

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 12/06/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on review of observations and staff interview, it was determined that that the facility failed to determine it was safe to self-administer medications for two of five residents (Resident R19 and R24).</p> <p>Findings include:</p> <p>Review of the facility policy Self-Administration of Medications dated 9/25/24, indicated residents have the right to self-administer medications if the interdisciplinary team has determined it's clinically appropriate and safe for the resident to do so.</p> <p>Review of Resident R19's admission record indicated that she was admitted on [DATE], with diagnoses that included schizoaffective disorder (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania.), Bipolar disorder (a chronic mood disorder that causes intense shifts in mood, energy levels and behavior) and dementia (is the loss of cognitive functioning-thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities).</p> <p>Review of Resident R19's MDS assessment (MDS-Minimum Data Set assessment, periodic assessment of resident care needs) dated 11/7/24, indicated that the diagnoses remain current upon review.</p> <p>Review of Resident R19's physician orders dated 10/29/24, indicated to administer 0.5-2.5 mg/ml (milligram/milliliter) lpratropium-Albuterol Solution (a combination medication used to help control symptoms of lung diseases). 3 ml inhale orally three times a day for COPD (a progressive lung disease causing obstructed airflow and breathing difficulties.)</p> <p>During an observation on 12/2/24, at 12:41 p.m. Licensed Practical Nurse, Employee E4 handed Resident R19 her nebulizer solution and left the room. LPN, Employee E4 was asked if she can administer her nebulizer by herself and LPN, Employee E4 stated she will take it by herself when she's ready.</p> <p>Review of Resident R19's clinical record on 12/2/24, at 12:42 p.m., failed to include a care plan, order for self-administration of treatment, or an interdisciplinary assessment.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/2/24, at 12:43 p.m. Registered Nurse, Employee E3 confirmed Resident R19 does not have a current order, care plan to self-administer a nebulizer treatment, or an interdisciplinary assessment.</p> <p>Review of the admission record indicated Resident R24 was admitted to the facility on [DATE], with diagnosis that include fracture of neck, muscle weakness and fracture of pelvis.</p> <p>Observation on 12/2/24, at 11:55 a.m. Resident R24 was sitting on bed, on bed side table there was a cup with 3 pills and a container of Ensure Plus (a milkshake-style nutritional supplement that provides concentrated calories and protein to help people who are malnourished or at risk of malnutrition). Resident R24 proceeded to take pills.</p> <p>During an interview on 12/2/24, at 12:05 p.m. Registered Nurse Employee E2 stated she did not watch Resident R24 take pills. Registered Nurse Employee E1 confirmed Resident R24 did not have orders for medication self-administration.</p> <p>During an interview on 12/2/24, at 12:50 p.m. the Nursing Home Administrator confirmed the facility failed to determine it was safe to self-administer medications for two of three residents (Resident R19 and R24).</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa Code:201.29(a)(d) Resident rights</p> <p>28 Pa code:211.10(c)(d) Resident care policies</p> <p>28 Pa Code:211.12(a)(c)(d)(1)(2)(5) Nursing services</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility policy, observations and staff interview it was determined that the facility failed to uphold privacy and dignity of resident information for one of three sampled resident (Resident R77).</p> <p>Findings Include:</p> <p>The facility Resident rights policy dated 9/25/24, indicated that Federal and state law guarantees certain basic rights to all residents of this facility. These rights include the resident's right to privacy and confidentiality.</p> <p>Review of Resident R77's admission record indicated she was originally admitted on [DATE], and readmitted on [DATE].</p> <p>Review of Resident R77's MDS assessment (MDS-Minimum Data Set assessment: a periodic assessment of resident care needs) dated 11/6/24, indicated she had diagnoses that included dysphagia (difficulty swallowing), congestive heart failure (a progressive heart disease affecting pumping action of the heart muscles impacting circulation, swelling and shortness of breath), Alzheimer's dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning), and hypertension (a condition impacting blood circulation through the heart related to poor pressure). These diagnoses were still current upon review.</p> <p>Review of Resident R77's care plan dated 6/6/24, indicated to provide food that is easy to chew.</p> <p>Review of Resident R77's physician orders dated 10/15/24, indicated Resident R77 was on a regular diet with pureed texture.</p> <p>During observations on 12/2/24, observations of the Third-floor nursing unit found the following:</p> <p>at 8:42 a.m. a sign was observed on Third-floor treatment cart reading: please do not give Resident R77 candy of any kind. she is on pureed diet.</p> <p>During observations on 12/3/24, observations of the Third-floor nursing unit found the following:</p> <p>At 9:34 a.m. a sign was observed on Third floor treatment cart reading: please do not give Resident R77 candy of any kind. she is on pureed diet.</p> <p>At 9:38 a.m. Resident R77's room was observed with a sign above her bed reading: please do not give Resident R77 candy. She is on a pureed diet.</p> <p>During an interview on 12/3/24, at 9:39 a.m. the Registered Nurse (RN) supervisor Employee E3 confirmed that the facility failed to uphold privacy and dignity of resident information for Resident R77 as required.</p> <p>(continued on next page)</p>		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.18(b)(1) Management 28 Pa Code:201.29(a)(d) Resident rights 28 Pa code:211.10(c)(d) Resident care policies

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50075</p> <p>Based on review of facility policy, newly hired personnel records and staff interviews it was determined that the facility failed to properly screen an employment by completing a state background check prior to hire for one out of five personnel records (Registered Nurse Employee E2).</p> <p>Findings include:</p> <p>The facility Abuse, Neglect, Exploitation and Misappropriation Prevention policy dated 9/25/24, indicated that the resident have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. Conduct employee background checks and not knowingly employ or otherwise engage any individuals who has been found guilty of abuse or neglect and a disciplinary action in effect against his or her professional license by a state licensure body.</p> <p>The facility Background Screening Investigations policy dated 9/25/24, indicated that facility conducts employment background screening checks, reference checks, and criminal conviction investigation checks on all applicants. Background and criminal checks are completed prior to employment.</p> <p>Review of Registered Nurse (RN) Employee E2's personnel record indicated she was hired on 11/15/24.</p> <p>Review of RN Employee E2's personnel record did not include a completed state criminal background check prior to her date of hire.</p> <p>During an interview on 12/6/24, at 12:55 p.m. the Director of Nursing confirmed that the facility failed to properly screen RN Employee E2 by completing a state criminal background check prior to hire, as required.</p> <p>28 Pa Code: 201.14(a) (c)(d)(e) Responsibility of licensee</p> <p>28 Pa Code: 201.19 Personnel policies and procedures</p> <p>28 Pa Code: 201.20 (a)(b)(c)(d) Staff development</p> <p>28 Pa Code: 201.29 (d) Resident Rights</p> <p>28 Pa Code 201.18(b)(1)(2)(e)(1) Management.</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two out of four residents sampled with facility-initiated transfers (Residents R48 and R53).</p> <p>The findings include:</p> <p>Review of policy Transfer or Discharge Documentation dated 9/25/24, indicated when a resident is transferred or discharged , details of the transfer or discharge will be documented in the medical record and appropriate information will be communicated to the receiving health care facility or provider.