

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947</p> <p>Based on staff and resident interviews and review of facility documentation, it was determined that the facility failed to ensure that a resident's grievance was filed and investigated for or 1 out of 3 residents reviewed (Resident R2).</p> <p>Findings include:</p> <p>Review of the facility policy, Grievances, with a revision date of November 2023 indicated that grievances can be submitted orally or in writing. The policy indicated that the employee receiving the grievance will immediately notify the Director or designee of the program to which the grievance is related. The policy also indicated that the Director or designee will contact the individual who filed the grievance within 24 hours after being informed of the grievance to review the issues/concerns with the individual. Continued review of the policy indicated that the Director or designee will initiate the grievance form by documenting the discussion with the individual, which will include, but not limited to, the date and time the complaint was received, the nature of the complaint, the investigation process (findings and actions to resolve the complaint), and the date the complaint was resolved.</p> <p>Review of the October 2024 physician orders for Resident R2 included diagnosis of arthritis (the swelling or tenderness of one or more joints, schizophrenia (a serious mental health condition that affects how people think, feel and behave); diabetes (a disease that occurs when your blood sugar is too high); legal blindness (a term used by the government to determine an individual's eligibility for benefits), and cerebral palsy (neurological condition that can present as issues with muscle tone, posture, and/or movement disorder).</p> <p>Review of the resident's Annual Minimum Data Set Assessment (MDS-a periodic assessment of a resident's needs) dated September 4, 2024 indicated that the resident was awake, alert, and oriented.</p> <p>Information received by the State Survey Agency on October 7, 2024 indicated that black bras and a sapphire [NAME] belonging to Resident R2 were reported missing to facility staff.</p> <p>(continued on next page)</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Resident R2 on October 8, 2024, at 5:38 p.m., Resident R2 reported that she purchased the black bras and the [NAME] from Amazon, and that an individual who she identified as being the social worker delivered the [NAME] to her about two weeks ago, and put the [NAME] in her room drawer for her. Resident R2 reported that she notified staff in the social services department a few days later that she was missing her black bras and her [NAME], but reported that nothing happened in regards to any effort made by staff to follow-up on the items that she resident reported as missing.</p> <p>During an interview with Employee E4 (a facility life leader) on October 9, 2024, at 2:36 p.m., the life leader reported that she delivered the [NAME] to the resident around September 23, 2024 and that she placed the [NAME] in the resident's drawer. The life leader reported that a few days later, after having delivered the [NAME] to the resident, Resident R2 reported to her that her [NAME] was missing. When asked, the life leader reported that the resident did not mention missing bras to her, and only the [NAME]. The life leader reported that she tried to get the resident's drawer open in the resident's room when the information was reported to her, but that she could not open the drawer. The life leader reported that she did not make any other attempts to follow up on the resident's grievance regarding the alleged missing [NAME].</p> <p>The facility failed to ensure that Resident R2's grievance regarding a missing [NAME] was filed and investigated.</p> <p>28 Pa. Code 201.18 (b)(1)(3)(2.1)(4) Management</p> <p>28 Pa. Code 201.29 (a) Resident Rights</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947</p> <p>Based on staff interviews and the review of clinical records, it was determined that the facility failed to ensure that a person-centered plan of care was developed for a resident with a diagnosis of heart failure for 1 out of 3 resident's reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility's Person Centered Care Plan Process, with a revision date of September 24, 2018, indicated that the care plan is developed through review of the resident's history, medical problems, assessment by each discipline, input from the resident and/or representative, and completion of the minimum data set assessment (MDS-a periodic assessment of a resident's needs). Continued review of the policy indicated that each resident's identified problem (s) are to be addressed on the plan of care and in the electronic medical record. The policy further explained that each problem will have a specific, realistic, measurable goal with a timeframe for completion.