

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Highland Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1105 Perry Highway Pittsburgh, PA 15237	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</b></p> <p>Based on review of clinical record, and staff interview, it was determined that the facility failed to develop a baseline care plan that included Life Vest (wearable defibrillator designed to protect residents from sudden cardiac death), and interventions needed to provide effective and person-centered care for two of two residents (Resident R1, and R2).</p> <p>Findings include:</p> <p>Review of facility policy Care Plans - Baseline dated 11/1/24, indicated a baseline plan of care should be developed for each resident within 48 hours of admission. The baseline care plan should include instructions needed to provide effective, person-centered care of the resident which includes initial goals based on admission orders.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/7/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), coronary artery disease (damage or disease in the heart's major blood vessels), and high blood pressure.</p> <p>Review of Resident R1's baseline care plan dated 2/10/25, failed to include that the resident had a Life Vest.</p> <p>Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of high blood pressure, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes.</p> <p>Review of Resident R2's baseline care plan dated 1/28/25, failed to include that the resident had a Life Vest.</p> <p>During an interview on 3/6/25, at 12:30 p.m. the Director of Nursing confirmed that the facility failed to develop a baseline care plan that included Life Vest interventions needed to provide effective and person-centered care for two of two residents (Resident R1, and R2).</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12 (d)(1)(5) Nursing services.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50075</p> <p>Based on a review of facility policy, clinical records, and staff interview, it was determined that the facility failed to develop care plans that included instructions to provide person centered care for one of two residents (Resident R1).</p> <p>Findings include:</p> <p>Review of facility's policy Care Plans, Comprehensive Person Centered dated 11/1/24, indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/7/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), coronary artery disease (damage or disease in the heart's major blood vessels), and high blood pressure.</p> <p>Review of Resident R1's physician orders 3/5/25, at 10:30 a.m. included physician orders to change the battery for a Life Vest daily.</p> <p>Review of Resident R1's care plan dated 2/8/25, failed to reveal a care plan with goals and interventions for a Life Vest.</p> <p>During an interview on 3/5/25, at 12:30 p.m. the Director of Nursing confirmed that the facility failed to ensure that a comprehensive resident care plan was complete for resident care needs for one of two residents (Resident R1).</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48546</b></p> <p>Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure a physician completed the initial comprehensive visit for three of six residents (Residents R3, R4, and R5).</p> <p>Findings include:</p> <p>Review of Resident R3's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 1/28/25, indicated diagnoses of high blood pressure, depression (a constant feeling of sadness, loss of interests), and muscle weakness.</p> <p>Review of Resident R3's clinical record indicated a History and Physical assessment (a comprehensive formal assessment) was completed by Certified Registered Nurse Practitioner (CRNP) Employee E12 on 1/22/25.</p> <p>Review of Resident R4's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R4's MDS dated [DATE], indicated diagnoses of Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), muscle weakness, and restlessness and agitation.</p> <p>Review of Resident R4's clinical record indicated a History and Physical assessment was completed by CRNP Employee E13 on 1/22/25.</p> <p>Review of Resident R5's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R5's MDS dated [DATE], indicated diagnoses of depression, retention of urine, and arthritis (inflammation of one or more joints, causing pain and stiffness).</p> <p>Review of Resident R5's clinical record indicated a History and Physical assessment was completed by CRNP Employee E12 on 1/16/25.</p> <p>During an interview on 3/6/25, at 2:19 p.m. the Director of Nursing confirmed that the facility failed to ensure a physician completed the initial comprehensive visit as required.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p>