</p> <p>Review of Resident R48's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R48's MDS (Minimum Data Set, periodic assessment of resident care needs) dated 11/22/24, indicated diagnoses of cancer (a disease that occurs when cells in the body grow and spread uncontrollably), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and depression.</p> <p>Review of Resident R48's clinical record revealed that the resident was transferred to the hospital on 9/23/24, and returned to the facility on [DATE].</p> <p>Review of Resident R48's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility.</p> <p>Review of Resident R53's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R53's MDS dated [DATE], indicated the diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), high blood pressure, and depression.</p> <p>Review of Resident R53's clinical record revealed that the resident was transferred to the hospital on 10/30/24, and returned to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R53's clinical record revealed no documented evidence that the facility had communicated specific information to the receiving health care provider for the residents transferred and expected to return, which included the resident's care plan goals, advanced directive information, specific instructions for ongoing care, resident representative information, and all information necessary to meet the resident's specific needs at the receiving facility.</p> <p>During an interview on 12/5/24, at 1:26 p.m. the Nursing Home Administrator confirmed that the facility failed to make certain that the necessary resident information was communicated to the receiving health care provider for two out of four residents sampled with facility-initiated transfers (Residents R48 and R53).</p> <p>28 Pa. Code 201.29 (a)(c.3)(2) Resident rights.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on review of facility policy and clinical records and staff interview, it was determined that the facility failed to update a care plan for three of ten residents (Residents R4, R33, and R60) to accurately reflect the current status of the resident.</p> <p>Findings include:</p> <p>Review of the facility policy Care Plans, Comprehensive Person-Centered dated 9/25/24, indicated the person-centered care plan describes services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being including services for each element of care.</p> <p>Review of the admission record indicated Resident R33 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/3/24, indicated the diagnoses of high blood pressure, seizure disorder (a person experiences abnormal behaviors, symptoms, and sensations, sometimes including loss of consciousness), and hypothyroidism (thyroid gland doesn't produce enough thyroid hormone).</p> <p>Review of Resident R33's physician orders indicated: 11/22/24, hospice consult, and 10/29/24, do not resuscitate.</p> <p>Review of Resident R33's current POLST (Pennsylvania Orders for Life-Sustaining Treatment) indicated Do Not Attempt Resuscitation.</p> <p>Review of Resident R33's current care plan indicated resident is a full code (resuscitate) and failed to include a care plan for hospice.</p> <p>Review of clinical record indicated Resident R60 was admitted to the facility on [DATE], with diagnoses that included atherosclerotic heart disease (condition that occurs when plaque builds up in the arteries, narrowing them and reducing blood flow), mild protein-calorie malnutrition and abnormal weight loss.</p> <p>Review of Resident R60's MDS assessment, dated 10/16/24, indicated the diagnoses remain current.</p> <p>Review of Resident R60's physician orders dated 10/15/24, indicated No Added Salt, puree texture, thin consistency diet.</p> <p>Review of Resident R60's Resident Care Plan Summary Report (report nurse aides used to know what kind of care to provide) dated 9/2/24, indicated no added salt, minced/moist, regular, thin consistency.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of clinical record indicated Resident R4 was admitted to the facility on [DATE], with diagnoses that included muscle wasting, congestive heart failure (heart can't pump enough blood to meet the body's needs) and chronic obstructive pulmonary disease (chronic lung disease that causes breathing problems and restricted airflow).</p> <p>Review of Resident R4's MDS assessment, dated 11/19/24, indicated the diagnoses remain current.</p> <p>Review of Resident R4's physician orders dated 10/1/24, indicated Fluid restriction 1.5L (liters) 900 ml (milliliter) from dietary, 600 ml from nursing AM-250 mls PM- 250 mls, HS-100 mls.</p> <p>Review of Resident R4's Resident Care Plan Summary Report dated 10/6/24, indicated to encourage fluids.</p> <p>During an interview on 12/3/24, at 2:00 p.m. Registered Dietitian E12 confirmed the facility failed to revise care plan for Resident R4, and R60 as required.</p> <p>Electronic communication with the Director of Nursing on 12/5/24, at 3:16 p.m. confirmed Resident R33's care plan incorrectly indicated resident is a full code (resuscitate) and failed to include a care plan for hospice.</p> <p>Interview with the Director of Nursing on 12/6/24, at 3:00 p.m. confirmed the facility failed to update a care plan for three of ten residents (Residents R4, R33, and R60) to accurately reflect the current status of the resident.</p> <p>28 Pa. Code 211.11(d) Resident care plan.</p> <p>28 Pa Code:211.12(a)(c)(d)(1)(2)(5) Nursing services</p>		

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<p>F 0660</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan the resident's discharge to meet the resident's goals and needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on review of clinical record review and interview with staff, it was determined that the facility failed to provide discharge planning that focuses on the resident's discharge goals and preparation of resident to be active partners in the discharge planning process that focuses on the resident's discharge planning and process for one of three residents (CR1).</p> <p>Findings include:</p> <p>Review of Closed Resident Record CR1's admission record indicated CR1 was admitted [DATE].</p> <p>Review of CR1's Minimum Data Set (MDS-a periodic assessment of care needs) dated 9/3/24, indicated diagnoses of necrotizing fasciitis (rare but serious bacterial infection that causes the death of soft tissue in the body), heart disease, and diabetes mellitus.</p> <p>Review of CR1's progress notes dated 9/12/24, indicated resident left facility with brother, resident left with belongings, medication, medication list, and discharge instruction, nurse educated resident on wound care and follow up appointments.</p> <p>Review of CR1's progress notes dated 9/17/24, stated social worker received two voicemails from resident this afternoon stating he did not receive HHC (home health care) at discharge. Requested an order from physician after discussing. Social Worker apologized for discharge issue and promised to rectify situation for resident.</p> <p>During an interview on 12/4/24, at 2:00 p.m. the Social Service Director Employee E13 confirmed that the facility failed to implement discharge plan for Closed Record CR1 as required.</p> <p>28. Pa. Code 211.16(a)(b) Social services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on review of clinical records, resident and staff interview it was determined that the facility failed to assess a CGM (continuous glucose monitoring device), obtain physician orders for care and management of and failed to have a care plan for care and management of the device for one of three residents (Resident R309).</p> <p>Findings include:</p> <p>Interview with the Nursing Home Administrator on 12/6/24, at 10:48 a.m. indicated the facility did not have a policy for CGM.</p> <p>Review of the admission record indicated Resident R309 admitted to the facility on [DATE].</p> <p>Review of Resident R309's Minimum Data Set (MDS- a periodic assessment of care needs) dated 11/26/24, indicated the diagnoses of knee replacement, high blood pressure, and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>Review of Resident R309's current physician orders and care plan failed to include the CGM for care and management of.</p> <p>Interview with Resident R309 on 12/2/24, at 12:09 p.m. indicated she has a CGM in her arm and it is connected to her personal cell phone.