

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 01/24/2025
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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on observation, reviews of the electronic maintenance communication logs, interviews with staff and residents, policy and procedure reviews, and clinical record review, it was determined the facility failed to ensure comfortable air temperature levels were provided on the 300 nursing unit placing residents at risk for developing hypothermia (condition of having a lower body temperature than normal body temperature). The cold air temperatures placed 19 of 32 cognitively impaired residents on the 300 nursing unit in an Immediate Jeopardy situation. (Residents R118, R149, R142, R85, R163, R103, R61, R145, R91, R113, R15, R164, R51, R179, R146, R27, R66, R264 and R9).</p> <p>Findings include:</p> <p>Review of the undated facility policy titled Room Temperature Maintenance revealed, it was the facility's responsibility to take and record room and lounge temperatures weekly. The policy indicated the room and lounge temperatures were to be maintained at 71 to 81 degrees Fahrenheit. If the facility had obtained any variance in this temperature range of 71 to 81 degrees Fahrenheit; then it would be the responsibility of that person to report the temperature variance to the administrator and maintenance director.</p> <p>Interview with Resident R91 at 11:00 a.m., on January 22, 2025 revealed his/her room of 313 was extremely cold and uncomfortable. The resident reported the heating system in his/her room does not work. The resident reported that he/she worries about his roommate (Resident 145) being cold and becoming ill. The resident reported that his/her roommate needs warmer clothes and shoes and possibly a jacket to wear inside their bed room.</p> <p>Clinical record review for Resident R91 revealed a quarterly assessment Minimum Data Set (MDS- assessment of care needs) dated January 3, 2025, indicated this resident was able to make his/her needs known to staff. The assessment revealed the resident was independent with upper and lower body dressing (putting on/taking off clothing).</p> <p>Clinical record review for Resident R145 revealed a quarterly MDS assessment dated [DATE], indicated that the resident had severe cognitive impairment. The assessment also indicated the diagnoses of dementia, anemia (a low red blood count) and schizophrenia (mental disease characterized by loss of reality contact). Continued review of the MDS assessment revealed that this resident required staff supervision with upper and lower body dressing.</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: 395182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Observations with nursing staff, Employee E8, January 22, 2025, at 11:15 a.m., revealed that the heating unit connected to the wall area heating system in room [ROOM NUMBER] where Resident R91 and Resident R145 resided was not functioning or operational.</p> <p>Observations and air temperatures taken with maintenance staff, Employee E7, January 22, 2025 at 11:30 a. m., of room [ROOM NUMBER] and the hallway outside this room revealed air temperatures of 56 degrees Fahrenheit.</p> <p>Observations conducted with nursing staff member, Employee E8, at 11:35 on January 22, 2025 of room [ROOM NUMBER] revealed the heating unit was blowing warm air, only slightly. The heating system in room [ROOM NUMBER] was blowing cold air. The heating system in room [ROOM NUMBER] was blowing cold air and the heating unit in room [ROOM NUMBER] was blowing cold air. The nursing staff member confirmed, the heating systems in rooms 315, 316 and 317 were non operational. The nursing staff member confirmed, the heating system in room [ROOM NUMBER] was not fully functioning.</p> <p>Observations of rooms 314, 315, 316 and 317 with a maintenance staff, Employee E7 at 11:40 a.m., on January 22, 2025 revealed the following room air temperatures: room [ROOM NUMBER]- 71 degrees Fahrenheit, room [ROOM NUMBER]- 65 degrees Fahrenheit, room [ROOM NUMBER]- 61 degrees Fahrenheit and room [ROOM NUMBER]-62 degrees Fahrenheit.</p> <p>Observations of Resident R142 at 11:45 a.m., on January 22, 2025 revealed the resident was seated in his/her wheel chair in the hall way outside of room [ROOM NUMBER]. This resident was only wearing a thin cotton hospital gown and socks. The resident's arms and legs were exposed to the cold hallway temperatures of 56 degrees Fahrenheit.</p> <p>Observations conducted of Resident 149 at 11:45 a.m., on January 22, 2025, revealed the resident was in bed constantly moving and kicking her sheet and blanket off her body. The resident was wearing a thin cotton hospital gown only. The temperature recorded for room [ROOM NUMBER] was at 64 degrees Fahrenheit at 4:00 p.m It was noted that the two heating units were turned off or not blowing warm air into resident's room.