delivery cart arrived on the third floor south nursing unit at 1:28 pm, one hour and 18 minutes late.</p> <p>During an interview on 7/26/24, at 1:35 pm Resident R1 voiced a concern that something needs to be done about when meals are being served. She stated that breakfast was over 50 minutes late arriving and lunch now is late over one hour. She never knows when her meals will arrive and certainly hopes something will be done to correct this concern. It has been determined that a reasonable person would expect their meal to be served in a timely manner and would desire to know when their meals were going to be served.</p> <p>During an interview on 7/26/24, at 3:30 pm information regarding Resident R1's concern for timely meal service and</p> <p>a dignified dining experience was addressed with the Nursing Home Administrator and Director of Nursing.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>PA Code: 201.29(a) Resident Rights</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>36115</p> <p>Based on a review of facility policies, documents and staff interviews it was determined that the facility failed to resolve five of 12 grievances from the time period of 4/1/24 through 7/18/24 (4/1/24, 4/28/24, 5/19/24, 6/12/24, and 7/1/24).</p> <p>Findings include:</p> <p>A review of facility WeCare Heritage Care Center (HCC) Grievance Policy and Procedure, last day reviewed undetermined, revealed that the facility investigates and resolves all grievances within a five day period.</p> <p>A review of the facility's grievance log indicated that grievances logged on 4/1/28, 4/28/24, 5/19/24, 6/12/24 and 7/1/24 failed to be resolved.</p> <p>During an interview on 7/26/24, at 11:00 am the Nursing Home Administrator confirmed that facility failed to resolve grievances dated 4/1/24, 4/28/24, 5/18/24, 6/12/24 and 7/1/24 as required.</p> <p>PA Code: 201.18(e)(4) Management</p>

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36115</p> <p>Based on review of facility policy, documents and staff interviews it was determined that the facility failed to permit Resident R9 to return to the facility as required. (Resident R9)</p> <p>Findings include:</p> <p>A review of facility Discharging a Resident Without a Physician's Approval policy last review was undetermined indicated that residents that discharge from the facility against medical advice (AMA) follow a protocol of obtaining a physician's order for all discharges unless the resident or representative is discharging the resident himself AMA. The resident is to be educated on the consequences of discharging AMA and presented with a form that indicates his understanding of the consequences and potential hazards.</p> <p>A review of Resident R9's face sheet indicated that the resident was admitted to the facility on [DATE], with the diagnosis of heart failure, high blood pressure, history of leukemia and dementia.</p> <p>A review of facility documents indicated on 7/4/24, the resident and his son notified the nurse on the resident's nursing unit that they were going down stairs for some fresh air. The resident failed to return to the facility and was deemed an elopement by the facility.</p> <p>The facility notified Adult Protective Service (APS) of the elopement and the facility unable to located the resident. On 7/8/24, APS located the resident at his home and had him sent to the ER for an evaluation.</p> <p>The evaluation determined that the resident required 24/7 care and was unable to care for himself. His son and daughter in law voiced concerns that they were unable to provide the level of care required and requested that the resident return to the facility.</p> <p>Hospital records indicate that the hospital notified the facility of the need for the resident to return to the facility. The facility declined readmission and the facility stated that the resident discharged from the facility AMA.</p> <p>A review of the resident's medical record revealed that the resident did not return to the facility and discharge as AMA. There is not documented evidence that the resident was educated regarding AMA and the consequences of discharging AMA.</p> <p>Review of documents submitted to the State agency indicated that the facility classified the resident's discharge as an elopement.</p> <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/26/24 at 2:30 pm the Director of Nursing (DON) confirmed that the facility notified the State agency of Resident R9's elopement from the facility on 7/4/24, due to the resident not expressing his desire to discharge from the facility AMA and the facility's failure to properly educate the resident regarding the consequences of AMA discharge. The DON confirmed that the resident did not discharge AMA but eloped and should have been permitted to return to the facility as required.</p> <p>PA Code: 201.14(a) Responsibility of licensee</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36115</p> <p>Based on a review of facility documents and staff interviews it was determined that the facility failed to provide proper supervision to a resident (Resident R9) which resulted in the residents's elopement. (Resident R9)</p> <p>Findings include:</p> <p>A review of Resident R9's face sheet indicated that the resident was admitted to the facility on [DATE], with the diagnosis of heart failure, high blood pressure, history of leukemia and dementia.</p> <p>A review of facility documents indicated on 7/4/24, the resident and his son notified the nurse on the resident's nursing unit that they were going down stairs for some fresh air.</p> <p>A review of a statement from Receptionist Employee E3 indicated that she opened the door for the resident and his son to go outside because she thought they were going outside to walk in the parking lot.</p> <p>At approximately 8:00 pm the nurse entered the resident's room and discovered that he had not returned. The Assistant Director of Nursing was notified due to the facility not knowing the resident's where about's. The facility notified the police and Adult Protective Services (APS).</p> <p>A review of facility documents revealed that the facility notified the State agency of the resident's elopement.