</p> <p>Electronic communication with the Nursing Home Administrator on 12/5/24, at 2:34 p.m. indicated the facility does not have any residents with a CGM.</p> <p>Interview on 12/6/24, at 3:00 p.m. the Director of Nursing confirmed the facility failed to assess a CGM (continuous glucose monitoring device), obtain physician orders for care and management of and failed to have a care plan for care and management of the device for one of three residents (Resident R309).</p> <p>28 Pa. Code 201. 18(b)(1) Management</p> <p>28 Pa code:211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.11(d) Resident care plan.</p> <p>28 Pa Code:211.12(a)(c)(d)(1)(2)(5) Nursing services</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41984</p> <p>Based on review of facility policy, clinical records, observation, and interviews with staff, it was determined that the facility failed to make certain residents were provided necessary treatment and services, consistent with professional standards of practice, for a pressure ulcer (PU/PIs- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) for two of three residents (Resident R4, R35).</p> <p>Findings include:</p> <p>Review of the facility Pressure Ulcers/ Skin Breakdown-Clinical Protocol last reviewed 9/25/24, indicated the nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers. The nurse shall describe and document a full assessment of pressure sore including location, stage, length, width, and depth, and presence of exudates or necrotic tissue. The physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressing, and application of topical agents. The physician will guide the care plan as appropriate.</p> <p>Review of the facility Care Plans, Comprehensive Person-Centered, last reviewed 9/25/24, indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet resident's physical, psychosocial, and functional needs is developed and implemented for each resident.</p> <p>Review of the admission record indicated Resident R35 was admitted to the facility on [DATE], with diagnoses of Alzheimer's disease (type of brain disorder that causes problems with memory, thinking and behavior), dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), and muscle wasting and atrophy.</p> <p>Review of Resident R35's Braden Scale Assessment (assessment tool used to predict the risk of developing pressure ulcer in patients. Score ranges from 6-23, with lower score signifying a greater risk for developing pressure ulcers. If less than 15, proceed to Care Plan and initiate intervention.) dated 10/4/24, indicated the resident score was 9.0, very high risk.</p> <p>Review of Resident R35's Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/9/24, indicated the diagnoses were current. Section M-Skin Conditions M0210. Unhealed pressure ulcers indicated the resident does not have any pressure ulcers.</p> <p>Review of Resident R35's progress note dated 11/15/24, entered by Licensed Practical Nurse, Employee E7 indicated she was informed by a nursing instructor that the resident had a skin tear to her upper coccyx area. It was indicated a small open area was noted with no drainage, area was small and pink in color. The physician was notified and ordered for wound care to consult. There was no documentation of measurements of the wound.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R35's progress note dated 11/18/24, entered by Nurse Practitioner, Employee E6, indicated the patient was seen for evaluation and management for coccyx wound that was found on routine skin exam. The resident had a stage 3 coccyx wound that measured 1cm (centimeter) x 0.8cm x 0.4cm with a moderate amount of serous (clear to yellow fluid that seeps from a wound) drainage. It was indicated to cleanse the wound with soap and water, pat dry. Apply collagen, calcium alginate (wound treatment) to base of wound. Secure with bordered gauze, change daily and as needed.</p> <p>Review of Resident R35's progress noted dated 11/25/24, entered by Nurse Practitioner, Employee E6 indicated the resident's coccyx wound reopened on 11/18/24. It was indicated to cleanse the wound with soap and water, pat dry. Apply collagen, calcium alginate to base of wound, secure with bordered gauze. Change daily and as needed. NP, Employee E6 stated please make sure there is a dressing on every shift. The wound measured 1 cm x 0.6 cm x 0.4 cm, with a moderate amount of serous.</p> <p>Review of the facility's Pressure Sore List dated 12/2/24, indicated Resident R35 developed a coccyx pressure ulcer on 11/25/24.</p> <p>Review of Resident R35's care plan on 12/3/24, at 10:12 a.m. failed to include a pressure ulcer care plan.</p> <p>Review of Resident R35's progress note dated 11/15/24, entered by Licensed Practical Nurse, Employee E7 indicated she was informed by a nursing instructor that the resident had a skin tear to her upper coccyx area. It was indicated a small open area was noted with no drainage, area was small and pink in color. The physician was notified and ordered for wound care to consult. There was no documentation of measurements of the wound.</p> <p>During an observation of Resident R35's dressing change on 12/3/24, at 11:27 a.m. there was no wound dressing intact on Resident R35's stage three coccyx wound. LPN, Employee E8 confirmed there was no order to change Resident R35's dressing prior to this morning. Observation of Resident R35's buttocks, revealed she developed a left buttock pressure ulcer.</p> <p>Review of the admission record indicated Resident R4 was admitted to the facility on [DATE], with diagnoses of congestive heart failure (heart can't pump enough blood to meet the body's needs), muscle wasting, and diabetes mellitus.</p> <p>Review of Resident R4's MDS dated [DATE], indicated the diagnoses were current.</p> <p>Review of Resident R4's admission assessment dated [DATE], indicated pressure injury on left buttock and coccyx, no measurements.</p> <p>Review of Resident R4's physician orders dated 10/1/24, indicated an order to clean and apply dressing.</p> <p>Resident R4's first documented measurements were 10/14/24, by Wound Vendor.</p> <p>During an interview on 12/3/24, at 10:04 a.m. the Director of Nursing confirmed the facility failed to make certain residents were provided necessary treatment and services, consistent with professional standards of practice, for a pressure ulcer (PU/Pis- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) for two of three residents (Residents R4, and R35).</p> <p>(continued on next page)</p>		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code: 201.29(i) Resident Rights. 28 Pa. Code 211.10(c)(d) Resident Care Policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on facility policy, clinical record review, and interview, the facility failed to ensure that appropriate treatment and services were provided for one of four residents (Resident R11) with an indwelling urinary catheter.</p> <p>Findings include:</p> <p>Review of facility policy Catheter Care, Urinary dated 9/25/24, indicated to be sure the catheter tubing and drainage bag are kept off the floor and provide privacy.</p> <p>Review of the clinical record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>Review of Resident R11's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/7/24, indicated diagnoses of stroke, Non-Alzheimer's Dementia (dementia caused by other diseases with symptoms forgetfulness, limited social skills, and impaired thinking abilities that interfere with daily functioning), and obstructive uropathy (a condition in which flow of urine is blocked).</p> <p>Review of Resident R11's physician orders dated 8/15/24, indicated Foley catheter 16 French (the measure of the outer diameter of a catheter), 10 cc (cubic centimeter) balloon. Change every 30 days. Apply drainage bag when in bed.</p> <p>Review of Resident R11's current care plan indicated position catheter bag and tubing below the level of the bladder and away from entrance room door.</p> <p>Observation on 12/2/24, at 12:01 p.m. Resident R11 was positioned in bed with foley catheter drainage bag facing entrance door on the bed frame. The drainage bag was not covered with a dignity bag for privacy.</p> <p>Observation on 12/3/24, at 10:04 a.m. Resident R11 was positioned in bed with foley catheter drainage bag facing entrance door on the bed frame. The drainage bag was not covered with a dignity bag for privacy.