</p> <p>Review of Resident R1's October 2024 physician order included the diagnoses of obesity, paraplegia (the symptoms of paralysis that mostly affects the movement of the lower body); multiple sclerosis (an autoimmune disease that affects the central nervous system which includes the brain, spinal cord and optic nerves; depression (a mood disorder that causes a persistent feeling of sadness and loss of interest); hypertension (high blood pressure), and heart failure (a condition in which the heart muscles can't pump blood as well as it should).</p> <p>Review of the resident's Quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was awake, alert, and oriented.</p> <p>Review of information submitted to the State Survey Agency on September 25, 2024, indicated that the resident had a diagnosis of heart failure, and that the resident was not getting weighed as often as he should be getting weighed. The information submitted also indicated that was difficult to monitor the resident's condition due to the resident not getting weighed by the facility on a daily basis. The information submitted reported that the daily weights help determine if the resident is retaining fluid (can worsen the condition of a person diagnosed with heart failure), and needs to be administered the medication, Lasix (a medication that is used to reduce extra fluid in the body).</p> <p>Review of the resident's current person-centered plan of care did not include a plan of care for the resident's diagnosis of heart failure to ensure that any goals and interventions regarding this condition are monitored and assessed by staff.</p> <p>During an interview with the Assistant Director of Nursing (ADON, Employee E4) on October 9, 2024, at 1:18 p.m. the ADON confirmed during this time that there was no person-centered plan of care for the resident's heart failure diagnosis.</p> <p>The facility failed to ensure that a person-centered plan of care was developed for Resident R1 who has a diagnosis of heart failure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.18(a) Management</p> <p>28 Pa. Code 201.18(b)(1)Management</p> <p>28 Pa. Code 201.18 (b)(3)Management</p> <p>28 Pa. Code 201.18(d) Management</p> <p>28 Pa. Code 211.10(b) Resident care policies</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p> <p>28 Pa. Code 211.11(a) Resident care plans</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947</p> <p>Based on interviews and the review of clinical records, it was determined that the facility failed to ensure that daily weights were obtained as ordered by the physician for a resident with a diagnosis of health failure, for 1 out of 3 residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the resident's October 2024 physician order included the following diagnosis: obesity, paraplegia (the symptoms of paralysis that mostly affects the movement of the lower body); multiple sclerosis (an autoimmune disease that affects the central nervous system which includes the brain, spinal cord and optic nerves; depression (a mood disorder that causes a persistent feeling of sadness and loss of interest); hypertension (high blood pressure), and heart failure (a condition in which the heart muscles can't pump blood as well as it should).</p> <p>Review of the resident's Quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was awake, alert, and oriented.</p> <p>Review of information submitted to the State Survey Agency on September 25, 2024, indicated that the resident had a diagnosis of heart failure, and that the resident was not getting weighed as often as he should be getting weighed. The information submitted also indicated that it is difficult to monitor the resident's condition due to the resident not getting weighed by the facility on a daily basis, which helps determine if the resident is retaining fluid (can worsen the condition of a person diagnosed with heart failure), and needs to be administered the medication Lasix (a medication that is used to reduce extra fluid in the body).</p> <p>During an interview with Resident R1 on October 9, 2024, at 3:00 p.m. the resident reported that he is supposed get weighted once a day since March 2024. Resident R1 reported that a nurse aide told him that staff only had room in the computer system to input his weight only once a day.</p> <p>Review of a nursing note on March 20, 2024, at 4:01 p.m. documented that on March 20, 2024 at approximately 10 a.m. the resident was hypotensive (low blood pressure) and reported that he felt dizzy. Resident R1 was assessed by nursing staff, vital signs taken, and the resident was treated with 2 liters of oxygen. The facility contacted the resident's cardiologist to update the physician on the resident's condition. The cardiologist called back with physician orders that included changes to one of the resident's medications, orders to monitor the resident's blood pressure each shift, in addition to an order to administer furosemide 20mg to PRN (as needed) for the following reasons: weight gain of 3 lbs overnight; weight gain of 5 lbs in 1 week; s/s of lung congestion or crackles. Continued review of the nursing note indicated that the nurse practitioner (Employee E7) was made aware, and verified the orders.