

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 10/23/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>46993</p> <p>Based on review of clinical records, review of facility provided documentation and interview with staff, it was determined that facility failed to ensure that a thorough investigation was conducted related to a injury sustained by a resident for one of five residents reviewed (Resident R1)</p> <p>Findings include:</p> <p>Review of facility policy 'Incident/Occurrence Investigation Policy,' revised on November 2023, indicates all injuries of unknown origin will be investigated to make a determination if a resident is a victim of abuse or mistreatment, and Nursing Administration or Social Services will conduct their initial investigation and review all pertinent documentation related to the event .</p> <p>Review of Resident R1's clinical record revealed a medical history of dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety, colostomy status, major depressive disorder, stroke without residual deficits, falling, alcohol abuse, anemia, bipolar disorder, thrombocytopenia, obstructive and reflux uropathy.</p> <p>Review of nursing progress note dated October 2, 2024 at 2:34 p.m., revealed that Resident R1 was physically aggressive towards staff during morning care. Resident R1 was assessed and noted to be without injury.</p> <p>Nursing progress note dated October 2, 2024 at 5:32 p.m. revealed Resident R1 was noted to have bruise on right hand and wrist.</p> <p>Nursing progress note dated October 2, 2024 at 11:39 p.m. revealed bruise on right arm</p> <p>Nursing note dated October 3, 2024 at 2:20 AM, revealed R1 was observed to be in lying in bed with cut above right eye bleeding from above right eye</p> <p>Nursing progress note dated October 5, 2024 at 4:24 p.m. revealed Resident R1 was noted with discoloration on bilateral eyes</p> <p>Review of nurse aide's statement, Employee E9, dated October 3, 2024, stated that Employee E9 did not notice any skin tears during her shift but resident was very combative on October 2, 2024</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of nurse aide statement , Employee E7, dated October 3, 2024, stated on my first round the resident were okay and on my second round at 1:00AM I noticed he is bleeding on the left right eyebrows.</p> <p>Review of facility provided follow-up investigation report related to R1's head injury on October 3, 2024 states skin tear on the right eye with measuring of 4 x 0.5 cm. NO incident is noted on prior shifts possible to hitting on the edge of TV.</p> <p>Interview with Licensed nurse, Employee E5, on October 23, 2024 at 12:45 p.m., revealed that Resident R1 does not get up from bed unassisted and has not been attempting to get up from bed unassisted for approximately a year.</p> <p>Observation of Resident R1 in room#413 revealed healing bruise near left eye.</p> <p>28 Pa Code 201.14(a)(e) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1)(3)(e)(1) Management</p> <p>28 Pa Code 201.29(c) Resident rights</p> <p>28 Pa Code 211.10(d) Resident care policies</p>