</p> <p>Observation on 12/6/24, at 11:05 a.m. Resident R11 was positioned in bed with foley catheter drainage bag facing entrance door on the bed frame. The drainage bag was not covered with a dignity bag for privacy.</p> <p>Interview and tour with Unit Manager Registered Nurse (RN) Employee E3 on each of the observations above, confirmed the catheter drainage bag facing entrance door on the bed frame and the drainage bag was not covered with a dignity bag for privacy as required.</p> <p>Interview on 12/6/24, at 3:00 p.m. the Director of Nursing confirmed the facility failed to ensure that appropriate treatment and services were provided for one of four residents (Resident R11) with an indwelling urinary catheter.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201. 18(b)(1) Management.</p> <p>28 Pa code:211.10(c)(d) Resident care policies.</p> <p>28 Pa Code:211.12(a)(c)(d)(1)(2)(5) Nursing services.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of facility policy, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that residents with an enteral feeding tube (a tube inserted in the stomach through the abdomen) received appropriate treatment and services to prevent potential complications for one of four residents (Residents R22).</p> <p>Findings include:</p> <p>Review of facility policy Enteral Tube Feeding via Continuous Pump dated 9/25/24, indicated the purpose of this procedure is to provide a guideline for the use of a pump for enteral feedings. Check the enteral nutrition label before administration. Refrigerate formulas that have been reconstituted in advance and discard within 24 hours. Discard formulas kept at room temperature within four hours.</p> <p>Review of Resident R22's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R22's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/6/24, indicated diagnoses of coronary artery disease (damage or disease in the heart's major blood vessels), high blood pressure, and cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain). MDS Section K0520 indicated a feeding tube present.</p> <p>Review of current physician order indicated Two-Cal (a type of feeding that will supply a person with nutrients and minerals) to be administered for four hours daily in the evening.</p> <p>During a tour of unit on 12/2/24, at 11:30 a.m. Resident R22's enteral feeding was observed hanging at bedside with the date 11/29/24, written on the bag. Syringe was hanging on the pole in a bag undated, and the water flush bag was undated.</p> <p>During an interview on 12/2/24, at 1:10 p.m. Registered Nurse Employee E 24 stated she had taken down everything (enteral feeding, syringe, water, and tubing) because she noticed the date of 11/29/24, on it and it should not have been there.</p> <p>During an interview on 12/2/24, at 3:00 p.m. the Director of Nursing confirmed that the facility failed to ensure that residents with an enteral feeding tube received appropriate treatment and services to prevent potential complications as required for one of four residents (Residents R22).</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.10(c) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1) Nursing services.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on review of facility policies, observations, clinical record review, and staff interview, it was determined that the facility failed to provide appropriate respiratory care for three of four residents (Residents R19, R42, and R53).</p> <p>Findings include:</p> <p>Review of the facility policy Administering Medications through a Small Volume Nebulizer (a small machine that turns liquid medicine into a mist that can be inhaled) dated 9/25/24, indicated when equipment is completely dry, store in a plastic bag with the resident's name and the date on it.</p> <p>Review of the facility policy Respiratory Therapy-Prevention of Infections dated 9/25/24, indicated the purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks, equipment among residents. Change the oxygen nasal cannula (a tubing the provides oxygen to a resident through their nose) and tubing every seven days, or as needed.</p> <p>Review of the clinical record indicated that Resident R19 was admitted to the facility on [DATE].</p> <p>Review of Resident R19's Minimum Data Set (MDS - periodic assessment of care needs) dated 11/7/24, indicated diagnoses of schizoaffective disorder (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania), Bipolar disorder (a chronic mood disorder that causes intense shifts in mood, energy levels and behavior) and dementia (the loss of cognitive functioning- thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities).</p> <p>Review of Resident R19's current physician orders indicated Ipratropium-Albuterol Solution (medication that makes it easier to breathe) inhale orally three times a day for (COPD) chronic obstructive pulmonary disease - a group of diseases that block airflow and make it hard to breathe.</p> <p>Review of Resident R19's current care plan indicated give aerosol as ordered. Monitor/document any side effects and effectiveness.</p> <p>Observation on 12/2/24, at 11:59 a.m. Resident R19's nebulizer mask was on the bedside stand without a date and not covered with a bag as required.</p> <p>Review of the clinical record indicated that Resident R42 was admitted to the facility on [DATE].</p> <p>Review of Resident R42's MDS dated [DATE], indicated the diagnoses of stroke, hemiplegia (paralysis of one side of the body), and Alzheimer's disease (a progressive disease that destroys memory and other important mental functions).</p> <p>Review of Resident R42's current physician orders indicated albuterol sulfate (medication that makes it easier to breathe) inhale orally via nebulizer every eight hours for wheezing.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R42's current care plan indicated the resident has altered respiratory status. Difficulty breathing with the need for nebulizers.</p> <p>Observation on 12/2/24, at 9:30 a.m. Resident R42's nebulizer mask was on the bedside stand without a date and not covered with a bag as required.</p> <p>Interview with Unit Manager Registered Nurse (RN) Employee E3 on 12/2/24, at 12:05 p.m. confirmed Resident R19 and Resident R42's nebulizer masks were on the bedside stand without a date, and not covered with a bag as required.</p> <p>Review of Resident R53's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R53's MDS dated [DATE], indicated the diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), high blood pressure, and depression.</p> <p>Review of Resident R53's current physician orders indicated oxygen four liters via nasal cannula for oxygen dependency.</p> <p>Review of Resident R53's current care plan indicated the resident has altered respiratory status. Provide oxygen as indicated.</p> <p>During an observation on 12/2/24, at 1:05 p.m. Resident R53's was lying in bed with oxygen. The nasal cannula failed to have a date on it when it was last changed.</p> <p>During an Interview on 12/2/24, at 1:10 p.m. RN Employee E1 confirmed Resident R53's nasal cannula failed to have a date on the tubing.</p> <p>Interview on 12/6/24, at 3:00 p.m. the Director of Nursing confirmed the facility failed to provide appropriate respiratory care for three of four residents (Residents R19, R42, and R53).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(1)(2)(5) Nursing services</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on review of resident clinical records, facility policy and staff interview it was determined the facility failed to provide consistent and complete communication with the dialysis center for two of two residents (Resident R63, and R86), and failed to have a care plan for monitoring of access site for one of two residents (Resident R86).</p> <p>Findings include:</p> <p>Review of the facility policy End-Stage Renal Disease, Care of a Resident with dated 9/25/24, indicated residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. The agreements between the facility and the ESRD facility will include how information will be exchanged between the facilities; and the resident's care plan will reflect the resident's needs related to ESRD and dialysis (a treatment that removes excess water, waste, and toxins from the blood when the kidneys are no longer functioning properly) care.</p> <p>Review of the admission record indicated Resident R63 admitted to the facility on [DATE].</p> <p>Review of Resident R63's Minimum Data Set (MDS- a periodic assessment of care needs) dated 10/17/24, indicated the diagnoses of high blood pressure, End Stage Renal Disease (kidneys cease to function on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), and heart failure (heart doesn't pump blood as well as it should).</p> <p>Review of Resident R63's physician orders date 10//16/24, indicated Dialysis three times weekly on Monday, Wednesday, and Friday. Send dialysis (ROV) record of visit to dialysis center on every treatment day.</p> <p>Review of Resident R63's care plan dated 11/14/24, indicated the resident will have immediate intervention should any signs of complications from dialysis occur.</p> <p>Review of Resident R63's dialysis communication sheets indicated missing and/or incomplete documents on the past 13 dialysis visits: 12/2/24, 11/29/24, 11/26/24, 11/22/24, 11/20/24, 11/18/24, 11/15/24, 11/13/24, 11/11/24, 11/8/24, 11/6/24, 11/4/24, and 11/1/24.</p> <p>Interview with Unit Manager Registered Nurse (RN) Employee E3 on 12/2/24, at 2:04 p.m. confirmed the dialysis communication sheets were missing and/or incomplete for Resident R63 for the last 13 dialysis visits.</p> <p>Review of the admission record indicated Resident R86 admitted to the facility on [DATE].</p> <p>Review of Resident R86's MDS dated [DATE], indicated the diagnoses of heart failure, high blood pressure, and ESRD with dialysis.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R86's current physician orders indicated dialysis every Monday, Wednesday, and Friday. Obtain ROV record from dialysis and record weight for each treatment date. AV shunt (AV - arteriovenous shunt or graft - a connection that is made between an artery and vein for dialysis access) right arm. Monitor for bruit (swooshing sound) and thrill (vibration felt over a fistula) every day. Call provider if absent.</p> <p>Review of Resident R86's care plan dated 11/20/24, indicated the resident will have no signs of complication from dialysis. The care plan failed to include care and management of the AV shunt.</p> <p>Review of Resident R86's dialysis communication sheets indicated missing and/or incomplete documents on the past 13 dialysis visits: 11/29/24, 11/27/24, 11/25/24, 11/22/24, 11/20/24, 11/18/24, 11/15/24, 11/13/24, 11/11/24, 11/8/24, 11/6/24, 11/4/24, and 11/1/24.</p> <p>Interview with Unit Manager Registered Nurse (RN) Employee E3 on 12/2/24, at 2:06 p.m. confirmed the dialysis communication sheets were missing and/or incomplete for Resident R86 for the last 13 dialysis visits.</p> <p>Interview on the 12/6/24, at 3:00 p.m. the Director of Nursing confirmed the facility failed to provide consistent and complete communication with the dialysis center for two of two residents (Resident R63, and R86), and failed to have a care plan for monitoring of access site for one of two residents (Resident R86).</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa code:211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.11(d) Resident care plan.</p> <p>28 Pa Code:211.12(a)(c)(d)(1)(2)(5) Nursing services</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of facility policy, resident record review, and staff interviews, it was determined that the facility failed to provide a trauma survivor with trauma informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of three residents (Resident R89).</p> <p>Findings include:</p> <p>Review of facility policy Trauma Informed Care and Culturally Competent Care dated 9/25/24, indicated that trauma-informed care is an approach to delivering care that involves understanding, recognizing, and responding to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures, and practices to avoid re-traumatization. A guide to address the needs of trauma survivors by minimizing triggers and re-traumatization.</p> <p>Review of the clinical record indicated Resident R89 was admitted to the facility on [DATE].</p> <p>Review of Resident R89's Minimum Data Set (MDS - a periodic assessment of care needs) dated 9/23/24, indicated diagnoses of Post Traumatic Stress Disorder (PTSD- a disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event), depression, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).</p> <p>Review of Resident R89's care plan indicated that resident had PTSD but failed to identify what the triggers were and how to avoid them.</p> <p>During an interview on 12/4/24, at 10:58 a.m. Social Service Director Employee E13 confirmed that the facility failed to identify PTSD triggers for Resident R89 in order to eliminate or mitigate any triggers that may cause re-traumatization for the resident.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p>

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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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>46336</p> <p>Based on review of personnel files and staff interview it was determined that the facility failed to complete annual nurse aid employee evaluations for three of three sampled records (Nurse aide (NA) Employees E14, E15, and E16).</p> <p>Findings include:</p> <p>A request to review the annual performance evaluations for NA Employees E14, E15, and E16 revealed no documented evidence that the facility has completed annual performance appraisals as required.</p> <p>Review of NA Employee E14's personnel record indicated she was hired on 9/28/88.</p> <p>Review of NA Employee E15's personnel record indicated she was hired on 2/8/19.</p> <p>Review of NA Employee E16's personnel record indicated she was hired on 5/9/22.</p> <p>Interview with Human Resource Director Employee E17 on 12/6/24, at 11:59 a.m. indicated the company changed hands on 5/1/24, and the facility was unable to produce annual performance reviews for the NA Employees E14, E15, and E16.</p> <p>Interview on 12/6/24, at 3:00 p.m. the Nursing Home Administrator confirmed the facility failed to complete annual nurse aid employee evaluations as required.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1)(3) Management.</p> <p>28 Pa. Code: 201.20(a) Staff development.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on clinical record review, facility policy review, and staff interviews, it was determined that the facility failed to ensure Medication Regimen Reviews (MRR) were completed by the facility after the consultant pharmacist recommendations were made for two out of six months (July 2024 and September 2024).</p> <p>Findings include:</p> <p>The facility policy Medication Regimen Review reviewed 9/25/24, indicated that a drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident ' s medical chart. Written communication is sent to the attending physician and Director of Nursing. Facility staff shall act upon all recommendations according to procedures for addressing MRR reviews.</p> <p>Review of Resident R53's admission record indicated she was admitted to the facility on [DATE].</p> <p>Review of Resident R53's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 11/13/24, indicated the diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), high blood pressure, and depression.</p> <p>Review of Resident R53's clinical pharmacy review notes on 12/4/24, at 10:00 indicated the following:</p> <p>June 2024 - no recommendations.</p> <p>July 2024- recommendations made.</p> <p>August 2024- no recommendations.</p> <p>September 2024-recommendations made.</p> <p>October 2024- no recommendations.</p> <p>November 2024 - recommendations made.</p> <p>During an interview on 12/4/24, at 2:10 p.m. the Director of Nursing (DON) stated I could only find November pharmacy review and failed to produce July 2024, and September 2024, pharmacy recommendations.</p> <p>During an interview on 12/4/24, at 2:15 p.m. the DON confirmed that the facility failed to ensure Medication Regimen Reviews were completed by the facility after the consultant pharmacist recommendations were made for two out of six months (July 2024 and September 2024).</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>(continued on next page)</p>		

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.5(f) Clinical records. 28 Pa. Code 211.9 (k) Pharmacy services.