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's physician's order dated March 20, 2024, and monthly thereafter that instructed for the resident to be administered 1-20 mg tablet of furosemide (Lasix) every 24 hours as needed for edema. The physician's order also instructed staff to monitor the resident's weight daily and to administer 1-20 mg tablet of furosemide as needed if the resident has a weight gain of 3 lbs (pounds) overnight, if the resident has a weight gain of 5 lbs in one week or if the resident has symptoms of lung congestion of crackles.</p> <p>Review of the resident's clinical record from March 20, 2024-October 2024 did not show evidence that the resident's weights were taken daily by nursing staff as ordered by the physician.</p> <p>Review of the resident's Medication Administration Record (MAR) from March 2024-October 2024, revealed that the section for nursing staff to document the resident's daily weights in the MAR for each day each month was left blank, and not documented, as ordered by the physician.</p> <p>During an interview with Resident R1's daily assigned nurse (Employee E8) on October 9, 2024, at 1:00 p.m. the licensed nurse reported that Resident R1 is weighed monthly, and that he was not aware of a physician's order for the resident to have daily weights.</p> <p>During an interview with the Assistant Director of Nursing (ADON, Employee E4) on October 9, 2024, at 1:18 p.m. the ADON confirmed during this time that there was no documentation of nursing staff obtaining daily weights from Resident R1, as ordered by the physician on March 20, 2024.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947</p> <p>Based on staff interviews and review of clinical records, it was determined that the facility failed to ensure that physician monitoring a resident with a diagnosis of heart failure for 1 out of 3 residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy, Attending Physician Services, with a revision date of January 2019 indicated that the physician's oversight of services includes writing orders for care and treatment, conducting required visits, and reviewing residents' total program of care, including medications and treatments. The policy also indicated that the attending physician will evaluate residents based on medical necessity record progress notes, and that progress notes will be documented at each visit, and contain pertinent aspects of the resident's condition, current status and goals, and an evaluation of changes in the health status of the resident and the rationale for starting, continuing and discontinuing medications and other treatments. Continued review of the policy indicated that the progress note should be authentic, dated and legible; it should include pertinent data regarding the present condition for the resident, any incident or problem that occurred since the last notation, consultations, laboratory findings or diagnostic reports .</p> <p>Review of Resident R1's October 2024 physician order included the diagnoses of obesity, paraplegia (the symptoms of paralysis that mostly affects the movement of the lower body); multiple sclerosis (an autoimmune disease that affects the central nervous system which includes the brain, spinal cord and optic nerves; depression (a mood disorder that causes a persistent feeling of sadness and loss of interest); hypertension (high blood pressure), and heart failure (a condition in which the heart muscles can't pump blood as well as it should).</p> <p>Review of the resident's Quarterly Minimum Data Set assessment dated [DATE], indicated that the resident was awake, alert, and oriented.</p> <p>Review of information submitted to the State Survey Agency on September 25, 2024, indicated that the resident had a diagnosis of heart failure, and that the resident was not getting weighed as often as he should be getting weighed. The information submitted also indicated that it is difficult to monitor the resident's condition due to the resident not getting weighed by the facility on a daily basis, which helps determine if the resident is retaining fluid (can worsen the condition of a person diagnosed with heart failure), and needs to be administered the medication Lasix (a medication that is used to reduce extra fluid in the body).