

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 02/25/2025
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** 43923</p> <p>Based on review of clinical record review and staff interviews, it was determined that the facility failed to follow physician orders for one of seven residents (Resident R2).</p> <p>Findings include:</p> <p>A review of the clinical record indicated that Resident R2 was admitted to the facility on [DATE], with diagnosis that included paraplegia (paralysis of the legs and lower body), , polyneuropathy (condition of peripheral nerve are damaged), pressure ulcer of sacral, cramp and spasm.</p> <p>Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated January 29, 2025, revealed a Brief Interview for Mental Status (BIMS) of 15 which indicated that the resident was cognitively intact.</p> <p>Review of Resident R2's physician orders dated January 11, 2025, indicated a wound treatment cleanse sacrum with soap and water, pat dry and apply foam dressing. Every evening shifts every other day for treatment.</p> <p>On February 25, 2025, at 10:22 a.m. an interview with the Resident R2 revealed that license nurse, Employee E8 came in on January 18, 2025, at 2:30 a.m. to provide a wound dressing change. Resident R2 further reported that wound treatment didn't need to be provided at 2:30 a.m. and she already received the treatment a day prior after she took her shower and her dressing got wet, therefore, the license nurse, Employee E7 changed her wound dressing.</p> <p>A review of the nursing notes dated January 18, 2025, confirmed that the treatment was completed by the licensed nurse, Employee E7. The resident had requested that this nurse complete her treatment on the morning of January 17, 2025, at approximately 7:55 a.m.</p> <p>A review of the facility's internal investigation statement written by license nurse, Employee E8 dated January 18, 2025, confirmed that Employee E8 failed to followed physician orders related to the treatment order to be completed every other day.</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On February 25, 2025, at 2:03 p.m., an interview with the Director of Nursing, Employee E2, confirmed that licensed nurse Employee E8 did not follow the physician's order by entering Resident R2's room during the night shift to complete a dressing treatment. The wound treatment had already been completed on January 17, 2025, and this information was available for review in the Medication Administration Record (MAR).</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>		