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>46337</p> <p>Based on observation, clinical record review, review of select manufacture's guidelines, and staff interview, it was determined that the facility failed to ensure a medication error rate below five percent (Resident R96, and R80).</p> <p>Findings include:</p> <p>The facility's medication error rate was 7.69% (percent) based on 26 medication opportunities with two medication errors.</p> <p>Observation of a medication administration pass on 12/2/24, at 9:26 a.m. revealed Registered Nurse (RN), Employee 1, failed to administer Resident R96's 17 gram Miralax (laxative medication used to treat occasional constipation or irregular bowel movements) in the morning as ordered. The Miralax was unavailable in the medication cart, and RN Employee E1 indicated he will return to administer Resident R96's Miralax. Review of the resident's clinical record on 12/2/24, at 12:29 p.m. indicated the Miralax was not administered because it was out of stock.</p> <p>Observation of a medication administration pass on 12/2/24, at 9:32 a.m. revealed RN Employee E1, failed to administer Resident R80's 4% topical Lidocaine patch in the morning as ordered. RN, Employee E1 indicated the lidocaine patch was unavailable. Review of the resident's clinical record on 12/2/24, at 12:31 p. m. revealed Resident R80 did not receive his Lidocaine Patch as ordered.</p> <p>Interview with the Nursing Home Administrator on 12/2/24, at 12:50 p.m. confirmed the facility failed to ensure a medication error rate below five percent (Resident R96 and R80).</p> <p>28 Pa. Code 211.10(a) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>35785</p> <p>Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly store medications on four of four medications carts (2 West, 2 East, 3 East and 3 South Medication Cart) and for one of three residents (Resident R87).</p> <p>Findings include:</p> <p>A review of facility policy Medication Storage last reviewed 9/25/24, indicated the facility stores all drugs and biologicals in a safe, secure, and orderly manner. Drugs and biologicals are stored in the packaging, containers, or other dispensing systems in which they are received. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Compartments containing drugs and biologicals are locked when not in use.</p> <p>During an observation on 12/2/24, at 8:52 a.m. of the Second Floor [NAME] Hall Medication Cart indicated the following medications were not stored properly in a bag and were undated:</p> <p>- Resident R2's Novolog 100 unit/ml (milliliter) pen (prefilled pen used to help control blood sugar and insulin levels).</p> <p>During an interview on 12/2/24, at 8:54 a.m. Registered Nurse (RN), Employee E1 confirmed the above findings.</p> <p>During an interview on 12/2/24, at 12:50 p.m. the Nursing Home Administrator confirmed the facility failed to properly store a medication on one of three medications carts (2nd Floor [NAME] Hall Medication Cart).</p> <p>During an observation on 12/2/24, at 1:17 p.m. the Two East Medication cart was unlocked sitting by the nurses station.</p> <p>During an interview on 12/2/24, at 1:20 p.m. Registered Nurse Employee E24 confirmed that the Two East Medication cart was unlocked.</p> <p>During observations on 12/3/24, the following was observed:</p> <p>at 9:41 a.m. Resident R87's was in his room. His night stand drawer was observed next to his bed with the first drawer opened. Inside the drawer, an opened bottle of medication was identified as Senna 8.6mg (milligram).</p> <p>During an interview on 12/3/24, at 9:43 a.m. Resident R87 stated: Its important that I have that in here. Its my Senna. This place ran out of Senna before and I cannot live without my laxative.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/3/24, at 9:44 a.m. the Registered Nurse (RN) Supervisor Employee E3 confirmed that the facility failed to secure medications for Resident R87.</p> <p>During an observation on 12/3/24, at 11:41 a.m. of the Third Floor East Hall Medication Cart indicated the following medications were not stored properly in a bag and were undated:</p> <ul style="list-style-type: none"> -Resident R25's Humalog 100 unit/ml pen (prefilled pen used to help control blood sugar and insulin levels). -Resident R21's Insulin Lispro 100 unit/ml pen (prefilled pen used to help control blood sugar and insulin levels). <p>During an interview on 12/3/24, at 11:48 a.m. Licensed Practical Nurse (LPN), Employee E10 confirmed the above findings.</p> <p>During an observation on 12/3/24, at 11:50 a.m. of the 3rd Floor South Hall Medication Cart indicated the following medications were not stored properly in a bag and were undated and unlabeled:</p> <ul style="list-style-type: none"> -Humalog Insulin Lispro 100 units/ml pen -Lantus Insulin glargine 100 units/ml pen (long-acting insulin used to control high blood sugars). <p>During an observation of the Third floor medication room on 12/3/24, at 11:56 a.m. a sign that stated all insulins should be dated when opened and expire after 30 days. Insulin pens are single resident use and should have the residents name on the pen.</p> <p>During an interview on 12/3/24, at 12:03 p.m. Registered Nurse, Employee E3 confirmed the facility failed to properly store medications on four of four medications carts (2 West, 2 East, 3 East and 3 South Medication Cart) and for one of three residents (Resident R87).</p> <p>28 Pa. Code: 211.9(a)(1)(h)(k)(l)(1) Pharmacy services.</p> <p>28 Pa. Code:211.12(d)(1)(2)(3)(5) Nursing 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 - Few</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>35785</p> <p>Based on review of facility meal delivery times, observations and staff interview, it was determined that the facility failed to deliver meals in a timely manner for one of two meal observations (Third floor).</p> <p>Findings include:</p> <p>The facility Cart delivery document indicated the following meal delivery times for the Third floor:</p> <p>328 hallway/3-South meal cart will arrive at 12:10 p.m.</p> <p>301 hallway/3-East meal cart will arrive at 12:14 p.m.</p> <p>316 hallway/3-West meal cart will arrive at 12:17 p.m.</p> <p>During dining/meal observations on 12/2/24, the following was observed:</p> <p>at 12:37 p.m. the first lunch cart arrived for the Third floor 328 hallway/3-South. Lunch included caesar salad, roast turkey, tater tots, sherbet, coffee, and juice.</p> <p>at 12:41 p.m. the second lunch cart arrived for the Third floor 301 hallway/3-East.</p> <p>at 1:09 p.m. the third lunch cart arrived for the Third floor 316 hallway/3-West and main dining/common area.</p> <p>During an interview on 12/2/24, at 1:39 p.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to deliver meals in a timely manner for residents on the Third floor as required.</p> <p>28 Pa. Code: 211.6(a) Dietary services.</p> <p>28 Pa Code: 201.29 (d) Resident rights</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46336</p> <p>Based on facility policy, observations, and staff interviews it was determined that the facility failed to provide adaptive feeding devices for three of three residents (Resident R6, R33, and R35).</p> <p>Findings include:</p> <p>Review of the facility policy Assisting the Resident with In-Room Meals dated 9/25/24, indicated check the tray before serving it to the resident to be sure that it is the correct diet ordered and that the food consistency is appropriate to the resident's ability to chew and swallow. Ensure that the necessary non-food items (i.e. silverware, napkin, special devices, straw, etc.) are on the tray. Report or replace missing items.</p> <p>Review of the admission record indicated Resident R6 admitted to the facility on [DATE].