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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395084 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>05/03/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Accela Rehab and Care Center at Somerton |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>650 Edison Avenue<br>Philadelphia, PA 19116 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</b></p> <p>Based on observations and resident interviews, it was determined that the facility failed to maintain the facility in a clean, comfortable, and homelike condition for 2 of 5 nursing units (1st and 2nd floor).</p> <p>Findings include:</p> <p>Observations during the initial tour of the facility on April 30, 2024, revealed the following concerns:</p> <p>Observations on April 30, 2024, at 9:03 a.m. revealed several wet spills in the hallway entering the second floor off of the elevator.</p> <p>Observations on April 30, 2024, at 10:25 a.m., in room [ROOM NUMBER], revealed that the HVAC unit below the window was missing the cover for the vent and there were sharp metal inside, and the unit was very dusty and dirty inside the unit. Interview with Resident R108 revealed that the HVAC unit had been like this for some time.</p> <p>Observation on April 30, 2024 at 10:50 a.m. in Resident R2's room revealed the headboard was broken. Behind the head of the bed the paint on the wall was scraped off.</p> <p>Observation on April 30, 2024 at 10: 53 a.m. of room [ROOM NUMBER]A bed revealed a brown/red stained privacy curtain.</p> <p>Observation on April 30, 2024 at 1:11 p.m. revealed room [ROOM NUMBER]A bed revealed a brown/red stained privacy curtain.</p> <p>Observation on April 30, 2024 at 1:14 p.m. revealed two wet spills at the end of the hallway on A-wing.</p> <p>Interview with Employee E9, the Maintenance Director, on May 2, 2024, at 1:30 p.m. confirmed that he was aware that the vent cover was missing on the HVAC unit in room [ROOM NUMBER].</p> <p>28 Pa Code 201.18(e)(2.1) Management</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Respond appropriately to all alleged violations.</p> <p>46993</p> <p>Based on review of facility provided documentation and interview with staff, it was determined that the facility failed to conduct a complete and thorough investigation related to missing narcotics for three residents reviewed (Residents R163, R500, R501)</p> <p>Findings include:</p> <p>Review of facility's policy 'Accidents and Incidents - Investigating and Reporting,' indicates The following data, as applicable, shall be included on the Report of Incident/Accident form:</p> <p>a. The date and time the accident or incident took place;</p> <p>c. The circumstances surrounding the accident or incident;</p> <p>e. The name(s) of witnesses and their accounts of the accidents of the accident or incident.</p> <p>Review of facility reported incident, dated January 13, 2024, revealed the following statement by Licensed nurse, Employee, E23, dated January 13, 2024, evening shift (3-11pm) involving Residents R163, R500, R501 I [Employee E23] was counting the narc draw around 3:05 pm, I realized that there was multiple patients drugs missing. I worked the previous night and from then to now the count was off. 1st - R163 oxycodone 5mg (milligrams) was 51 tabs remaining when I came in this evening it was 27 tabs. 2nd - R501 oxycodone 5mg (2 tabs was wasted) 18 left. 3rd - R500 oxycodone 5mg was 42 tabs when I left previous night, now it's 27 tabs. Unit manager and director of nursing (DON) made aware. The statement excluded the name of outgoing licensed nurse with whom Licensed nurse, Employee E14 counted medications with.</p> <p>Additional review of statements from licensed nurses, Employee's E18, E14 and E15 did not include names of either incoming or outgoing licensed nurses that they counted narcotics with. The statements which were accepted from nursing staff were incomplete.</p> <p>Further review of investigation report provided to the State Agency revealed that it was only completed for one possible perpetrator who was Employee E11.</p> <p>Interview with Nursing Home Administrator and Director of Nursing revealed that there could be more possible perpetrators. There was no documented evidence that notification and investigation of other possible perpetrators were submitted to the State Agency.