

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: 07/08/2025
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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
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(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
F 0000	INITIAL COMMENT	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0000	Continued from page 1 Based on a complaint survey completed on July 8, 2025, it was determined that Heritage Ridge Senior Living at Johnstown was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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F 0000	Continued from page 2	F 0000		
F 0684 SS=D		F 0684		

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F 0684 SS=D	Continued from page 3 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	Unable to retroactively complete neurological assessment. Resident who had an unwitnessed fall have the potential to be affected. Education provided to licensed nurses on initiating neurological assessment per facility policy with an unwitnessed fall. The Director of Nursing or designee will audit and review incident reports (unwitnessed falls) to ensure neurological assessments have been completed with per facility policy with unwitnessed falls. Audits will be conducted as follows: 1.) Up to 4 records will be reviewed daily for 4 weeks. 2.) Then up to 10 records will be reviewed monthly for 2 months. Results of the audits will be provided by the Administrator and be presented for review at the monthly Quality Assurance Improvement Committee (QAPI)	Completion Date: 08/11/2025 Status: APPROVED Date: 07/24/2025

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: 07/08/2025
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F 0684 SS=D	Continued from page 4	F 0684	meeting monthly for a period of three months. Any revisions to the audit plan will be reviewed and implemented with the coordination of the interdisciplinary team at QAPI Committee meeting.	

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F 0684 SS=D	Continued from page 5 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure neurological assessments including vital signs and neurological checks were completed following an unwitnessed fall for three of seven residents reviewed (Residents 1, 2, and 6). Findings include: The facility's policy for neurological assessments, dated November 4, 2024, indicated that neurological assessments are indicated upon physician's orders; following an unwitnessed fall; subsequent to a fall or other accident/injury involving head trauma; and when indicated by resident condition. When assessing neurological status, always include frequent vital signs. Perform neurological checks with the frequency as ordered or per fall protocol. The facility's neurological flow sheet indicated that vital signs and neurological checks were to be completed every 15 minutes for	F 0684		

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F 0684 SS=D	Continued from page 6 one hour, then every 30 minutes for one hour, then every hour for four hours, then every four hours for 24 hours. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) assessment for Resident 1, dated May 30, 2025, revealed that the resident had mild cognitive impairment, was usually understood and usually able to understand others, required assistance with daily care needs, had two or more falls with no injury since the prior assessment, and had a diagnosis of Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors). A nurse's note for Resident 1, dated May 14, 2025, at 7:25 a.m., revealed that the resident had an unwitnessed fall and had a bleeding abrasion to the left side of his scalp. The resident was sent to the hospital for a computed tomography (CT) scan of the head following a fall with head strike (impact to the head). A nursing note for Resident 1, dated May	F 0684		

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F 0684 SS=D	Continued from page 7 14, 2025, at 11:23 a.m. revealed that the resident had returned from the hospital. There was no documented evidence that vital signs and neurological checks were completed per protocol after the resident returned from the hospital. Interview with the Director of Nursing on July 8, 2025, at 3:35 p.m. confirmed that neurological checks should have been completed for Resident 1 related to his unwitnessed fall with head injury. A quarterly MDS assessment for Resident 2, dated June 2, 2025, revealed that the resident was cognitively intact, required assistance with daily care needs, had two or more falls with no injury since the prior assessment and had a diagnosis of Multiple Sclerosis (MS)(chronic disease that affects nerves in the brain and spinal cord). A nurse's note for Resident 2, dated May 28, 2025, at 4:56 a.m., revealed that the resident had an unwitnessed fall.	F 0684		

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F 0684 SS=D	<p>Continued from page 8</p> <p>There was no documented evidence that vital signs and neurological checks were completed per protocol after an unwitnessed fall.</p> <p>Interview with the Director of Nursing on July 8, 2025, at 4:56 p.m. confirmed that there was no documented evidence that vital signs and neurological checks were completed per protocol after Resident 2's unwitnessed fall.</p> <p>An admission MDS assessment for Resident 6, dated April 24, 2025, revealed that the resident was cognitively impaired, required assistance with daily care needs, had wandering behaviors, had a bed and chair alarm for safety and had a diagnosis of dementia.</p> <p>A nurse's note for Resident 6, dated June 16, 2025, at 4:45 a.m., revealed that the resident had an unwitnessed fall.</p> <p>There was no documented evidence that vital signs and neurological checks were completed per</p>	F 0684		