</p> <p>Review of Resident R6's Minimum Data Set (MDS- a periodic assessment of care needs) dated 10/9/24, indicated diagnoses of high blood pressure, heart failure (heart doesn't pump blood as well as it should), and coronary artery disease (narrow arteries decreasing blood flow to heart).</p> <p>Review Resident R6's physician order dated 11/11/24, indicated a Regular diet with Puree texture. Nectar thick consistency for liquids.</p> <p>During an observation on 12/2/24, at 12:55 p.m. Resident R6's lunch tray was observed on the bedside table. The meal ticket indicated divided plate.</p> <p>During an interview and observation on 12/2/24, at 12:56 p.m. Registered Nurse (RN) Employee E18 removed the plate cover and revealed the meal was served on a regular plate. RN Employee E18 indicated a divided plate was not served as ordered and the lemon drink on the tray, in a Styrofoam cup, was of regular consistency and not Nectar thick that Resident R6 was ordered.</p> <p>Review of the admission record indicated Resident R33 admitted to the facility on [DATE].</p> <p>Review of Resident R33's MDS dated [DATE], indicated diagnoses of high blood pressure, seizure disorder (a person experiences abnormal behaviors, symptoms and sensations, sometimes including loss of consciousness), and hypothyroidism (thyroid gland doesn't produce enough thyroid hormone).</p> <p>Review Resident R33's physician order dated 11/11/24, indicated a Regular diet with Puree texture.</p> <p>During an observation on 12/2/24, at 9:23 a.m. Resident R33's breakfast tray was observed on the bedside table. The meal ticket indicated divided plate.</p> <p>Review of the admission record indicated Resident R35 admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R35's MDS dated [DATE], indicated diagnoses of Alzheimer's disease (type of brain disorder that causes problems with memory, thinking and behavior), dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), muscle wasting, and atrophy.</p> <p>Review Resident R35's current physician orders indicated a Regular diet with Puree texture.</p> <p>During an observation on 12/2/24, at 12:47 p.m. Resident R35's lunch tray was observed on the bedside table. The meal ticket indicated divided plate.</p> <p>During and observation and interview on 12/2/24, at 12:47 p.m. Nurse Aide Employee E19 was feeding Resident R35, and the meal was served on a regular plate. NA Employee E19 confirmed the ticket indicated divided plate and that it was served on a regular plate.</p> <p>Interview on 12/2/24, at 2:29 p.m. the Nursing Home Administrator confirmed the facility failed to provide adaptive feeding devices for three of three residents (Resident R6, R33, and R35).</p> <p>28 Pa. Code: 211.6(a) Dietary services.</p> <p>28 Pa Code: 201.29 (d) Resident rights</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41984</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to properly store food products in the walk-in cooler and failed to maintain sanitary conditions which created the potential for cross contamination (Main Kitchen).</p> <p>Findings include:</p> <p>Review of facility policy Preventative Maintenance and weekly cleaning dated 9/25/24 indicates dietary manager or designer is responsible for checking all equipment listed on the weekly cleaning schedule to maintain a fully functioning hazard-free and clean environment in the kitchen.</p> <p>During an observation of the main designated kitchen on 12/2/24, at 8:50 a.m. the following was observed:</p> <ul style="list-style-type: none"> -Two packages ground beef thawing on the 3rd shelf. -No dishwasher documentation for verification of temperature. <p>During an observation of the main designated kitchen on 12/2/24, at 2:00 p.m. the following was observed:</p> <ul style="list-style-type: none"> -Floor fan in dish room, brown debris. -Walls in dish room, food debris. -Ice machine, brown, slimy substance. <p>During an interview on 12/2/24, at 2:30 p.m. Dietary Manager Employee E11 confirmed that the facility failed to properly store food products and maintain sanitary conditions which created the potential for food borne illness and cross contamination in the Main Kitchen.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of facility policies and clinical records and staff interview, it was determined that the facility failed to make certain that medical records on each resident are complete and accurately documented for one of three residents (Resident R53).</p> <p>Findings:</p> <p>Review of policy Medication and Treatment Orders date 9/25/24, indicated that orders for treatments will be consistent with principles of safe and effective order writing. The signing of orders shall be by signature.</p> <p>Review of Resident R53's admission record indicated she was admitted to the facility on [DATE].</p> <p>Review of Resident R53's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 11/13/24, indicated the diagnoses of heart failure (a progressive heart disease that affects pumping action of the heart muscles), high blood pressure, and depression.</p> <p>Review of Resident R53's physician orders indicated to cleanse right posterior thigh with normal saline solution (a mixture of sodium chloride and water), apply Medihoney (a wound gel), and cover with border dressing daily from 11/10/24, through 11/12/24.</p> <p>Review of Resident R53's current physician orders indicated to cleanse right posterior thigh with Hibiclens (an antiseptic, antimicrobial, antibacterial soap used to clean the skin), apply triad (a zinc oxide-based wound dressing) and cover with border dressing daily from 11/13/24, through present.</p> <p>Review of Resident R53's Treatment Administration Record (TAR), dated November 2024, and December 2024, indicated the treatment was not signed off as being completed on 11/18/24, 11/19/24, 11/20/24, 11/21/24, 11/23/24, 11/25/24, 11/27/24, and 12/3/24.</p> <p>During an interview on 12/5/24 at 12:05 p.m. Director of Nursing confirmed that the facility failed to make certain that medical records on each resident are complete and accurately documented for one of three residents (Resident R53).</p> <p>28 Pa. Code: 211.5(f)(g)(h) Clinical records.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35785</p> <p>Based on review of facility documents, resident clinical record and staff interviews it was determined that the facility failed to ensure a representative signed a binding arbitration agreement on the behalf of a resident lacking capacity to understand the agreement terms for one of three sampled residents (Resident R96).</p> <p>Findings include:</p> <p>The facility Alternative dispute resolution agreement form last reviewed 9/25/24, indicated that the resident, or the resident's authorized representative, has read this agreement in its entirety and understand the language in which it is written.</p> <p>A review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS, a screening test that aides in detecting cognitive impairment). The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately cognitive impaired</p> <p>0-7: severe cognitive impairment</p> <p>Review of Resident R96's admission record indicated he was originally admitted on [DATE], and readmitted on [DATE].</p> <p>Review of Resident R96's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 11/23/24, indicated he had diagnoses that included a history of failing, unspecified dementia (a condition characterized by memory loss and progressive or persistent loss of intellectual functioning), hypertension (a condition impacting blood circulation through the heart related to poor pressure), epilepsy (disorder of the brain characterized by repeated seizures) and bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs). The MDS assessment indicated that these diagnoses were the most current upon review.</p> <p>Review of Resident R96's MDS assessment Section C0500 (BIMS score) indicated a score of 11-moderately cognitive impairment.</p> <p>Review of Resident R96's hospital referral information dated 7/23/24, indicated a communication to the Admissions department and stated that Resident R96 had dementia, and suspected worsening neurocognitive impairment.</p> <p>Review of Resident R96's admission documentation indicated a signed arbitration agreement. The form was electronically signed by Resident R96 on 8/2/24.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5701 Phillips Avenue Pittsburgh, PA 15217	