</p> <p>28 Pa Code 201.14(a)Responsibility of licensee</p> <p>28 Pa Code 18(e)(1) Management</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> 46993</p> <p>Based on review of clinical records, review of facility provided documentation and interview with staff, it was determined that the facility did not develop and implement a comprehensive person-centered care plan related to urinary tract infection for one of 35 residents reviewed. (Resident R47)</p> <p>Findings include:</p> <p>Review of facility's policy 'Care Plans, Comprehensive Person-Centered,' indicates that the comprehensive, person-centered care plan:</p> <p>e. reflects currently recognized standards of practice for problem areas and conditions.</p> <p>Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions' change.</p> <p>Review of Resident R47's clinical records revealed that the resident was hospitalized on [DATE], with due to an urinary track infection.</p> <p>Further review of of R47's clinical records revealed past medical history of urinary tract infection, and benign prostatic hyperplasia with lower urinary tract symptoms.</p> <p>Review of R47's current care plan revealed that no care plan was developed for the prevention of urinary tract infections</p> <p>Interview with the Director of Nursing on May 3, 2024 at 1:00 p.m. confirmed the above findings.</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p> |  |  |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>46106</p> <p>Based on observation, and interviews with staff, it was determined that the facility failed to maintain an environment free from hazards related to cleaning supplies left in the one resident's room in one of five units (A unit)</p> <p>Findings include:</p> <p>On April 30, 2024, at 10:01 a.m. observations were made of the A wing, room A1. Resident R5 had cleaning supplies (Comet) left on the floor visible to everyone that was pass by that room.</p> <p>On May 1, 2024, at 1:10 p.m. observation was made of the A wing, room A1. Cleaning supplies were still in the resident's room.</p> <p>Interview with the Director of Nursing, on May 1, 2024, at 1:15 p.m. revealed that residents were not to have cleaning supplies in resident's rooms.</p> <p>28 Pa. Code 201.14 (a) Responsibility of license</p> <p>28 Pa. Code 201.18 (b)(1)(3) Management</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>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46508</p> <p>Based on observation, review of clinical record, review of facility policy and staff interview, it was determined that the facility failed to ensure proper care of a urinary catheter bag and that a physician order was obtained to perform self catheterization flushes for one of one residents review with a urinary catheter.(Resident R9)</p> <p>Findings include:</p> <p>Review of facility policy on Catheter Care, Urinary dated in September 2014, revealed that under section infection control: Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>Review Resident R9's clinical record revealed that the resident was admitted on [DATE], with diagnosis of spinal stenosis, lumbosacral, neurogenic bladder dysfunction, urinary tract infection,</p> <p>Observation of Resident's R9 on April 30, 2024, at 11:32 a.m. revealed that the resident was in bed and the urinary catheter bag was laying directly on the floor.</p> <p>Observation in Resident's R9 on May 1, 2024, at 10:15 a.m., revealed that Resident R9 was in bed and the urinary catheter bag was laying directly on the floor</p> <p>Interview with licensed nurse employee E19, on May 1, 2024, 10:20 a.m. confirmed that resident's urinary catheter bag was lying on the floor.</p> <p>Observation on May 2, 2024, at 2:21 p.m. revealed that Resident R9 was in bed and again the resident urinary catheter bag was lying directly on the floor.</p> <p>Interview was held with Resident R9 room on May 1, 2024, at 10:11 a.m., and it was revealed that Resident R9 self-flushed her own urinary catheter.</p> <p>Reviewed of Resident R9's April 2024 and May 2024 physician orders revealed that there was no order obtain for the resident to self- flush the urinary catheter.</p> <p>Interview with Resident's R9 on May 1, 2024, 10:20 a.m. with Licensed nurse, Employee E19 confirmed that the Resident R9 self-flushed the urinary catheter.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> |  |  |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46508</p> <p>Based on observation, review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to implement a system of records of receipt and disposition of all controlled drugs between shifts to enable an accurate reconciliation and accountability for one of four medication carts observed (unit Second Floor A).