</p> <p>APS gained entrance to the resident's home on 7/8/24, and found the resident living in deplorable conditions with no gas utility and an infestation of bugs. The resident was transported to the ER for an evaluation.</p> <p>Hospital records indicated that is was determined that the resident required 24/7 care that his son and daughter in law could not provide.</p> <p>During an interview on 7/26/24, at 1:30 pm the Director of Nursing confirmed that on 7/4/24, Resident R9 eloped from the facility due to the facility's failure to supervise the resident's health and safety.</p> <p>Pa Code: 201.18(b)(1) Management</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>36115</p> <p>Based on a review of facility standardized recipes, observations and staff interviews it was determined that the facility failed to provide alternate menu selections of equal or greater nutrient value for the chef salad alternate selection.</p> <p>Findings include:</p> <p>During a review of the facility Chef Salad standardized recipe it was revealed that a Chef Salad consisted of one cup of salad greens consisting of lettuce, salad greens, red cabbage, shredded carrots, and radishes. the salad greens are placed on a serving plate and topped with two slices of cucumbers, a green pepper ring, two ounces of turkey, one ounce of ham, one ounce of swiss cheese and two hard cooked egg wedges. Served with salad dressing of choice.</p> <p>During an observation of the preparation of alternative meal selection Chef Salad on 7/26/24, at 12:00 pm it was revealed that the salad was prepared by placing a handful of tossed salad mix into a cereal size bowl. On top of the salad mix was turkey, ham, American cheese that was not portioned to make certain that the correct portion was served, 2 hard cooked egg wedges, diced tomatoes, and diced cucumbers.</p> <p>During an interview on 7/26/24, at 12:15 pm Interim Food Service Director Employee E1 confirmed that the Chef Salad prepared as an alternative menu selection failed to be prepared properly and failed to meet the criteria of equal or greater nutrient value and appeal.</p> <p>Pa Code: 211.6(b)(c)(d) Dietary services</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>36115</p> <p>Based on a review of facility policy, observations and staff interviews it was determined that the facility failed to make certain that residents are served food products that meet their dietary needs for one of eight residents (Resident R7).</p> <p>Findings include:</p> <p>A review of facility Food and Nutrition Services policy last review date undetermined, indicated that the facility provides meal that meet the resident's nutritional and special dietary needs.</p> <p>During an observation on 7/26/24, at 8:45 am it was revealed that Resident R7's meal ticket indicated that the resident was to receive nectar thickened liquids. The tray card indicated the resident was receiving nectar thick orange juice and hot tea. The tray card also indicated regular consistency 2% milk which resulted resulted in the resident receiving this product.</p> <p>During an interview on 7/26/24, at 8:45 am Nursing Assistant Employee E3 confirmed that Resident R7's special dietary need included nectar thick liquids and she was served regular consistency 2% milk in error due to the tray card inaccuracy.</p> <p>Pa Code: 211.6(b) Dietary services</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>36115</p> <p>Based on a review of facility policies, documents, menus, observations, and resident family and staff interviews it was determined that the facility failed to follow resident food preferences for seven of eight residents (Resident R1, R2, R3, R4, R5, R6, and R8), to make certain all alternative menu selections offered on the Always Available menu are available (food supply Main Kitchen), and provide an easy process for alternative menu selections be made by the resident or resident representative for the breakfast and lunch meals on 7/26/24. (Breakfast and lunch meals 7/26/24).</p> <p>Findings include:</p> <p>A review of facility Food Preference policy, last review date was undetermined, indicated that resident food preferences will be obtained upon admission to the facility.</p> <p>During an observation conducted for tray accuracy on 7/26/24, for the breakfast and lunch meals it was revealed that the facility failed to provide the residents with their food preferences as follows:</p> <p>Breakfast Meal:</p> <ul style="list-style-type: none"> * Resident R2 requested two pancakes and received a waffle, and the facility failed to provide Fruit Berry Mix * Resident R3 the facility failed to provide Fruit Berry Mix * Resident R4 the facility failed to provide Fruit Berry Mix * Resident R5 requested two pancakes and received a waffle and the facility failed to provide Fruit Berry Mix <p>Lunch Meal</p> <ul style="list-style-type: none"> * Resident R1 the facility failed to provide diced carrots and coffee * Resident R6 the facility failed to provide mandarin oranges * Resident R8 the resident refused to eat her meal provided and refused to request an alternative meal. The resident received Boston Cream Pie and dislikes chocolate. <p>During an interview on 7/26/24 at 8:45 am and at 12:30 pm Nursing Assistant Employee E2 confirmed that the facility failed to provide the residents with their food preferences</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation of the Main Kitchen on 7/26/24, at 11:30 am it was revealed that the facility failed to maintain a supply of alternative menu selections offered on the Always Available Menu. The facility failed to have available egg salad, tuna salad, chicken noodle soup and tomato soup. The facility failed to provide an alternative menu selection Chef salad that was of equal or greater nutrient value and appeal. The facility maintained a frozen stock of baked chicken, chicken tender, baked and breaded fish, hamburgers and hot dogs.</p> <p>During an interview on 7/26/24, at 11:35 m Interim Food Service Director Employee E1 confirmed that the facility failed to maintain a stock of all food items offered on the Always Offered Menu and food items maintained in stock at a frozen state may take at minimum 10 minutes or more to prepare. It is noted that late alternative requests are not prepared until tray line operations are complete for that meal which delays the alternative menu preparation.