</p> <p>Observations of Residents R27 and R9 at 11:50 a.m., on January 22, 2025, revealed the residents were in room [ROOM NUMBER]. Both residents were lying in bed dressed with multiple layers of blankets and clothes. Interview with the nursing assistant, Employee E8, at this time revealed that this was the only way we could keep Resident R27 and R9 comfortable by using two or three blankets, since the heating units were not functioning and supplying warm air for this room.</p> <p>Resident room air temperatures were taken on the 300 nursing unit with the regional administrative staff Employee E3, at 4:00 p.m., on January 22, 2025, and revealed temperatures below 71 degrees Fahrenheit as follows: room [ROOM NUMBER]- 64 degrees Fahrenheit, room [ROOM NUMBER]-62 degrees Fahrenheit, room [ROOM NUMBER]- 62 degrees Fahrenheit, room [ROOM NUMBER]- 60 degrees Fahrenheit, room [ROOM NUMBER]-69 degrees Fahrenheit, room [ROOM NUMBER]- 62 degrees Fahrenheit, room [ROOM NUMBER]- 61 degrees Fahrenheit, and room [ROOM NUMBER]-62 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Reviews of the documented maintenance communication system logs (electronic communication system used by the staff to report concerns with resident rooms or the nursing unit environment to the maintenance department and administrator) revealed on November 11, 2024, Registered nurse, Employee E11 documented the heating unit in room [ROOM NUMBER] was not working. Registered nurse, Employee E11 indicated there was no heat for residents in this room. There was no documentation to indicate what staff member responded to the nursing staff member's request to repair the heating unit.</p> <p>Reviews of the documented maintenance communication system logs (an electronic communication system used by the staff to report any issues with resident rooms or the nursing unit environments to the maintenance department and administrator), revealed a work order from the licensed nursing staff, member Employee E9 indicating on November 22, 2024 the nurse alerted the maintenance staff in writing of the heating units in rooms 313, 314, 315, 316 and 317 were not working. The licensed nurse indicated these rooms were cold. The licensed nurse wrote the heating units needed to be repaired immediately. There was no documentation to indicate what staff member responded to the nursing staff member's request to repair the heating units.</p> <p>Interview with the Nursing Home Administrator, on January 22, 2025, at 11:45 a.m. confirmed the temperatures taken with the maintenance staff, Employee E7 were cold and uncomfortable for the residents living on the 300 nursing unit.</p> <p>Interviews with the activities and nursing staff Employees E8, E12, E13, E14, E15 and E16 working on the 300 nursing unit on January 22, 2025, 12:30 p.m., revealed that the heating units had not been fully functioning to provide warmth for the residents in rooms 310, 311, 312, 313, 314, 315, 316 and 317 since November 2024.</p> <p>Licensed nursing staff member, Employee E9, was interviewed on January 22, 2025, at 4:00 p.m., and confirmed that the maintenance communication system was used to alert and document the on-going issue of lack of heat to the maintenance department as well as the administrative staff at the facility.</p> <p>Interviews on January 22, 2025, with the nursing staff Employees E8, E12, E14, E15, E4, E18, E19 and E17 who were most familiar with caring for the residents in rooms 310, 311, 312, 313, 314, 315, 316 and 317 revealed that all 19 residents have a diagnosis of dementia or cognitive impairment. The nursing staff also reported that all of these residents required supervision with activities of daily living, especially dressing.</p> <p>Clinical record review for Resident R118 revealed a quarterly MDS assessment dated [DATE], indicated Resident R118 had a diagnosis of Dementia (progressive disease of the brain) and required staff supervision for dressing.</p> <p>Clinical record review for Resident R149 revealed a quarterly MDS assessment MDS dated [DATE], indicating resident had a diagnosis of cerebral vascular accident (stroke) and required maximum staff assistance for dressing.</p> <p>Clinical record review for Resident R142 revealed a quarterly MDS assessment MDS dated [DATE], indicated resident had a diagnosis of Schizophrenia and required staff supervision for dressing.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Clinical record review for Resident R85 revealed an admission comprehensive assessment MDS dated [DATE], that indicated that this resident had a diagnosis of Alzheimer's disease irreversible progressive degenerative disease of the brain) and required maxium staff assistance for dressing.</p> <p>Clinical record review for Resident R163 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required set up staff assistance for dressing.