</p> <p>Findings include:</p> <p>Review of facility policy on Controlled Substances reveal that under section Policy Statement: The facility complies with all laws, regulations and other requirements related to handling, storage, disposal, and documentation of controlled medications. Under section Policy Interpretation and Implementation: #1 Only authorized licensed nursing and or pharmacy personnel have access to controlled drugs maintained on premises. #8 Controlled substances are reconciled upon receipt, administration, disposition, and at the end of each shift. #12 At the end of each shift: #a Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determined the count together. #b Any discrepancies in the controlled substance count are documented and reported to the Director of Nursing Services immediately.</p> <p>Review of facility's shift to shift count conducted on April 30 at 11:25 a.m. during the medication administration observation with Licensed nurse, Employee E11 revealed multiple dates and shifts that the shift-to-shift accountability were not signed by incoming and/or the outgoing nurses.</p> <p>Missing signatures were as follow:</p> <p>December 28, 2023, 7:00 a.m. did not have signatures for the incoming and outgoing shifts, 3:00 p.m. did not have signature for the outgoing shift and 11:00 p.m. did not have signature for the incoming shift</p> <p>December 29, 2023, to December 31, 2023, did not have signature on all shifts</p> <p>January 1, 2024, to January 7, 2024, did not have signatures on all shifts</p> <p>January 8, 2024, 7:00 a.m. did not have signatures for the incoming and outgoing shifts, 3:00 p.m. did not have signature for the outgoing shift, 11:00 p.m. in coming shift</p> <p>January 9, 2024, 7:00 a.m. did not have signatures for the incoming and outgoing shifts, 3:00 p.m. did not have signature for the outgoing shift, 11pm no signature for the incoming shift</p> <p>January 10, 2024, to January 12, 2024, no signatures on all shifts</p> <p>January 13, 2024, 7:00 a.m. no signature for the incoming and outgoing shifts; 3:00 p.m. no signature for the outgoing shift, 11:00 p.m. no signature for the incoming shift</p> <p>January 14, 2024, 7:00 a.m. no signature for the outgoing shift</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>January 16, 2024, did not have any entry on the accountability log book</p> <p>January 17, 2024, 7:00 a.m. did not have any entry</p> <p>January 18, 2024, to January 21, 2024, did not have any entry on the accountability log book</p> <p>January 22, 2024, 7:00 a.m. and 3:00 p.m.-did not have any entry on the accountability logbook</p> <p>January 22, 2024, 11:00 p.m. no signature for the outgoing shift</p> <p>January 24, 2024, 7:00 a.m. no entry</p> <p>January 25, 2024, to January 26, 2024, no signature on all shifts</p> <p>January 27, 2024, 7:00 a.m. and 3:00 p.m. no signatures for incoming and out going</p> <p>January 27, 2024, 11:00 p.m. no signature for outgoing shift</p> <p>January 28, 2024, 3:00 p.m. no signature for outgoing shift</p> <p>January 28, 2024, to January 31, 2024, no signatures on all shifts</p> <p>February 1 to February 2, 2024, no signatures on all shifts</p> <p>February 24, 2024, no signatures on all shifts</p> <p>February 7, 2024, to February 9, 2024, no signatures on all shifts</p> <p>February 12, 2024, 3:00 p.m. to February 4, 2024, no signatures on all shifts</p> <p>February 18, 2024, 7:00 a.m. and 3:00 p.m. no signatures on incoming and outgoing shifts</p> <p>February 20, 2024, 7:00 a.m. and 3:00 p.m. no signatures on incoming and outgoing shifts</p> <p>March 6, 2024, no signatures on all shifts</p> <p>March 8, 2024, no signatures on all shifts</p> <p>March 10 to March 11, 2024, no entries on logbook</p> <p>March 14, 2024, 3:00 p.m. to March 15, 2024, 11:00 p.m. no signatures for incoming and outgoing shifts</p> <p>March 17, 2024, to March 18, 2024, 7:00 a.m. no signatures for incoming and outgoing shifts</p> <p>March 24, 2024, 3:00 p.m. shift to Match 25, 2024 7:00 a.m. no signatures for incoming and outgoing shifts</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>March 27, 2024, to 28, 2024 no signatures on all shift</p> <p>April 3 to 4, 2024 no entry on the accountability log book</p> <p>April 10, 2024 no entry on the accountability log book</p> <p>April 15, 2024, to April 17, 2024, no signatures on all shifts</p> <p>April 21, 2024, no entry on the accountability log book</p> <p>April 25, 2024, to April 30, 2024, no entry on the the accountability log book.</p> <p>Interview with Licensed nurse, Employee E11 conducted during interview confirmed that the staff has not been signing the shift accountability log book.