</p> <p>During an interview with Resident R1 on October 9, 2024, at 3:00 p.m. the resident reported that since March 2024 he is supposed to get weighed once a day due to his heart failure diagnosis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a nursing note on March 20, 2024, at 4:01 p.m. documented that on March 20, 2024 at approximately 10 a.m. the resident was hypotensive (low blood pressure) and reported that he felt dizzy. Resident R1 was assessed by nursing staff, vital signs taken, and the resident was treated with 2 liters of oxygen. The facility contacted the resident's cardiologist to update the physician on the resident's condition. The cardiologist called back with physician orders that included changes to one of the resident's medications, orders to monitor the resident's blood pressure each shift, in addition to an order to administer Furosemide 20 mg (milligrams) to PRN (as needed) for the following reasons: weight gain of 3 lbs (pounds) overnight; weight gain of 5 lbs in 1 week; s/s of lung congestion or crackles. Continued review of the nursing note indicated that the nurse practitioner (Employee E7) was made aware, and verified the orders.</p> <p>Review of Resident R1's physician's order dated March 20, 2024, and monthly thereafter revealed administer 1-20 mg tablet of furosemide (Lasix) every 24 hours as needed for edema. The physician's order also instructed staff to monitor the resident's weight daily, to administer 1-20 mg tablet of furosemide as needed, if the resident had a weight gain of 3 lbs overnight, if the resident had a weight gain of 5 lbs in one week, or if the resident had symptoms of lung congestion or crackles.</p> <p>Review of the resident's clinical record from March 20, 2024-October 2024 did not show evidence that the resident's weights were taken daily by nursing staff. Continued review of the resident's clinical record indicated that the resident's weights from March 20, 2024-current were only taken monthly as ordered by the physician.</p> <p>Review of progress notes from the resident's treating physicians which included the facility's staff physician (Employee E9), the Medical Director (Employee E10), and the Nurse Practitioner (Employee E7) confirmed that the resident was seen by the practioners monthly since March 20, 2024.</p> <p>Review of the notes associated with each encounter all referenced the March 20, 2024 physician's order in them of Furosemide Oral Tablet 20 MG (Furosemide) Give 1 tablet by mouth every 24 hours as needed for Edema. Monitor weight daily. Administer. PRN for the following reasons: 1)-Weight gain of 3 lbs overnight. 2)-Weight gain of 5lb in 1 week. 3)-Symptoms of lung congestion or crackles. Continued review of the encounter notes that the medical professionals had with the resident also had documented in their notes, weight daily .he is on daily weights .weight measurement q (every) day . the resident's weights are stable .</p> <p>Continued review of the notes written by the Medical Director, the resident's clinical record did not show evidence that the above referenced medical professionals were reviewing or monitoring the resident's medical status related to daily weights to know that the resident's weights were not being obtained by nursing staff on a daily basis for a total of 8 months (March 2024-October 2024).</p> <p>Review of a note dated March 29, 2024 at 1:00 a.m. written by the nurse practitioner after a visit with the resident indicated .he is on daily weights, as per patient, today weight was 284 lbs. Review of the resident's clinical record, which included all listed weights, did not include a weight documented as being 284 lbs. for Resident R1 for any of the two dates in March that his weights were taken (March 1, 2024, weight was documented as 285.6 lbs. and the resident's March 21st's weight was documented 287.6). Review of the March 29, 2024, note from the nurse practitioner's visit did not provide any evidence that the nurse practitioner noticed that the resident had not been weighed daily by the facility, and that there were no weights obtained on the resident from March 22, 2024-March 29, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the facility's Medical Director (Employee E10) on October 10, 2024 at 11:35 a.m. it was confirmed that Resident R1 should have been weighed daily by the facility. It was discussed that there was no indication that the weights were being reviewed, monitored, or that it was even noticed by the Medical Director, the staff physician, and the nurse practitioner that the weights had not been taken daily at all for 8 months during the medical visits with the resident and their review of his clinical record. It was discussed that the notes that were being written by the medical director, staff physician and nurse practitioner indicated that the resident's weights were stable, and/or staff should continue to monitor the weights, and/ or he is on daily weights .</p> <p>The facility failed to ensure that physician monitor Resident's weights for treatment of heart failure.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.2(d)(3)(8)(9) Medical director</p> <p>28 Pa Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(c)(d)(1) Nursing services</p>		