

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  11/13/2024
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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</b></p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for three out of nine residents (Residents R1, R2, R3).</p> <p>Findings include:</p> <p>Review of Resident R1's admission record indicated she was originally admitted on [DATE], with diagnoses that included altered mental status, cognitive communication deficit and gastro-esophageal reflux disease.</p> <p>Review of Resident R1's clinical record revealed that the resident was transferred to the hospital on 10/18/24/ and returned to the facility on [DATE].</p> <p>Review of Resident R1's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for the hospitalization on [DATE].</p> <p>Review of Resident R3's admission record indicated she was originally admitted on [DATE], with diagnoses that included hypertension, hyperlipidemia and morbid obesity.</p> <p>Review of the clinical record indicated Resident R3 was transferred to hospital on 10/12/24 and did not return to the facility.</p> <p>Review of Resident R3's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for the hospitalization on [DATE].</p> <p>Review of Resident R2's admission record indicated she was originally admitted on [DATE], with diagnoses that included aftercare following joint replacement surgery, asthma and hyperlipidemia.</p> <p>Review of the clinical record indicated Resident R2 was transferred to hospital on 10/5/24 and did not return to the facility.</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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R2's clinical record indicated the facility failed to include documented evidence that the facility provided a written transportation notification to the Office of the Long-Term Care Ombudsman for the hospitalization on [DATE].</p> <p>During an interview on 11/13/24 at 12:15 p.m. the Nursing Home Administrator confirmed the facility failed to provide a transfer notice to a representative of the Office of the Long-Term Care Ombudsman Division for three out of nine residents (Residents R1, R2, R3).</p> <p>28 Pa. Code 201.29(a)(c.3)(2) Resident rights.</p>		