STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738 Based on observation, a review of clinical records, the Resident Assessment Instrument, and staff interviews, it was determined the facility failed to ensure the Minimum Data Set Assessments accurately reflected the status of two residents out of 18 sampled (Residents 9 and 31). Findings include: According to the Resident Assessment Instrument (RAI) User's Manual (an assessment tool utilized to gather definitive information on a resident's strengths and needs, which must be addressed in an individualized care plan, and the RAI also assists staff to evaluate goal achievement and revise care plans accordingly by enabling the facility to track changes in the resident's status) dated October 2024, Section N Medications Subsection N0350A: Insulin, indicate the number of days during the 7-day look-back period that the resident received insulin (a hormone medication used to treat diabetes) injections. A clinical record review revealed Resident 9 was admitted to the facility on [DATE]. A review of a quarterly Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated May 6, 2025, Section N Medication Subsection N0250. Insulin revealed that Resident 9 received one injection of insulin during the 7-day look-back period. A review of Resident 9's medication administration records dated April and May 2025 revealed no documented evidence Resident 9 received an insulin injection during the seven-day look-back period. During an interview on May 22, 2025, at approximately 9:30 AM, with the Regional Nurse Consultant and Registered Nurse Assessment Coordinator (RNAC) confirmed Resident 9 did not receive an insulin injection during the seven-day look-back period, as indicated in the resident MDS assessment May 6, 2025. After inquiries made during the survey, the facility corrected the error and submitted a modification to the May 6, 2025, MDS assessment for Resident 9. According to the RAI User's Manual dated October 2024, Section L0200 Dental indicates that facilities will code any dental problems in the seven day look back period of the MDS. A clinical record review revealed Resident 31 was admitted to the facility on [DATE]. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on May 20, 2025, at 11:50 AM revealed that Resident 31 was edentulous (lacking teeth). Further review of the clinical record revealed a Dental Consult dated December 23, 2024, which indicated the resident had seven teeth extracted. A Dental Consult dated April 1, 2025, revealed a full upper bite block (a device used in dentistry to help establish the correct bite and facial concerns when fabricating dentures) and full lower bite block was completed by the dentist. A Dental Consult dated April 30, 2025, revealed the resident's full upper and lower dentures were inserted for the resident to try them out. However, the dental consult failed to indicate the results of the trial. Interview with the Regional Nurse Consultant on May 22, 2025, at approximately 11:00 AM confirmed that the resident did not yet have his dentures and that a follow-up visit was scheduled for May 30, 2025. Review of an annual MDS dated [DATE], Section L0200 B (no natural teeth or tooth fragments- edentulous) was not selected to reflect that Resident 31 was edentulous. During an interview on May 22, 2025, at approximately 11:00 AM the Regional Nurse Consultant confirmed that Resident 31's annual MDS assessment dated [DATE], Section L Dental was not accurate. 28 Pa. Code 211.5(f)(viii)(ix) Medical records. 28 Pa. Code 211.12(c)(d)((1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21738 Based on observation, a review of clinical records and staff interview, it was determined the facility failed to develop and implement a comprehensive person-centered care plan that included specific and individualized interventions to address dental needs for one out of 18 residents sampled (Resident 31). Findings include: A clinical record review revealed Resident 31 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease (disorder of the central nervous system that affects movement, often including tremors) and dementia (condition characterized by the loss of cognitive functioning such as thinking, remembering, and reasoning, to such an extent that it interferes with a person's daily life and activities). Observation on May 20, 2025, at 11:50 AM revealed that Resident 31 was edentulous (lacking teeth). Further review of the clinical record revealed a Dental Consult dated December 23, 2024, which indicated the resident had seven teeth extracted. A Dental Consult dated April 1, 2025, revealed a full upper bite block (a device used in dentistry to help establish the correct bite and facial concerns when fabricating dentures) and full lower bite block was completed by the dentist. A Dental Consult dated April 30, 2025, revealed the resident's full upper and lower dentures were inserted for the resident to try them out. However, the dental consult failed to indicate the results of the trial. Interview with the Regional Nurse Consultant on May 22, 2025, at approximately 11:00 AM confirmed the resident did not yet have his dentures and that a follow-up visit was scheduled for May 30, 2025. Further review of the clinical record revealed no documented evidence the facility developed a care plan to reflect Resident 31's dental status including the resident becoming edentulous due to the extractions on December 23, 2024, and the plan/timeline to obtain dentures for the resident. During an interview on May 22, 2025, at approximately 11:00 AM, the Regional Nurse Consultant confirmed it is the facility's responsibility to ensure each resident's comprehensive person-centered care plan includes identified problems and services that are to be provided to assist the resident to attain or maintain their highest practicable physical, mental, and psychosocial well-being. The Regional Nurse Consultant confirmed Resident 31's comprehensive person-centered care plan did not reflect the residen'ts dental needs. 