

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
--	---	---	--

NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN STATE LICENSE NUMBER: 270102	STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520		P 5520		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	Unable to retroactively correct staffing ratios for Certified Nurse Aides (CNAs) on dates noted. Residents who receive nursing care services have the potential to be affected. Recruitment and retention activities- 1.) Generous Sign on Bonus 2.) Flexible Scheduling 3.) Benefits Package for full-time employees 4.) Wage analysis completed 5.) "Kudos" recognition program 6.) Referral bonus 7.) Agency Contracts 8.) Administrative Coverage 9.) Attend Job Fair Monitoring will be captured through auditing staff schedules. Audit will be conducted daily for 12 weeks. The audits will be conducted by the Staffing Coordinator or designee. Results of the audits will be	Completion Date: 05/26/2025 Status: APPROVED Date: 04/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 2	P 5520	presented for review at the monthly Quality Assurance Improvement Committee (QAPI) meeting monthly for a period of three months. Any revisions to the audit plan will be reviewed and implemented with coordination of the interdisciplinary team at QAPI Committee meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 3 <i>written by Amy</i> Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one nurse aide per 10 residents on the day shift for two of four days reviewed, failed to ensure a minimum of one nurse aide per 11 residents on the evening shift for two of four days, and failed to ensure a minimum of one nurse aide per 15 residents on the overnight shifts, for two of four days (24-hour periods) reviewed. Findings Include: Review of facility census data indicated that on March 31, 2025, the facility census was 57, which required 5.70 (57 residents divided by 10) nurse aides (NAs) during the day shift. Review of the nursing time schedules revealed 5.27 NAs provided care on the day shift on March 31, 2025. No	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 4 additional excess higher-level staff were available to compensate this deficiency. Review of facility census data indicated that on March 31, 2025, the facility census was 57, which required 5.18 nurse aides (NAs) during the evening shift. Review of the nursing time schedules revealed 4.40 NAs provided care on the evening shift on March 31, 2025. No additional excess higher-level staff were available to compensate this deficiency. Review of facility census data indicated that on March 31, 2025, the facility census was 57, which required 3.80 nurse aides (NAs) during the night shift. Review of the nursing time schedules revealed 3.17 NAs provided care on the night shift on March 31, 2025. No additional excess higher-level staff were available to compensate this deficiency. Review of facility census data indicated that on April 2, 2025, the facility census was 57, which required 5.70 NAs during the day shift. Review of the nursing time schedules revealed 4.97 NAs provided care on	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 5 the day shift on April 2, 2025. No additional excess higher-level staff were available to compensate this deficiency. Review of facility census data indicated that on April 2, 2025, the facility census was 58, which required 5.27 nurse aides NAs during the evening shift. Review of the nursing time schedules revealed 4.17 NAs provided care on the evening shift on April 2, 2025. No additional excess higher-level staff were available to compensate this deficiency. Review of facility census data indicated that on April 2, 2025, the facility census was 58, which required 3.87 nurse aides NAs during the night shift. Review of the nursing time schedules revealed 3.37 NAs provided care on the night shift on April 2, 2025. No additional excess higher-level staff were available to compensate this deficiency. Review of facility census data indicated that on April 3, 2025, the facility census was 58, which required 5.80 NAs during the day shift. Review of the nursing	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025	
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN STATE LICENSE NUMBER: 270102		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	<p>Continued from page 6</p> <p>time schedules revealed 4.00 NAs provided care on the day shift on April 3, 2025. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>Review of facility census data indicated that on April 3, 2025, the facility census was 62, which required 5.64 nurse aides NAs during the evening shift.</p> <p>Review of the nursing time schedules revealed 4.20 NAs provided care on the evening shift on April 3, 2025. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>Interview with the Nursing Home Administrator on April 10, 2024, at 12:10 p.m. confirmed that the facility did not meet the required nurse aide-to-resident staffing ratios for the days listed above.</p>	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	Continued from page 7	P 5520		
P 5530		P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025	