</p> <p>Clinical record review for Resident R103 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required set up staff assistance for dressing.</p> <p>Clinical record review for Resident R61 revealed an annual comprehensive assessment MDS dated [DATE], that indicated that this resident had a diagnosis of dementia and schizophrenia and required maximum staff assistance for dressing.</p> <p>Clinical record review for Resident R113 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required substantial assistance from staff for dressing.</p> <p>Clinical record review for Resident R15 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required substantial assistance from staff for dressing.</p> <p>Clinical record review for Resident R164 revealed a quarterly MDS assessment MDS dated [DATE], that indicated that this resident had a diagnosis of dementia and required substantial assistance from staff for dressing.</p> <p>Clinical record review for Resident R51 revealed an admission comprehensive MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required supervision from staff for dressing.</p> <p>Clinical record review for Resident R179 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required supervision from staff for dressing.</p> <p>Clinical record review for Resident R146 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required moderate assistance from staff for dressing.</p> <p>Clinical record review for Resident R264 revealed an admission comprehensive MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required set up assistance from staff for dressing.</p> <p>Clinical record review for Resident R27 revealed an admission comprehensive MDS dated [DATE], that indicated that this resident had a diagnosis of dementia and required supervision from staff for dressing.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Clinical record review for Resident R66 revealed an admission comprehensive assessment MDS dated [DATE], that indicated that this resident had a diagnosis of Alzheimer's disease and required supervision from staff for dressing.</p> <p>Clinical record review for Resident R9 revealed a quarterly MDS assessment dated [DATE], that indicated that this resident had a diagnosis of dementia and required partial assistance from staff for dressing.</p> <p>Clinical record review for Resident R264 revealed an admission comprehensive assessment MDS dated [DATE], that indicated that this resident had a diagnosis of dementia and required set up assistance from staff for dressing.</p> <p>Based on the above findings an Immediate Jeopardy was identified for failure to provide safe and comfortable air temperatures for residents living on the 300 nursing unit. The facility's failure to furnish the necessary maintenance services to ensure that safe and comfortable temperature levels were maintained in resident bedrooms and hallway posed a safety risk with the loss of body heat for 19 residents identified. An Immediate Jeopardy template (document which included information necessary to establish each of the key components of the immediate jeopardy) was provided to the Nursing Home Administrator on January 22, 2025 at 6:46 p.m.</p> <p>The facility's plan of action included the following:</p> <p>The facility indicted that they failed to ensure that air temperatures were maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit for 19 residents.</p> <p>-All affected residents were moved to other areas of the facility (PT Gym and empty resident rooms) where the temperature was maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit. All residents were assessed for signs and symptoms of hypothermia. None were found to be showing signs and symptoms of hypothermia. Vitals signs were taken on all affected residents and none showed any adverse effects, related to being affected by temperatures less than 71 degrees Fahrenheit. All responsible parties and all residents physicians were made aware.</p> <p>-Room temperatures of other units were audited after the affected rooms were identified and all rooms were found to have temperatures between 71 degrees fahrenheit and 81 degrees Fahrenheit. Vital signs were taken on all unaffected residents and none show any adverse effects.</p> <p>-Education was provided to the facility staff that were working when the areas were found to be affected and education will continue for staff who will work until temperatures are maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit in the affected rooms. The education includes reporting any residents with concerns of being cold, offering blankets accetable temperature ranges or have signs and symptoms of hypothermia. The is taking hourly temperatures of resident rooms to assure that the temperature is maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit. Additionally staff has been added to the schedule for the immediate nursing shifts to assure resident safety. Additionally, staff will continue to be added to the schedule to assure resident safety until the temperature is maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit in the affected area and residents are returned to their original rooms.