28 Pa Code 211.10 (c) Resident care policies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.12 (d)(1)(3) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52053 Based on a review of clinical records, observation, and staff interviews, it was determined the facility failed to provide nursing services consistent with professional standards of practice by not ensuring the consistent application of physician-ordered preventative measures for safety for one of 18 residents sampled (Resident 39). Findings include: A review of the clinical record revealed Resident 39 was admitted to the facility on [DATE], with diagnoses to include 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 Parkinson's disease (a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination). A review of a quarterly Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 26, 2025, revealed that Resident 39 had moderately impaired cognition with a BIMS score of 10 (Brief Interview for Mental Status-a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 8-12 indicates cognition is moderately impaired). Further review of the clinical record revealed a physician's order dated March 9, 2025, revealed an order for non-skid strips to the floor on the door side of the bed. A review of the resident's care plan in effect through the survey end date of May 23, 2025, revealed that he was at risk for falls, had fallen multiple times, and had a planned intervention of non-skid strips to the floor of the door side of the bed. Observation of Resident 39 in his room on May 20, 2025, at 12:15 PM revealed he was sitting in his bed eating his lunch. There was no evidence of non-skid strips to the floor on the door side of the bed. A second observation of Resident 39's room on May 20, 2025, at 1:30 PM revealed no evidence of non-skid strips on the floor for the door side of the bed and was confirmed by Employee 1, Registered Nurse Supervisor. An interview with the Regional Nurse Consultant and Nursing Home Administrator on May 21, 2025, at 12:00 PM confirmed that staff had not consistently followed the physician's orders for application of non-skid strips to the floor on the door side of the bed for safety for Resident 39. 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48277 Based on a review of select facility policies, the facility diet manual, clinical records, and staff interviews, it was determined that the facility failed to assess, evaluate, and monitor the nutritional parameters of residents with significant weight loss for two of 18 residents reviewed (Residents 27 and 69). Findings include: Review of a facility policy titled Weight Monitoring Standards, last reviewed by the facility in October 2024, revealed if the monthly weight shows more than a 5% gain or loss, the resident is re-weighed within 24 hours. If there is an actual 5% or more gain or loss in one month, the resident, family, physician, and the Dining Services Director are notified by the Nursing Department. Documentation of the date notified should be documented in the nursing progress section of the medical record. The Dining Services Director/designee reviews the resident's nutritional status and makes recommendations for intervention in the nutrition progress notes if a significant change is noted. Review of a facility policy titled Weight Assessment and Intervention, last reviewed by the facility on April 15, 2025, revealed the physician and the multidisciplinary team would identify conditions and medications that may be causing anorexia, weight loss, or increasing the risk of weight loss, including medication-related adverse consequences. A review of the clinical record revealed Resident 27 was admitted to the facility August 7, 2022, with diagnoses to include 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 chronic obstructive pulmonary disease (COPD is a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe). A quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) of Resident 27 dated May 5, 2025, revealed the resident was severely cognitively impaired with a BIMS score of 02 (brief interview for mental status, a tool to assess the residents' attention, orientation, and ability to register and recall new information, a score of 0-7 indicates severe cognitive impairment). A review of the clinical record revealed a physician's order dated March 10, 2025, revealed an order for Senokot S 8.6-50 milligrams (mg) one tablet daily at bedtime for constipation (difficulty in bowel movements). Senekot is medication used to treat constipation with possible adverse side effect of loose