</p> <p>During an interview on 7/26/24, Resident R8's representative expressed a concern that the facility has changed the process to select alternative menu selections. The new process consists of a menu that outlines the entire month's offerings where in the past it was a weekly menu that menu selections were made and the menu was returned to the kitchen. Currently to select an alternative selection a resident or resident representative must complete a form or call the kitchen before 11:00 am for lunch and 4:00 pm for dinner to order a alternative menu selection. The resident representative states she is not always at the facility to complete that process as a result her mother receives food items she refuses to eat. On this day the resident refused her entire lunch meal and refused to have an alternative ordered.</p> <p>During an interview on 7/26/24 at 3:30 pm the concern regarding the facility's alternative menu selection process was reviewed with the Nursing Home Administrator.</p> <p>Pa Code: 211.6(a) Dietary Services</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36115</p> <p>Based on a review of facility policy, documents, observations and staff interviews it was determined that the facility failed to provide two of two meals on 7/26/24, [NAME] timely manner. (Breakfast and Lunch meal service 7/26/24)</p> <p>Findings include:</p> <p>A review of facility Frequency of Meals policy last review date undetermined, revealed that the facility serves three meals at times comparable to meal times of the community or in accordance with the resident's needs, preferences and requests.</p> <p>A review of the facility's meal cart delivery schedule revealed that meal carts for the breakfast meal are delivered to the nursing units beginning at 7:17 am and finishing at 7:57 am. The third floor south nursing unit delivery time is 7:42 am for the breakfast meal. Meal carts for the lunch meal are delivered to the nursing units beginning at 11:48 am and finishing at 12:17 pm. the third floor south nursing unit delivery time is 12:10 pm for the lunch meal</p> <p>During an observation of breakfast meal service on 7/26/24, it was identified that the meal delivery cart arrived on the third floor south nursing unit at 8:35 am, 53 minutes late.</p> <p>During an observation of tray line operations on 7/26/24, it was revealed that at 11:50 am there was no food products in the hot steam wells in preparation for tray line operations.</p> <p>A review of the facility tray delivery cart schedule revealed early trays are to be delivered at 11:48 am. Tray line operations began at 12:35 pm approximately 47 minutes late.</p> <p>During an observation of lunch meal service on 7/26/24, it was identified that the meal delivery cart arrived on the third floor south nursing unit at 1:28 pm, one hour and 18 minutes late.</p> <p>During an interview on 7/26/24, at 3:30 pm information regarding timely meal service was addressed with the Nursing Home Administrator and Director of Nursing.</p> <p>PA Code: 211.6(b)(c) Dietary services</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>36115</p> <p>Based on a review of facility documents it was determined that the facility failed to assess, analyze and sustain improvements (Plan of Correction (POC) in deficient practices cited for abbreviated surveys completed on 5/22/24 and 6/16/24. (POC for survey completed on 5/22/24 and 6/16/24)</p> <p>Findings include:</p> <p>A review of the facility's Quality Assurance Process Improvement (QAPI) committee meeting minutes for 5/24, 6/24, and 7/24 revealed no evidence that the facility assessed and analyzed the improvements for a citation issued on 5/22/24 for failure to provide meals in a timely manner and a citation issued on 6/16/24, for failure to provide alternate meal selections of equal or greater nutrition value and appeal.</p> <p>The POC developed by the facility to correct deficient practice cited on 5/22/24, included that the facility reviewed the cart delivery schedule and made certain that the delivery times were accurate and appropriate. Discrepancies to the delivery schedule were to be reported to Dietary Management. The facility audited the improvement process three times per week for two weeks then monthly for two months.</p> <p>A review of the QAPI committee minutes failed to provide evidence that the Dietary Department submitted information regarding the improvement process for this citation and whether the improvements corrected the deficient practice and sustained the improvements.</p> <p>The POC developed by the facility to correct deficient practice cited on 6/16/24, included that the Food Service Director created a four week cycle menu with an alternate menu selection for lunch/dinner meals that are equal or greater appeal and nutrient value. The Nursing Home Administrator /designee will review the monthly menu prior to it's posting to make certain compliance monthly for three months.</p> <p>A review of the QAPI committee minutes failed to provide evidence that the Dietary Department submitted information regarding the improvement process for this citation and whether the improvements corrected the deficient practice and sustained the improvements.</p> <p>During observations on 7/26/24, it was revealed that the facility continues to deliver meal cart from approximately 50 minutes to an hour and one half late for the breakfast and lunch meals indicating the facility has failed to sustain the improvements outlined in their POC. Observations revealed that the facility failed to display alternate menu selections for each lunch and dinner meal and currently failed to include a dessert selection on the menu resulting in residents not receiving proper food preferences.</p> <p>During an interview on 8/2/24, at 10:20 am the Nursing Home Administrator confirmed that the facility failed to properly assess, analyze and sustain improvements due to failure to the Dietary Department's maintain compliance and resident satisfaction.</p> <p>(continued on next page)</p>		

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