STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395182	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St John Neumann Ctr for Rehab & Healthcare	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 43277 Based on review of facility policy, review of clinical records, and staff interviews it was determined that the facility failed to review and revise behavior health care plan for one of nine residents reviewed (Resident R1). Findings Include: Review of facility policy Interdisciplinary Care Planning Protocol reviewed February 2023 revealed problems established by the team with the resident/family must be specific and individualized. Review of Resident R1's Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated October 13, 2024, revealed the resident was cognitively impaired and had diagnoses of dementia (a decline in cognitive function severe enough to interfere with daily life), anxiety disorder (excessive fear, worry, and nervousness that disrupt daily life), depression (persistent feeling of sadness and loss of interest), and manic depression (bipolar disorder - a serious mental illness characterized by extreme mood swings). Continued review of Resident R1's MDS revealed the resident received an antipsychotic medication on a routine basis. Review of Resident R1's comprehensive care plan revised March 5, 2024, revealed the resident could not always communicate effectively due to a language barrier (primary language is Spanish). Continued review of Resident R1's comprehensive care plan revised October 28, 2024, revealed the resident had potential for changes in mood related to depression and anxiety. Updated March 18, 2024, it was noted that Resident R1 initiated a physical altercation with the roommate. Interventions dated May 19, 2023, indicated to provide medications as ordered and monitor for effectiveness and potential side effects. Review of Resident R1's clinical record revealed a nursing note dated June 8, 2024, that Resident R1 punched his roommate at approximately 5:54 a.m. Resident R1 was noted with agitation and confusion. (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
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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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Continued review of Resident R1's clinical record revealed a note by the Nurse Practitioner, Employee E3, dated June 8, 2024, that indicated Resident R1 was seen at bedside, unpleasant with the surroundings and stated he was not happy being at the facility. The Nurse Practitioner, Employee E3, noted that nursing reported Resident R1 was not taking his medication. When questioned, Resident R1 confirmed he was not taking his medications. Review of Resident R1's clinical record revealed a psych note dated June 10, 2024, that indicated Resident R1 was forgetful with decreased cognition and has nonsensical responses to questions at times. Interventions included an adjustment of medications and to evaluate progression in mood and behavior. Review of Resident R1's clinical record revealed a nursing note dated June 21, 2024, that Resident R1 was noted with low blood sugar, refused interventions, and stated I don ' t want to eat I want to die. Resident R1 also refused to be transferred to the hospital but ultimately agreed to eat. Resident R1 was assessed by psych via a phone consultation who recommended medication changes. Review of Resident R1's clinical record revealed a nursing note dated July 4, 2024, that Resident R1 refused medications. Review of Resident R1's clinical record revealed a nursing note dated July 6, 2024, that indicated Resident R1 initiated a physical altercation with his roommate. Review of Resident R1's clinical record revealed a nursing note dated July 17, 2024, that the resident refused all scheduled medications. Continued review of Resident R1's clinical record revealed nursing notes dated August 26 and August 28, 2024, that indicated the resident expressed agitation and refused medications. Review of Resident R1's comprehensive care plan revealed no documented evidence the care plan was reviewed and revised to address behavior of refusing care and medications. 28 Pa. Code 211.10 (a) Resident care policies. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services.