</p> <p>28 Pa. Code 201.18(b)(2) Management</p> <p>28 Pa. Code 211.9(a)(1)(k) Pharmacy services</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> |  |  |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on a review of clinical records, facility documentation, and staff interviews, it was determined the facility failed to implement a complete drug regimen review process for three of 36 residents reviewed (Resident R54, R26, R61)</p> <p>Findings Include:</p> <p>Review of the Pharmacy Services - Role of the Consultant Pharmacist Policy dated April 2019, revealed, the consultant pharmacist will provide specific activities related to medication regimen review including a documented review of the medication regimen of each resident at least monthly, appropriate communication of information to prescribers and facility leadership about potential or actual problems related to any aspect of medications and pharmacy services, including medication irregularities and pertinent resident-specific documentation in the medical record.</p> <p>Review of Resident R54's clinical record revealed that the resident was admitted on [DATE], with diagnoses including depression and anxiety.</p> <p>Further review of Resident R63's clinical record revealed no further pharmacy notes to review since the last review on December 11, 2023</p> <p>Review of Resident R26's clinical record revealed that resident was admitted on [DATE], with diagnoses including depression.</p> <p>Further review of Resident R26's clinical record revealed no further pharmacy notes to review for the months of December 2023, May 1, 2024, April 8, 2024, February 5, 2024, January 17, 2024 and December 27, 2023 review.</p> <p>Interview with the Director of Nursing on May 3, 2023 at 1:15 p.m. confirmed that there was no documentation for the December monthly medication regimen review.</p> <p>Review of requested facility provided pharmacy recommendations for Resident R61 revealed that Resident R61 was admitted on [DATE]; facility unable to provide pharmacy medication regimen review for months of March 2024 and April 2024. Further review of pharmacy recommendations for February 2024 revealed no physician response for following recommendation: please review the continued need for oxycodone. Patient is on methadone for opioid abuse. If continuing please document clinical rationale and sequence with PRN Acetaminophen.</p> <p>No pharmacy medication regimen review was provided upon request for Resident R61 with admitted [DATE].</p> <p>28 Pa. Code 211.9 (k) Pharmacy services</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 - Few</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>46508</p> <p>Based on review of facility policy, observation and staff interview, it was determined that the facility failed to ensure that all drugs and biologicals are stored and labeled in accordance with professional standards for one of two medication rooms observed. (First floor Unit A)</p> <p>Findings include:</p> <p>Review of facility policy related to labeling of medication containers reveal that under section policy statement all medications maintained in the facility are properly labeled in accordance with the current state and federal guidelines and regulations.</p> <p>Observation of the Medication Room on First floor Unit A conducted on May 1, 2024, at 08:50 a.m. with Unit Manager, Employee E19, revealed that there were two refrigerators in the medication room stacked up together (top refrigerator and bottom refrigerator).</p> <p>Observation of the top refrigerator revealed an opened, unlabeled bottle of the probiotic Acidophilus. Further observation revealed that the opened bottle of Acidophilus did not have the date it was opened affixed to it.</p> <p>Interview with Licensed nurse, Employee E19 conducted at the time of the interview confirmed that the Acidophilus bottle did not have the date opened affixed to the bottle.</p> <p>28 Pa. Code 201.18(b)(l) Management</p> <p>28 Pa. Code 211.12(d) Nursing Services</p> <p>28 Pa. Code 211.9(i) Pharmacy services</p> |  |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Accela Rehab and Care Center at Somerton   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>650 Edison Avenue<br>Philadelphia, PA 19116 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |  |  |
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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>38735</p> <p>Based on observations and interviews with staff, it was determined that the facility did not ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>A tour of the Food Service Department was conducted on April 30, 2024, at 10:00 a.m. with Employee E4, Food Service Director (FSD), revealed the following concerns:</p> <p>Observations in the dry storage area revealed a jug of honey which was very dark and crystalized with a receiving date of 2/2022.</p> <p>Observations in the walk-in cooler revealed a dusty and dirty floor littered with debris, the shelving and dunnage racks were dusty and dirty, and the walls and ceiling has dark spots.