

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Simpson House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  2101 Belmont Avenue Philadelphia, PA 19131	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 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** 44882</b></p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not develop a comprehensive care plan related to hospice care for one of 15 records reviewed (Resident R40).</p> <p>Findings include:</p> <p>Review of clinical documentation for Resident R40 revealed that she was admitted to the facility on [DATE], and had diagnoses of dementia, chronic kidney disease, anemia, heart failure, hypertension (high blood pressure), and polyneuropathy (damage to multiple peripheral nerves).</p> <p>Review of physician orders for Resident R40 revealed an order for Hospice consult evaluate and treat as indicated entered on [DATE].</p> <p>Review of notes for the resident revealed a note dated [DATE], which stated Hospice nurse for evaluation and resident was signed out as of today, indicating that the resident was admitted to hospice services on that date. Continued review revealed that the resident had died in the facility on [DATE].</p> <p>Review of the resident's care plan revealed that no care plan had been developed for hospice services between her admittance to the service on [DATE], and her death.</p> <p>Interview with Employee E2, the Director of Nursing, on [DATE], at 2:30 p.m. confirmed that no care plan had been developed by the facility related to hospice care for Resident R40.</p> <p>28 Pa. Code 211.10(b) Resident care policies</p> <p>28 Pa. Code (d)(1) Nursing services</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47975</p> <p>Based on a review of facility documentation and interviews with staff, it was determined that the facility failed to complete inservice education based on the outcome of an annual performance review for one of three nurse aides reviewed. (Employee E10)</p> <p>Findings Include:</p> <p>Review of facility documentation, titled, Standard Job Requirements dated December 13, 2023 revealed four sections of rating; Exceeds Expectations, Meets Expectations, Needs Improvement, and Unsatisfactory. Further review of the facility documentation revealed Employee E10 received a score of Needs Improvement for Maintains confidentiality of all information including resident, employee, operations data and health information. Under the comments section of this document that was a written comment stating, Please be mindful of discussing nursing concerns in front of residents and family members. Appropriate conversation in common areas.</p> <p>Review of inservices for the year of 2023 and 2024 for Nurse aide Employee E10 revealed that the employee was found to need improvement in the area confidentiality during performance evaluation. Continue review of inservices revealed there was no documentation of any re-training that occurred for nurse aide, Employee E10 regarding confidentiality after the performance evaluation.</p> <p>Interview on July 3, 2024 at 12:12 p.m. revealed the nurse aide, Employee E10 had no documented re-education of confidentiality after the performance evaluation was completed on December 13, 2023.</p> <p>28 Pa. Code 201.19 (2) Personnel policies and procedures</p>		