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50075</b></p> <p>Based on manufacturer's instructions, clinical record reviews, and staff interviews it was determined that the facility failed to ensure that nursing staff had the specific competencies and skill sets necessary to provide care for a resident with a Life Vest (a wearable defibrillator designed to protect residents from sudden cardiac death), and placed two of two residents in immediate jeopardy in which health and safety were impacted (Resident R1, and R2).</p> <p>Findings include:</p> <p>Review of the [NAME] Life Vest Patient Manual updated 2021, indicated the following:</p> <p>Wear all day and all night</p> <p>Life Vest slides on and off like a backpack.</p> <p>If the garment fits loosely, call [NAME] (manufacturer). The garment should be snug against the skin.</p> <p>Remove Life Vest to bathe, shower, or change the garment,</p> <p>Turn on Life Vest by inserting the battery. Always have the garment on before inserting the battery.</p> <p>Every 24 hours, change and recharge the batteries.</p> <p>There are two batteries. Always charge one while using the other.</p> <p>Place the charger in a safe place where it can be plugged in.</p> <p>Battery should slide in easily. Do not force the battery into the monitor.</p> <p>Practice changing the battery.</p> <p>Act quickly for siren alerts. Press the response buttons.</p> <p>This alert signals that Life Vest has detected a life -threatening rapid heart rhythm.</p> <p>Only the patient should press the response button.</p> <p>If a treatment is received by the Life Vest, leave the Life Vest on and call the doctor. Call [NAME] for a new electrode belt, and check display for any messages and take action.</p> <p>Read the display for [NAME] alerts and follow the instructions on the screen.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>When connecting and disconnecting the electrode belt be careful not to bend the pins.</p> <p>Remove the battery from the monitor before you remove the garment.</p> <p>Remove the electrode belt from the garment and insert it into a clean garment.</p> <p>Make sure the silver sides of the therapy pads (with the green label) face the mesh of the pocket. Snap the pockets closed.</p> <p>Position and secure the vibration box to the garment.</p> <p>Attach the round electrodes to the garment. Match the colors on the backs of the electrodes to the colors on the garment.</p> <p>Electrodes and therapy pads should press against bare skin. The mesh fabric pockets, and silver side of the therapy pads (with green labels) MUST TOUCH BODY for the device to work properly.</p> <p>Do not put the monitor, electrode belt, battery or charger in water; do not get components wet.</p> <p>Call [NAME] immediately if a Call for Service- Message Code 102 appears on the Life Vest screen. A replacement device will be provided within 24 hours from your notification to [NAME].</p> <p>Wash the garment every 1-2 days. Do not use bleach or fabric softener.</p> <p>If prompted to download data, follow the instructions to do so.</p> <p>Review of Resident R1's clinical record revealed a Printable Discharge Form dated 2/5/25, that included correspondence between the facility and the discharging hospital, in which the hospital had documented, Will you have a bed for this patient today? Patient will be coming with a Life Vest. On 2/5/25, at 10:15 a.m. the facility responded, I can take. Just let me know what time you get for transport please. Resident was accepted to facility and admitted [DATE].</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/7/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), coronary artery disease (damage or disease in the heart's major blood vessels), and high blood pressure.</p> <p>Review of Resident R1's physician orders 3/5/25, at 10:30 a.m. included physician orders to change the battery for a Life Vest dialy.</p> <p>During Resident R1's interview and observation on 3/5/25, at 10:47 a.m. a charging station for Life Vest batteries was observed on the bedside stand and resident confirmed that he was wearing a Life Vest.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/5/25, at 10:57 a.m. Registered Nurse (RN) Employee E2 stated, This is my first time at this facility. I was not given any training on a Life Vest. I've never had to change the battery. I'm not to sure what the alarms mean. I would presume that they can shower with it on.</p> <p>During an interview on 3/5/25, at 11:03 a.m. Nursing Assistant (NA) Employee E3 stated, I'm not familiar with the Life Vest. I haven't gotten any training with his Life Vest. I'm not sure if they can get a shower but I'm pretty sure we can wrap something around it. When asked what the alarms mean, NA Employee E3 stated, What alarms.</p> <p>During an interview on 3/5/25, at 11:05 a.m. NA Employee E4 stated, I am not familiar with a Life Vest. I have taken care of him, but I don't know anything about a Life Vest. The resident told me that he could get a shower. I have not been trained on a Life Vest. I don't know anything about alarms.</p> <p>During an interview on 3/5/25, at 11:08 a.m. NA Employee E5 stated, I think I took care of him once. I have not been educated on a Life Vest for this resident. It allows the resident to be supported well and allows their spine to be stable. It's for people with back issues. I don't know if he is allowed to get showers. I do not know about alarms.</p> <p>During an interview on 3/5/25, at 11:14 a.m. NA Employee E6 stated, I did not receive any training on taking care of Resident R1's Life Vest. I wanted to know for my protection what it was, so I googled it.</p> <p>During an interview on 3/5/25, at 11:34 a.m. RN Employee E7 stated, I am here maybe once a week to work. I have not received any training on the Life Vest from the facility.</p> <p>Review of Resident R1's care plan on 3/5/25, at 11:55 a.m. failed to reveal instructions for care and operation of Resident R1's Life Vest.</p> <p>Review of Resident R1's current orders on 3/5/25, at 11:58 a.m. failed to reveal a physician order for the care of and monitoring of a Life Vest.</p> <p>During an interview on 3/5/25, at 12:57 p.m. Director of Nursing (DON) confirmed the facility had two residents with a Life Vest.</p> <p>Review of Resident R2's clinical record revealed a Printable Discharge Form dated 1/20/25, that included correspondence between the facility and the discharging hospital, that stated that Resident R2 was ordered a Life Vest during his previous hospitalization .</p> <p>Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of high blood pressure, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes.</p> <p>Review of Resident R2's physician orders 3/5/25, at 12:59 p.m. included physician orders for a Life Vest.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview and observation on 3/5/25, at 1:20 p.m. in Resident R2's room, a charging station for Life Vest batteries was noted to be on the bedside stand, which Resident R2 confirmed, and that he was indeed wearing a Life Vest which he had upon admission to the facility.</p> <p>During an interview on 3/5/25, at 1:34 p.m. NA Employee E9 stated, I have not been educated on the Life Vest by the facility. Someone told me you can take it off to shower. I have no idea what the alarms are.</p> <p>During an interview on 3/5/25, at 1:37 p.m. NA Employee E10 stated, I am not familiar with a Life Vest. I was not given any education by the facility. I don't know if the resident can get a shower or what alarms mean.</p> <p>During an interview on 3/5/25, at 1:39 p.m. NA Employee E11 stated, I am not familiar with his Life Vest. This is my first day here. The facility has not provided me with any education on a Life Vest. I don't know what the alarms mean.</p> <p>On 3/5/25, at 3:01 p.m. the DON was made aware that Immediate Jeopardy (IJ) existed, DON was provided the IJ Template, that placed two residents (Resident R1, and R2) in immediate jeopardy in which health and safety were impacted, and a corrective action plan was requested.</p> <p>On 3/5/25, at 7:05 p.m. an acceptable Corrective Action Plan was received which included the following interventions:</p> <p>Immediate Action:</p> <ul style="list-style-type: none"> <li>- Educate all clinical staff on the care and operation of Life Vests, that includes but is not limited to what the different alarms mean, the dangers of electrical shock, the care of the batteries, the care of the garment for laundering, monitoring and placement of the Life Vest, check skin integrity, and special needs for bathing. All prior to the next shift, by 3/6/25, at 12:00 p.m. in person and/or through witnessed phone calls with signatures.</li> <li>- Clinical staff will complete competencies, pre and posttests by 3/6/25 at 12:00 p.m.</li> <li>- Obtain physician orders and ensure implementation for Resident R1, and R2.</li> <li>- The facility must develop a resident center comprehensive care plan outlining the care of Resident R1 related to the Life Vest by 3/5/25, at 6:00 p.m.</li> <li>- The facility will update Resident R2's comprehensive care plan outlining the care related to the Life Vest by 3/5/25, at 6:00 p.m.</li> <li>- The facility obtained additional physician orders for the implementation of the Life Vest and ensured the orders were complete.</li> <li>- Clinical staff will be educated on updates and policies related to specialty equipment by 3/6/25, at 12:00 p.m.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- Admission Staff will be educated on updates and policies related to specialty equipment by 3/6/25, at 12:00 p.m.</p> <p>Residents:</p> <ul style="list-style-type: none"> <li>- Resident R1's physician's orders and care plan were updated.</li> <li>- Resident R2's physician's orders and care plan were updated.</li> </ul> <p>System Correction:</p> <ul style="list-style-type: none"> <li>- The facility must review/develop, and update the policy related to specialty equipment by 3/5/25, at 6:00 p.m.</li> <li>- The facility must review/develop policy and procedure related to the admission of residents with anticipated equipment by 3/5/25, by 6:00 p.m.</li> </ul> <p>Monitoring:</p> <ul style="list-style-type: none"> <li>- The facility will audit 100 percent of residents for Life Vests placement, operation, battery backup, and associated documentation (skin checks, physician orders, and care planning) daily for one week starting 3/6/25, one time a weekly thereafter for three weeks, and monthly thereafter with reporting through Quality Assurance and Process Improvement (QAPI) for review and recommendation.</li> <li>-The facility will conduct random competency audits of two clinical staff per shift starting 3/6/25, that have assignment with Life Vest residents daily for one week, one time weekly thereafter for three weeks, and monthly thereafter with reporting through QAPI for review and recommendations.</li> <li>- The education plan will be reviewed by QAPI and further recommendations in a meeting conducted on 3/6/25.</li> </ul> <p>During an interview on 3/6/25, at 10:17 a.m. NA Employee E5 verified that he had received education on the Life Vest and stated, I know now how to care for the Life Vest because of the education. I feel more comfortable taking care of the resident now.</p> <p>During an interview on 3/6/25, at 10:24 a.m. NA Employee E6 verified that she had received education on the Life Vest and stated, The education should have been done prior to them coming to facility but I feel better now.</p> <p>During an interview on 3/6/25, at 10:30 a.m. NA Employee E14 verified that she received education on the Life Vest and added, This is the first time educated. I learned a bunch of stuff. Very educational.</p> <p>During an interview on 3/6/25, at 10:17 a.m. NA Employee E13 verified that she had received education on the Life Vest and stated, I didn't know anything about it (prior to receiving the education). These are things that we should know.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/6/25, at 10:33 a.m. RN Employee E15 verified that she had received education on the Life Vest and stated, I feel comfortable taking care of a Life Vest.</p> <p>During a clinical record review on 3/6/25, at 10:45 a.m. Resident R1, and R2 had new physician orders and care plans for Life Vest.</p> <p>Review of facility documents on 3/6/25, revealed that the facility had 133 clinical employees and that 116 had received Life Vest education. The remaining employees were to receive their education prior to the start of their next shift. 116 employees had received education on Life Vest and had been administered a written test to verify their knowledge. The remaining employees will take the test prior to the start of their next shift.</p> <p>During employee interviews on 3/6/25, from 10:05 a.m. through 11:30 a.m. 32 employees confirmed they had received education on the safe care, operation, and policies of the Life Vest as stated above. 32 of these employees had also completed a written test on Life Vest prior to the start of their next shift. 14 employees verified stated that they had received the education at home but were to take the written test when they came into the facility prior to the start of their next shift.</p> <p>Review of facility documents on 3/6/25, verified that a policy was reviewed and revised for Specialty Equipment that included Life Vest and that policy was reviewed for the admission process of residents with anticipated equipment needs including a Life Vest.</p> <p>Review of facility documents on 3/6/25, verified that audits were conducted for two clinical staff members to demonstrate competency of caring for a resident with a Life Vest.</p> <p>Review of facility documents on 3/6/25, verified that the facility conducted a QAPI meeting on 3/6/25, to review the education plan concerning residents with a Life Vest.</p> <p>The Immediate Jeopardy was lifted on 3/6/25, at 12:24 p.m. when the action plan was verified.</p> <p>During an interview on 3/6/25, at 12:30 p.m. the Nursing Home Administrator confirmed that the facility failed to ensure that nursing staff have the specific competencies, and skill sets necessary to provide care for a resident with a Life Vest, and placed two residents in immediate jeopardy in which health and safety were impacted (Resident R1, and R2).</p> <p>28 Pa Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa Code 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa Code 201.29(a) Resident rights.</p> <p>28 Pa Code 211.5(f) Clinical records.</p> <p>28 Pa. Code: 211.10 (c)(d) Resident care policies.</p> <p>28 Pa Code 211.12(c)(d)(1)(2)(5) Nursing services.</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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>50075</p> <p>Based on review of job descriptions, clinical records and staff interviews, it was determined that the Nursing Home Administrator (NHA) and the Director of Nursing (DON) failed to ensure that nursing staff had the specific competencies and skill set necessary to provide care for residents with a Life Vest (a wearable defibrillator designed to protect residents from sudden cardiac death).