</p> <p>Observations in the kitchen revealed an AC unit blowing air through vents covered with dark blackish dust and grime into the kitchen.</p> <p>Observations of the cooking equipment including tilt skillet with a heavy buildup of dark substance on the bottom exterior, and two stack convection ovens which had a buildup of black, burned on grease and food spatters on the interior and exterior.</p> <p>Observations in the reach-in refrigerator in the kitchen revealed the door gaskets were dusty and dirty with food particles in the cracks, and the inside of refrigerator had a buildup of dirt and food particles on the bottom and sides.</p> <p>Interview with the FSD on April 30, 2024, at 10:15 a.m. confirmed the above findings.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> |  |  |

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| <p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Dispose of garbage and refuse properly.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on observations and interviews with staff, it was determined that the facility did not ensure that that trash and recyclables were properly disposed of in the receiving and dumpster area.</p> <p>Findings include:</p> <p>A tour of the Food Service Department was conducted on April 30, 2024, at 10:00 a.m. with Employee E4, Food Service Director (FSD), revealed the following concerns:</p> <p>Observations in the receiving area revealed cardboard, bread racks/[NAME], milk crates, paper and other trash scattered around the generator and staff smoking area. The recycling dumpster was overflowing with the lid open, and a mound of cardboard boxes piled in front of the dumpster. There were four old mattresses leaning against a metal shed.</p> <p>Interview with the FSD on April 30, 2024, at 10:15 a.m. confirmed the above findings.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</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>46106</p> <p>Based on observation, review of facility documents, staff interview and review of facility policy, it was determined that the facility failed to ensure that proper infection control practices were followed according to professional standards related to enhance barrier precaution during wound care for one of 35 residents reviewed. (Resident R103)</p> <p>Findings include:</p> <p>Review of facility policy title Isolation-Categories of Transmission-Based Precautions revealed that under Policy Statement: Transmission based precautions are initiated when the resident developed signs and symptoms of transmissible infection, arrives for admission with symptoms of infection or has a laboratory confirmed infection and is at risk of transmitting the infection to other residents. Under section Policy, Interpretation and Implementation #2, Transmission based precautions or additional measures that protect staff, visitors, and other residents from becoming infected. These measures are determined by the specific pathogens and how it is spread from person to person. The three types of transmission because based precautions are contact, droplet and airborne. #5 When a resident is placed in transmission-based precautions, appropriate notification is placed on the room entrance door and on the front of the chart so that personnel and visitors are aware of the need for and the type of precaution. Under section Enhanced Barrier Precautions: Expand the use of PPE (personal protective equipment) and refer to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDRO's (multidrug-resistant organism) to staff hands and clothing. MDRO's may be indirectly transferred from resident to resident during these high contact care activities. Nursing home residents with wounds and indwelling medical devices are especially high risk of both acquisition of and colonization with MDRO's. The use of gown and gloves for high contact resident care activities is indicated when contact precautions do not otherwise apply. For nursing home residents with wounds and/or indwelling medical devices, regardless of MDRO colonization, as well as for residents with MDRO infection or colonization.</p> <p>Review of the Enhanced Barrier signage revealed the following instructions:</p> <p>Everyone must: clean their hands including before entering and when leaving the room. Providers and staff must also: wear gloves and gowns for the following high-Contact Resident Care Activities. Dressing, Bathing and showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, Devise care of use: central line, urinary catheter, feeding tube, tracheostomy, wound care: any skin opening requiring dressing.