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Industrial heating units have been procured and are expected to arrive in the next two hours. The industrial heating units will be placed in the affected area.</p> <p>-Vital signs will be taken every four hours for all residents at the facility to assure that no resident will have any negative affects as related to the signs and symptoms of hypothermia and vital signs will continue until heat is restored to the affected area.</p> <p>-Repairs of heating units will continue until heat is restored to the affected area and the temperature is maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit.</p> <p>-The Maintenance Director or designee will audit room temperatures daily for four weeks, then weekly for 8 weeks to ensure that the room temperature is between 71 and 81 degrees Fahrenheit. Corrective action will be taken as necessary. The results of the audits will be reported at monthly QAPI (Quality Assurance Improvement Plan) meeting until substantial compliance is reached.</p> <p>On January 22, 2025, at 9:25 p.m., the facility's immediate action plan was accepted.</p> <p>Interviews with licensed nursing staff, recreational staff, maintenance staff and administrative staff confirmed that they were all knowledgeable of the air temperatures in resident rooms and nursing units and the importance of keeping the residents warm. All staff reported that they were to report to their supervisor immediately any cold rooms, heating units that were not fully functioning to maintain temperatures between 71 and 81 degrees Fahrenheit and any resident complaints of being cold. The supervisors were to report immediately any cold rooms, heating units that were not fully functioning to maintain temperatures between 71 and 81 degrees Fahrenheit and any resident complaints of being cold to the administrator. Interview with the administrative and regional administrative staff confirmed that they were all knowledgeable of their responsibility for the maintenance of equipment to ensure comfortable and safe temperatures in the residents' living environments.</p> <p>Temperatures were taken on all nursing units with special focus on the 300 nursing unit to ensure that the heating equipment was fully functioning and suppling heat to resident rooms and common areas on the nursing unit. Air temperatures were registering between 71 and 81 degrees Fahrenheit.</p> <p>The hourly vital signs auditing was reviewed to ensure residents were not exhibiting signs and symptoms of hypothermia.</p> <p>On January 23, 2025, at 5:42 p.m., the Immediate Jeopardy was lifted.</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> <p>28 PA. Code 204.19 Plumbing, heating ventilation and air conditioning and electric</p>		

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 01/24/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</p> <p>Based on clinical record review and interviews with staff, it was determined that the facility failed to ensure that a resident with a facility-initiated transfer to the hospital was necessary and document the basis for the transfer in the residence medical record for one of three residents reviewed related to transfers. Resident R 212</p> <p>Finding include:</p> <p>Review of Resident R 212's admission MDS (minimum data set a mandatory resident assessment tool), entry tracking records dated November 22, 2024, revealed that the resident was admitted to the facility on [DATE]. Residence R 212's discharge assessment dated [DATE], revealed that the resident was discharged for reason of behaviors and a return is not anticipated.</p> <p>Review of Resident R 212's clinical record revealed that this resident was admitted to the facility with diagnosis's including unspecified mood disorder, dementia, kidney failure, personal history of transit ischemic attack (a temporary blockage of blood flow to the brain), history of falling, bipolar disorder (a disorder classified by episodes of mood swings ranging from depressive lows to manic highs), major depressive disorder, and anxiety disorder.</p> <p>Review of facility documentation dated November 27, 2024, revealed the resident was sent to the hospital reason for transfer states and no on other information was completed on this form.</p> <p>Review of nursing notes for Resident R 212's five days of stay in the facility did not contain any documentation of any behaviors of warranting any safety concerns.</p> <p>Review of nursing notes dated November 22, 2024, patient refused all night meds and morning labs.