

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 10/17/2024
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 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>46337</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 Therapeutic Diets policy last reviewed 9/25/24, indicated that diets will be determined in accordance with the resident's informed choices, preferences, treatment goals, and wishes.</p> <p>Review of the facility undated Therapeutic Diet Descriptions indicated an easy to chew ground diet consistency is a transition to the regular consistency and is appropriate for residents with mild to moderate dysphagia (difficulty swallowing). The meats are ground and served with a sauce or gravy. Vegetables are cooked until very tender/soft. Difficult to chew fruits, stringy fruits, fresh vegetables, corn, seeds, nuts, coconut, dried fruits, crispy and fried potatoes, dry/tough/crusty breads are avoided.</p> <p>During an observation and interview on 8/16/24, at 10:16 a.m. Resident R1 breakfast meal ticket indicated an easy to chew diet order and white toast. Resident R1 did not have white toast as ordered, a rye toast was provided. An unopened bowl of cornflakes was observed on the resident's tray. Resident R1 stated her food was difficult to eat.</p> <p>During an interview on 8/16/24, at 10:20 a.m. Licensed Practical Nurse Employee E1 confirmed the facility failed to provide Resident R1 with an easy to chew diet.</p> <p>Pa Code: 211.6(b) Dietary 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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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>46337</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 six of 12 residents (Resident R1, R4, R5, R10, R11, and Resident R12.)</p> <p>Findings include:</p> <p>A review of facility Resident Food Preferences policy, last reviewed 9/25/24, indicated individual food preferences will be assessed upon admission and communicated to the interdisciplinary team.</p> <p>Review of Resident R4's grievance submitted on 8/12/24, indicated he continues to be provided pork items to eat on his tray. It was indicated the Assistant Director of Social Services witnesses the pork bacon on Resident R4's tray along with his meal ticket that states in large red capital letters NO PORK.</p> <p>Review of Resident R5's grievance submitted on 8/12/24, indicated her meal ticket does not match what she is receiving and coffee does not arrive with meal.</p> <p>During an observation conducted for tray accuracy on 8/16/24, 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> <p>Resident R1 the facility failed to provide white toast</p> <p>During an interview on 8/16/24, at 10:20 a.m. Licensed Practical Nurse Employee E1 confirmed that the facility failed to provide Resident R1 with their food preferences.</p> <p>Lunch Meal</p> <p>Resident R10 the facility failed to provide lettuce/tomato/pickle</p> <p>Resident R11 the facility failed to provide lettuce/tomato/pickle</p> <p>Resident R12 the facility failed to provide two coffees</p> <p>During an interview on 10/17/24, at 12:23 p.m. Nurse Aide, Employee E2 confirmed that the facility failed to provide the residents with their food preferences.</p> <p>During an interview on 10/17/24, 1:11 p.m. the Director of Nursing and Nursing Home Administer confirmed the facility failed to follow resident food preferences for six of 12 residents (Resident R1, R4, R5, R10, R11, and Resident R12).</p> <p>(continued on next page)</p>		

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