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN STATE LICENSE NUMBER: 270102		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	Continued from page 8 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	Unable to retroactively correct staffing ratios for Licensed Practical Nurses (LPNs on dates noted). Residents who receive nursing care services have the potential to be affected. Recruitment and retention activities- 1.) Generous Sign on Bonus 2.) Flexible Scheduling 3.) Benefits Package for full-time employees 4.) Competitive Wages 5.) "Kudos" employee recognition program 6.) Referral bonus 7.) Agency Contracts 8.) Administrative Coverage 9.) Attend Job Fair Monitoring will be captured through auditing staff schedules. Audit will be conducted daily for 12 weeks. The audits will be conducted by the Staffing Coordinator or designee.	Completion Date: 05/26/2025 Status: APPROVED Date: 04/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	Continued from page 9	P 5530	Results of the audits will be presented for review at the monthly Quality Assurance Improvement Committee (QAPI) meeting monthly for a period of three months. Any revisions to the audit plan will be reviewed and implemented with coordination of the interdisciplinary team at QAPI Committee meeting.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	Continued from page 10 <i>written by Amy</i> Based on review of nursing schedules, review of staffing information furnished by the facility, and staff interviews, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift for one of four days (24-hour periods) reviewed, failed to ensure a minimum of one licensed practical nurse (LPN) per 30 residents during the evening shift for one of four days (24-hour periods) reviewed, and failed to ensure a minimum of one licensed practical nurse (LPN) per 40 residents during the night shift for one of four days (24-hour periods) reviewed. Findings Include: Review of facility census data indicated that on March 31, 2025, the facility census was 57, which required 2.28 Licensed Practical Nurses (LPN) during the day shift.	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025	
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN STATE LICENSE NUMBER: 270102		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	<p>Continued from page 11</p> <p>Review of the nursing time schedules revealed 2.07 LPNs worked on the day shift on March 31, 2025. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>Review of facility census data indicated that on March 31, 2025, the facility census was 57, which required 1.43 Licensed Practical Nurses (LPN) during the night shift.</p> <p>Review of the nursing time schedules revealed 1.07 LPNs worked on the night shift on March 31, 2025. No additional excess higher-level staff were available to compensate this deficiency.</p> <p>Review of facility census data indicated that on April 3, 2025, the facility census was 62, which required 2.07 Licensed Practical Nurses (LPN) during the evening shift.</p> <p>Review of the nursing time schedules revealed 2.00 LPNs worked on the evening shift on April 3, 2025.</p>	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5530	Continued from page 12 No additional excess higher-level staff were available to compensate this deficiency. Interview with the Director of Nursing on April 10, 2025, at 12:10 p.m. confirmed that the facility did not meet the required Licensed Practical Nurse-to-resident staffing ratios for the days listed above.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025	
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN STATE LICENSE NUMBER: 270102		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5640	Continued from page 13 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	Unable to retroactively correct the hours provided of direct resident care for dates noted. Residents who receive nursing care services have the potential to be affected. Recruitment and retention activities- 1.) Generous Sign on Bonus 2.) Flexible Scheduling 3.) Benefits Package for full-time employees 4.) Competitive Wages 5.) "Kudos" employee recognition program 6.) Wage analysis completed 7.) The facility is near public transportation. 8.) Referral bonus 9.) Agency Contracts 10.) Administrative Coverage 11.) Attend Job Fair Monitoring will be captured through auditing Per Patient Day. Audit will be conducted daily for 12 weeks.	Completion Date: 05/26/2025 Status: APPROVED Date: 04/28/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5640	Continued from page 14	P 5640	<p>The audits will be conducted by the Staffing Coordinator or designee.</p> <p>Results of the audits will be presented for review at the monthly Quality Assurance Improvement Committee (QAPI) meeting monthly for a period of three months. Any revisions to the audit plan will be reviewed and implemented with coordination of the interdisciplinary team at QAPI Committee meeting.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395439	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/11/2025
NAME OF PROVIDER OR SUPPLIER: HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE: 807 GOUCHER STREET JOHNSTOWN, PA 15905		
STATE LICENSE NUMBER: 270102				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5640	Continued from page 15 <i>written by Amy</i> Based on review of nursing schedules and staff interviews, it was determined that the facility failed to provide 3.20 hours of direct resident care for each resident for two of four days (24-hour periods) reviewed. Findings include: Nursing time schedules provided by the facility for the days of March 31, 2025, through April 3, 2025, revealed that the facility provided only 2.86 hours of direct care for each resident on March 31, 2025; and 2.00 hours of direct care for each resident on April 3, 2025. Interview with the Director of Nursing on April 10, 2024, at 12:10 p.m. confirmed that the facility did not meet the required daily PPD on the days listed above.	P 5640		



Certified End Page

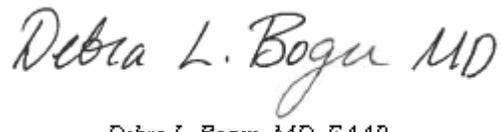
HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN

STATE LICENSE NUMBER: 270102

SURVEY EXIT DATE: 04/11/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY