STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395134	A. Building B. Wing	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inglis House	2600 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)
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** 38735 Based on clinical record review and staff interview, it was determined that the facility did not ensure that physician's orders were followed or clarified regarding the administration of two medications for one of eleven residents reviewed (Resident R3). Findings Include: Review of the medical record revealed that Resident R3 was admitted on [DATE], with diagnosis including, but not limited to neuromuscular bladder dysfunction (also known as Neurogenic Bladder, is when a person lacks bladder control due to brain, spinal cord or nerve problems) and insomnia (trouble falling and/or staying asleep). Further review of the clinical record for Resident R3 revealed an January 23, 2023, physician order for Lithostat Tablet 250 mg (Acetohydroxamic Acid), give 250 mg by mouth three times a day for Neurogenic bladder. A review of the Medication Administration Record (MAR) for March 2024, for Resident R3 revealed that the Lithostat was administered three times a day March 1, 2024, through March 15, 2024, morning dose. Interview with Resident R3 on March 19, 2024, at 12:30 p.m. revealed that she had never received any doses of the Lithostat, and that she had only recently learned that there was a physician's order for this medication, and that the facility had been marking that she was receiving it. Resident R3 indicated that the insurance company had refused to cover the medication and it was never delivered to the facility. Interview with the Assistant Director of Nursing (ADON), Employee E2 and the Nurse Practitioner (CRNP), Employee E5, on March 19, 2024, at 2:30 p.m. confirmed that the Lithosat medication for Resident R3 was never delivered due to insurance coverage. Continued review of Resident R3's medical record revealed a January 30, 2024, physician order for Temazepam Capsule 7.5 mg, give 1 capsule by mouth at bedtime for insomnia, which was discontinued on March 7, 2024, and a March 8, 2024, order for Temazepam Oral Capsule 15 mg, give 15 mg by mouth at bedtime for insomnia which was discontinued on March 13, 2024. A review of Resident R3's MAR for March 2024, revealed that the Temazepam 15 mg capsule was administered at 9:00 p.m. as follows: March 9, 2024, by Employee E10, Licensed Nurse; March 10, 2024, by Employee E11, Registered Nurse; and March 11, 2024, by Employee E12, Licensed Nurse. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395134	A. Building B. Wing	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inglis House	2600 Belmont Avenue Philadelphia, PA 19131

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(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	Interview with Resident R3 on March 19, 2024, at 12:30 p.m. revealed that she had never received any doses of the 15 mg Temazepam, and that she had been receiving the original dose of 7.5 mg since January 2024 and did not want the higher dose which she said had run out and the reorder was not approved by the insurance company, and that the only choices were 15 mg or 30 mg. Resident R3 indicated that she refused to take the 15 mg dose and that the new order for twice the dose was not discussed with her, and that she demanded that the CRNP call the pharmacy and insurance company to get the 7.5 mg dose approved again. Resident R3 again said that she had just found out that the nurses were marking that she was taking the 15 mg dose of Temazepam. Interview with ADON and the CRNP, on March 19, 2024, at 2:30 p.m. confirmed that the Temazepam dose was changed from 7.5 mg to 15 mg on March 8, 2024, for Resident R3 due to insurance coverage, and that it was not documented in Resident R3's medical record that the change to the higher dosage was discussed with Resident R3, and that the 15 mg dosage was marked in the MAR as given to Resident R3 on March 9, 2024, through March 11, 2024. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.12(c) Nursing services