</p> <p>Review of Resident R103's May 2024 physician orders revealed an order to cleanse left heel wound with NSS (normal saline solution), pat dry, apply betadine soak gauze cover with ABD (abdominal) secure with Keflex daily and PRN (as needed) every dayshift for wound care.</p> <p>Observation conducted on May 1, 2024 at 10:01 a.m. of Resident R103's left heel wound with Licensed nurse, Employee E10 revealed that Employee E10 performed wound care without observing enhanced barrier precaution. Licensed nurse, Employee E10 did not wear gowns during the wound care procedure as indicated in the facility policy.</p> <p>(continued on next page)</p> |  |  |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa. Code 211.10(c)(d) Resident care policies<br><br>28 Pa. 211.12(d)(1) Nursing services                               |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</b></p> <p>Based on observations of the physical environment, review of pest control logs, review of pest control reports, and interviews with residents and staff, it was determined that the facility failed to maintain an effective pest control program.</p> <p>Findings Include:</p> <p>Review of the facilities pest control policy Titled, Pest Control dated May 2008 states, Policy Statement, Our facility shall maintain an effective pest control program. The Policy Interpretation and Implementation states,</p> <ol style="list-style-type: none"> <li>1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</li> <li>2. Pest control services are provided by ___(left blank)___.</li> <li>3. Windows are screened at all times.</li> <li>4. Only approved FDA and EPA insecticides and rodenticides are permitted in the facility and all such supplies are stored in areas away from food storage areas.</li> <li>5. Garbage and trash are not permitted to accumulate and are removed from the facility daily.</li> <li>6. Maintenance services assist, when appropriate and necessary, in providing pest control services.</li> </ol> <p>Observation on Room A24 conducted on April 30, 2024 at 11:06 a.m. revealed that a mouse was observed running under the radiator below the window. The mouse was observed running against the wall towards the left side of the radiator, under a dresser and under a closet.</p> <p>Interview on April 30, 2024 at 10:31 a.m. with Resident R165 who resides on the second floor, revealed the resident has seen mice as recently as this week in both his room and in the common areas of the floor.</p> <p>Interview with nursing home administrator Employee E1 was conducted on May 1, 2024 at 10:46 a.m. revealed that the exterminator comes once a week.</p> <p>Interview on May 2, 2024 at 2:30 p.m. with Resident R141 who resides on the second floor, revealed the resident had saw a mouse in the hallway last Friday April 26, 2024.</p> <p>Review of the facilities pest control log from the second floor revealed the following:</p> <p>February 5, 2024- roach found in room [ROOM NUMBER] in the bathroom.</p> <p>February 13, 2024- mouse found in room [ROOM NUMBER].</p> <p>(continued on next page)</p> |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>February 19, 2024- roach found in a food container.</p> <p>April 16, 2024- mice found in room (room number not listed).</p> <p>April 24, 2024- mice found in room [ROOM NUMBER].</p> <p>Review of the facilities pest control log from D-wing revealed the following:</p> <p>December 6, 2023- mice in all rooms on the D-wing.</p> <p>December 9, 2023- mouse running in the hallway.</p> <p>January 2, 2024- roaches and mice.</p> <p>January 3, 2024- roach on resident in D-wing rooms 112, 117, 110.</p> <p>January 3, 2024- roach on wall in room [ROOM NUMBER] and 125.</p> <p>January 3, 2024- roach in in nourishment closet and in the staff bathroom.</p> <p>January 8, 2024- mouse found in the common area of D-wing.</p> <p>January 14, 2024- roaches found in rooms 114, 117, 121.</p> <p>January 31, 2024- roaches found in D-wing.</p> <p>February 2, 2024- roaches found at the nurse's station.</p> <p>February 20, 2024- roaches in room [ROOM NUMBER] and 117.</p> <p>February 20, 2024- roaches found at the nurse's station.</p> <p>February 20, 2024- mice in the hallways and in room [ROOM NUMBER].</p> <p>April 8, 2024- roaches found in room [ROOM NUMBER].</p> <p>April 17, 2024- roaches found in room [ROOM NUMBER].</p> <p>Review of the facilities pest control logs from A-wing revealed the following:</p> <p>December 13, 2023- mice reported in rooms A01, A03, A32.</p> <p>March 19, 2023- ants reports in room A01.</p> <p>April 16, 2024- flies and ants reported in room A31.</p> <p>28 Pa Code 201.18(b)(1)(3) Management</p> <p>(continued on next page)</p> |

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|---|---|
| F 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa Code 201.14(a)(b) Responsibility of licensee  |