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F 0684 SS=D	Continued from page 9 protocol after an unwitnessed fall. Interview with the Director of Nursing on July 8, 2025, at 4:56 p.m. confirmed that there was no documented evidence that vital signs and neurological checks were completed per protocol after Resident 6's unwitnessed fall. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.	F 0684		
F 0757 SS=D		F 0757		

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F 0757 SS=D	Continued from page 10 483.45(d)(1)-(6) Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by:	F 0757	Unable to retroactively chart non-pharmacological interventions prior to administration of psychotropic medication. Residents who are ordered as needed (PRN) psychotropic have the potential to be affected. Education provided to licensed nurses on charting non-pharmacological interventions prior to the administration of a psychotropic medication. The Director of Nursing or designee will audit and review incident reports to ensure the necessary reporting is completed. Audits will be conducted as follows: 3.) Up to 5 records will be reviewed daily for 4 weeks. 4.) Then up to 10 records will be reviewed monthly for 2 months. Results of the audits will be provided by the Administrator and be presented for review at the	Completion Date: 08/11/2025 Status: APPROVED Date: 07/24/2025

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F 0757 SS=D	Continued from page 11	F 0757	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 the coordination of the interdisciplinary team at QAPI Committee meeting.	

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F 0757 SS=D	Continued from page 12 Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from unnecessary psychotropic medications (medications that affect the mind, emotions and behavior), by failing to ensure that non-pharmacological (non-medication) behavioral interventions (individualized, non-pharmacological approaches to care), were attempted prior to the administration of "as needed" antianxiety medications (psychotropic medication used to treat anxiety) for one of seven residents reviewed (Resident 6). Findings include: The facility's policy regarding psychotropic medication use, dated November 4, 2024, indicated that non-pharmacological approaches are used (unless contraindicated) to minimize the need for medications, permit the lowest possible dose, and allow for discontinuation of medications when	F 0757		

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F 0757 SS=D	Continued from page 13 possible. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6, dated April 24, 2025, revealed that the resident was cognitively impaired, required assistance with daily care needs, had wandering behaviors, received antipsychotic and antianxiety medications and had a diagnosis of Dementia. Current physician's orders for Resident 6, included orders for the resident to receive 0.5 milligrams (mg) of Ativan (Lorazepam) (a psychotropic medication used to treat anxiety) every six hours as needed for restlessness/agitation and for staff to monitor the resident's behavior every shift and document non-pharmacological interventions. Review of the Medication Administration Record (MAR) for Resident 6 for June and July 2025 revealed that the resident was administered 0.5 mg of Ativan on June 3 at 8:54 p.m.; June 6 at 12:39 p.m.; June 6 at 6:59 p.m.; June 7 at 1:39 p.m.; June 7 at 10:46 p.m.; June 10 at 6:56 p.m.; June 11 at	F 0757		

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F 0757 SS=D	Continued from page 14 7:48 p.m.; June 14 at 9:30 p.m.; June 17 at 7:05 p.m.; June 23 at 2:30 p.m.; June 24 at 8:27 p.m.; June 27 at 10:18 p.m.; June 28 at 6:55 p.m.; June 29 at 7:30 p.m.; June 30 at 6:56 p.m.; July 1 at 6:46 p.m.; July 2 at 1:29 a.m.; July 4 at 2:33 p.m.; July 5 at 2:27 p.m.; and July 6 at 4:30 a.m. There was no documented evidence that non-pharmacological behavioral interventions were attempted prior to administering Ativan on the above-mentioned dates and times. Interview with the Director of Nursing on July 8, 2025, at 4:05 p.m. confirmed that non-pharmacological interventions should have been attempted prior to the administration of as needed Ativan to Resident 6 on the above-mentioned dates and times. 28 Pa. Code 211.12(d)(5) Nursing services.	F 0757		



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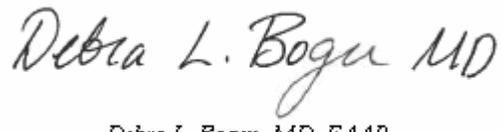
HERITAGE RIDGE SENIOR LIVING AT JOHNSTOWN

STATE LICENSE NUMBER: 270102

SURVEY EXIT DATE: 07/08/2025

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