stools. A review of the clinical record revealed a physician's order dated March 26, 2025, for a mechanical soft diet. A review of a facility diet manual revealed a mechanical soft diet which per the facility's diet manual provides approximately 1600-2000 calories and 60-75 grams of protein per day at the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the clinical record revealed a physician's order dated March 27, 2025, for a health shake three times a day between meals to promote optimal intake (health shake- a nutritional beverage supplement that provides additional calories, protein, and essential nutrients). The facility uses a 4 oz. mighty shake which provides 200 calories and 7 grams of protein. A review of the clinical record of a nurse progress alert note dated April 8, 2025, revealed that Resident 27 had at least three loose stools in a 24-hour period, and it was noted the resident was on medications that can contribute to lose stools. Nurse alert progress notes dated April 28, April 29, May 5, May 12, May 13, May 16, and May 19, 2025, documented that the resident experienced at least three loose stools in a 24-hour period. The episodes were attributed to medication side effects and rectal prolapse. No adjustments were made to the resident's medication regimen, and no documentation from the physician or nurse practitioner addressed the repeated episodes of loose stools. A review of Documentation Survey Report v2 (care tasks completed for the resident) for April 2025 until May 22, 2025, revealed that Resident 27 had experienced multiple loose stools regularly. Review of the Medication Administration Record from April through May 22, 2025, revealed that Senokot S was administered daily, with the exception of April 7, 2025, when it was held due to lose stools. The Documentation Survey Report confirmed the resident had frequent loose stools during this time period. A Registered Dietician (RD) note dated May 6, 2025, documented the resident experienced a 3.4-pound weight loss in 30 days, a 14-pound (11%) loss over 90 days, and a 16-pound (12%) loss over 180 days. The RD reported inconsistent meal intake (0 -25% for 2 meals; 25-50% for 6 meals; 50-75% for 3 meals; 75-100% for 10 meals; one meal was refused) and confirmed the resident was receiving health shakes three times daily. A subsequent RD note dated May 10, 2025, acknowledged the weight loss and noted Senokot S as part of the medication review. The RD noted that weight loss may be associated with natural aging process due to advanced age of [AGE] years old. During an interview on May 22, 2025, at approximately 10:00 AM, Employee 2, a Certified Registered Nurse Practitioner, stated she was unaware of the recent weight loss and confirmed that although she was aware of the resident's ongoing loose stools, no hold parameters had been ordered for Senokot. She was aware Resident 27 was having loose stools regularly, but she did not want Resident 27 to end up with constipation due to the prolapsed rectum There was no documentation in the clinical record from either the physician or CRNP acknowledging or evaluating the ongoing loose stools. Following surveyor inquiry, a new order dated May 22, 2025, was obtained to hold Senekot if the resident experienced loose stools. Interview with the Regional Nurse Consultant on May 22, 2025, at approximately 12:50 PM, confirmed the facility failed to recognize contributing factors including frequent loose stools, that may have contributed to Resident 27's significant weight loss. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395929	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ridgeview Healthcare & Rehab Center	200 Pennsylvania Avenue Shenandoah, PA 17976

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 69's clinical record revealed admission to the facility on [DATE], with diagnoses to include Alzheimer's Disease (a progressive brain disease that destroys memory and other important mental functions), and adult failure to thrive (a global decline in health often characterized by weight loss, decreased appetite, poor nutrition, and reduced physical activity). A review of the resident's weights noted the following: January 4, 2025 - 182.4 lbs. February 4, 2025 - 163.2 lbs. indicating a 19.2 lb. weight loss or 10.53% loss of body weight. There was no documented evidence the resident was reweighed within 24 hours as required by facility policy. Additionally, there was no documentation that the physician, resident representative, or Dining Services Director/designee were notified of the significant weight loss. There was also no documentation to indicate that the resident's nutritional status was reviewed or that interventions were recommended by the Dining Services Director. During an interview on May 22, 2025, at approximately 12:50 PM, the Regional Nurse Consultant confirmed that the facility failed to obtain a reweight and failed to timely notify the physician, RP, and Dining Services Director regarding the resident's weight loss. She acknowledged that the facility lacked necessary information to accurately assess Resident 69's nutritional status, evaluate intake adequacy, and plan for appropriate nutritional support. 28 Pa Code 211.5(f)(ix) Medical records 28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services