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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R96's care plan dated 11/26/24, indicated Resident R96 has impaired cognitive function/dementia or impaired thought processes related to dementia, provide cuing, reorient and supervise as needed.</p> <p>During an interview on 12/4/24, at 12:28 p.m. the Director of Nursing (DON) stated that Resident R96's 7/24/24, admission record from hospital and pre-admission documentation indicated he had diagnoses of dementia.</p> <p>During an interview on 12/4/24, at 1:08 p.m. Admissions coordinator Employee E23 stated: Resident R96 signed his arbitration agreement. It's in the electronic form. He has been here before. When he first came here, his family did not answer the phone. I believe I was told that if the BIMS is above ten that a resident can sign their arbitration agreement.</p> <p>During an interview on 12/5/24, at 11:18 a.m. the Nursing Home Administrator (NHA) confirmed that the facility failed to ensure a representative signed a binding arbitration agreement on the behalf of a Resident R96, who lacks capacity to understand the agreement terms.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p> <p>28 Pa. Code 201.24 (b) Admission Policy</p> <p>28 Pa. Code 201.29(a)(j) Resident Rights</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on review of facility policy, resident clinical records, observation, and staff interviews, it was determined that the facility failed to implement infection prevention and control monitoring policies for enhanced barrier precautions (EBP- a type of isolation requiring gloves, gowns, and possible face shield to be worn with care) for two of three residents (Resident R16 and R48), and failed to adhere to proper handwashing prior to insulin administration for one of two residents (Resident R16).</p> <p>Findings:</p> <p>A review of the facility policy Diabetic Care last reviewed 9/25/24, indicated the first step in the procedure to administering insulin is to wash hands.</p> <p>A review of the facility policy Enhanced Barrier Precautions last reviewed 9/25/24, indicated standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status. Staff are trained prior to caring for residents on EBP. Signs are posted in the door or wall outside the resident room indicated the type of precautions and PPE required.</p> <p>Review of Resident R16's physician order dated 9/21/24, indicated to implement enhanced barrier precautions every shift due to VRE (Vancomycin-resistant Enterococci-an infection with bacteria that are resistant to the antibiotic called vancomycin. and foley catheter.</p> <p>During an observation of Resident R16's medication administration on 12/2/24, at 9:06 a.m. Registered Nurse Employee E1 failed to wash his hands prior to administering the resident's insulin. Occupational Therapist, Employee E9 was observed providing direct care to Resident R16 without a gown.</p> <p>During an interview on 12/2/24, at 9:10 a.m. RN, Employee E1 confirmed he failed to wash his hands prior to administering Resident R16's insulin and the facility failed to implement enhanced barrier precautions.</p> <p>During an interview on 12/2/24, at 12:50 p.m. the Nursing Home Administrator confirmed the facility failed to implement infection prevention and control monitoring policies for enhanced barrier precautions for one of three residents (Resident R16).</p> <p>Review of Resident R48's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R48's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/22/24, indicated diagnoses of cancer (a disease that occurs when cells in the body grow and spread uncontrollably), diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), and depression. MDS Section O0110 E1 indicated tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs) care.</p> <p>Review of Resident R48's current physician orders indicated Resident R48 was ordered EBP for tracheostomy.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During clinical record review on 12/2/24, at 10:55 a.m. Resident R48 care plan indicated gloves and gown are worn for high contact care activities which include tracheostomy care.</p> <p>During an observation on 12/2/24, at 12:40 p.m. Registered Nurse (RN) Employee E24 walked into Resident R48's room, washed hands, applied gloves and provided tracheostomy care and suctioned extra secretions from the site and failed to wear a gown as required.</p> <p>During an interview on 12/2/24, at 12:47 p.m. RN Employee E24 confirmed that she did not wear a gown into an EBP room prior to providing tracheostomy care.</p> <p>During an interview on 12/2/24, at 3:00 p.m. Director of Nursing (DON) confirmed that the facility failed to implement infection prevention and control monitoring policies for enhanced barrier precautions for two of three residents (Resident R16 and R48), and failed to adhere to proper handwashing prior to insulin administration for one of two residents (Resident R16).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.</p>		

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<p>F 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</p> <p>Based on observation and staff interview, it was determined the facility failed to provide a bed, a mattress and functional furniture in resident rooms on the first floor for 13 out of 13 rooms (First Floor).</p> <p>Findings include:</p> <p>Review of facility policy Homelike Environment dated 8/28/24, indicated that residents are provided with a safe, clean, comfortable, and homelike environment. Facility provides furniture, including a clean bed.</p> <p>During a tour on 12/6/24, at 1:00 p.m. revealed the following missing items in each room observed:</p> <p>room [ROOM NUMBER] - missing one bed and mattress.</p> <p>room [ROOM NUMBER] - missing one bed and mattress.</p> <p>room [ROOM NUMBER] - missing one bed and mattress.</p> <p>room [ROOM NUMBER] - missing one bed and mattress.</p> <p>room [ROOM NUMBER] - missing two beds and two mattresses.</p> <p>room [ROOM NUMBER] - missing one chair.</p> <p>room [ROOM NUMBER] - missing two beds, two mattresses and one chair.</p> <p>room [ROOM NUMBER] - missing two beds, two mattresses and one chair.</p> <p>room [ROOM NUMBER] - missing on bed and mattress.</p> <p>room [ROOM NUMBER] - missing two beds and two mattresses.</p> <p>room [ROOM NUMBER] - missing two beds and two mattresses.</p> <p>room [ROOM NUMBER] - missing two beds and two mattresses.</p> <p>room [ROOM NUMBER] - missing two beds and two mattresses.</p> <p>(continued on next page)</p>

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<p>F 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/6/24, at 12:15 p.m. Nursing Home Administrator (NHA) stated that rental beds from second and third floor had been sent back to the company and replaced with the beds that were supposed to be on the first floor. NHA indicated that since the first floor is closed, they decided to purchase new beds for the first floor, and they have not arrived at the facility. NHA stated that there were no other beds in the building to use on the first floor at this time if needed.</p> <p>During a tour of the unit on 12/6/24, at 1:25 p.m. the Director of Nursing confirmed the above missing and that the facility failed to provide a bed, a mattress and functional furniture in resident rooms on the first floor for 13 out of 13 rooms (First Floor).</p> <p>28 Pa. Code 201.18 (e) (2.1) Management</p>		