</p> <p>Findings include:</p> <p>The signed job description for Nursing Home Administrator dated 11/1/24, indicated that this position's purpose is to direct the day-to-day functions of the facility in accordance with current federal, state, and local standards, guidelines, and regulations that govern nursing facilities to assure that the highest degree of quality care can be provided to our residents at all times.</p> <p>The signed job description for Director of Nursing dated 11/1/24, indicated the purpose of this position is to oversee and supervises the care of all the residents. This includes overall management of the entire nursing department, responsible for ensuring resident safety, and conduct in-services for the clinical staff.</p> <p>Based on the findings in this report that identified that the facility failed to make certain that staff was adequately trained and had specific competencies and skill set necessary to provide quality care to residents who wear issued Life Vests. This failure created an immediate jeopardy situation for two of two residents (Resident R1 and R2).</p> <p>During an interview on 3/5/25, at 7:05 p.m. the NHA and DON confirmed they failed to effectively manage the facility to ensure that nursing staff had the specific competencies and skill set necessary to provide care for residents with a Life Vest.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395826	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2025
NAME OF PROVIDER OR SUPPLIER  Highland Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1105 Perry Highway Pittsburgh, PA 15237	
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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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50075</p> <p>Based on clinical record review, staff interviews and a review of the facility's assessment it was determined that the facility failed to implement and document a complete facility wide assessment, which identified the specific resources necessary to care for its specific resident population.</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record revealed a Printable Discharge Form dated 2/5/25, that included correspondence between the facility and the discharging hospital, in which the hospital had documented, Will you have a bed for this patient today? Patient will be coming with a Life Vest. On 2/5/25, at 10:15 a.m. the facility responded, I can take. Just let me know what time you get for transport please. Resident was accepted to facility and admitted [DATE].</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE].</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/7/25, indicated diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time), coronary artery disease (damage or disease in the heart's major blood vessels), and high blood pressure.</p> <p>During Resident R1's interview and observation on 3/5/25, at 10:47 a.m. a charging station for Life Vest batteries was observed on the bedside stand and resident confirmed that he was wearing a Life Vest.</p> <p>Review of Resident R2's clinical record revealed a Printable Discharge Form dated 1/20/25, that included correspondence between the facility and the discharging hospital, that stated that Resident R2 was ordered a Life Vest during his previous hospitalization .</p> <p>Review of the clinical record revealed that Resident R2 was admitted to the facility on [DATE].</p> <p>Review of Resident R2's MDS dated [DATE], indicated diagnoses of high blood pressure, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and diabetes.</p> <p>Review of Resident R2's physician orders 3/5/25, at 12:59 p.m. included physician orders for a Life Vest.</p> <p>During an interview and observation on 3/5/25, at 1:20 p.m. in Resident R2's room, a charging station for Life Vest batteries was noted to be on the bedside stand, which Resident R2 confirmed, and that he was indeed wearing a Life Vest which he had upon admission to the facility.</p> <p>Review of the Facility assessment dated Quarter One 25, failed to include the use of a Life Vest as a condition that requires complex medical care and management routinely cared for in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/6/25, at 9:12 a.m. Nursing Home Administrator (NHA) stated that the facility assessment will be updated to include Life Vest and clinical education competencies.</p> <p>During an interview on 3/6/25, at 12:30 p.m. the NHA confirmed the facility failed to implement and document a complete facility wide assessment, which identified the specific resources necessary to care for its specific resident population.</p> <p>201.14(a) Responsibility of Licensee.</p> <p>201.18(b)(1) Management.</p>		