

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER St John Neumann Ctr for Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 10400 Roosevelt Avenue 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>47973</p> <p>Based on review of facility policies, clinical record review and interviews with residents and staff, it was determined that the facility failed to provide written notice, including reason for the change, before a resident's room change for one of 11 residents reviewed (Resident R2).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Room Change, revised November 27, 2023, revealed that the facility may change a resident's room when it is medically necessary or if the resident requires a different level of care.</p> <p>Review of clinical records for Resident R2 revealed a progress note which stated that the resident was notified that he will be changed to a semiprivate room and that the family member was also informed.</p> <p>Interview with the Administrator, Employee E1, and Director of Nursing, Employee E2, on April 15, 2024, at 12:54 p.m. confirmed that the resident had a room change related to a change in level of care. Further interview confirmed that the facility failed to provide a written notice to resident or residents representative, including reason for the change, before Resident R2's room change was initiated.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>29 Pa. Code 201.29(d) Resident rights</p> <p>29 Pa. Code 201.29(j) Resident rights</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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