</p> <p>Review of nursing notes dated November 23, 2024, resident received in bed, resident refused all morning care, food and medications resident noted agitated and yelling at staff.</p> <p>Review of nursing notes dated November 24, 2024; a nursing note revealed resident consumed 75 % to 100% of snacks provided. The resident refused to eat when offering but noted eating after this nurse leave the room. Refused all care and medications. Resident yelling at staff without any provocation.</p> <p>Review of residents nursing note dated November 25, 2024, revealed the resident refused all due medication with verbal aggression.</p> <p>Review of nursing notes dated November 26, 2024, revealed that a psychological consultation was done and a new order for Zyprexa was obtained.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of nursing notes dated November 27, 2024, revealed Resident is noted with refusing the care, medications, labs, chest X-ray, therapy, changes the clues. Noted with meal percentages of zero to 25%. Resident is noted with aggressive behavior from last five days. Received order for transfer to [hospital] due to safety concerns.</p> <p>Review of Nursing note dated November 27, 2024, revealed resident transfer .with all the belongings.</p> <p>Interview with licensed nurse Employee E4 on January 24, 2025, at 1:22 p.m. confirmed she was familiar with resident R 212's and this resident had behavior concerns. She sates that the resident was refusing all care, including ADL's, bathing, toileting, medication and therapy. Employee E4 states she spoke with the president's wife and was asked to send him to the hospital. Employee E4 then obtained an order for discharge.</p> <p>Interview with Director of Nursing, (DON), Employee E2 on January 24, 2024, at 2:05 p.m. revealed that the resident was discharged due to aggressive behavior towards staff and refusal of care. Employee E2 stated that the resident was discharged due to his resistance to care and refusal of medications. When question why this resident was sent to the hospital with all belongings he stated the resident carries all belonging with him at all times. Employee E2 was unable to provide evidence that Resident R212 transfer was necessary for the resident's welfare, and the facility was unable to meet the residents needs or that the health and safety of individuals at the facility were endangered due to the residence status. The DON state the facility was unwilling to continue to provide ongoing care to resident R 212.</p> <p>28 Pa. Code 201.18(b)(2) Management</p> <p>28 Pa. Code 211.5(f) Medical records</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: 395182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</p> <p>Based on clinical record review, it was determined that the facility failed to ensure that a baseline care plan was developed for a one of 35 residents reviewed. (Resident R212.</p> <p>Findings include:</p> <p>Review of Resident R212's admission Minimum Data Set (MDS-a mandatory resident assessment tool), entry tracking dated November 22, 2024, revealed that the resident was admitted to the facility on [DATE]. Resident R212's discharge assessment dated [DATE], revealed that the resident was discharged for reason of behaviors and a return is not anticipated.</p> <p>Review of Resident R212's clinical record revealed that this resident was admitted to the facility with diagnosis's including unspecified mood disorder, dementia, kidney failure, personal history of transit ischemic attack (a temporary blockage of blood flow to the brain), history of falling, bipolar disorder (a disorder classified by episodes of mood swings ranging from depressive lows to manic highs), major depressive disorder, and anxiety disorder.</p> <p>Review of facilities documentation dated November 27, 2024, revealed the resident was sent to the hospital, reason for transfer states behavior systems and no on other information was completed on this form.</p> <p>Review of resident's hospital record dated November 20, 2024 revealed the resident was admitted for mental status change. The patient's wife reported at this time patient has become increasingly violent. Patient's wife is unable to take care of him with his psychological issues. Patient remains calm and comfortable, however refuses medications and has refused labs.</p> <p>Review of nursing notes dated November 22, 2024, patient refused all night meds and morning labs.</p> <p>Review of nursing notes dated November 23, 2024, resident received in bed, resident refused all morning care, food and medications. Resident noted agitated and yelling at staff.</p> <p>Review of nursing notes dated November 24, 2024, resident consumed 75 % to 100% of snacks provided. The resident refused to eat when offering but noted eating after this nurse leave the room. Refused all care and medications. Resident yelling at staff without any provocation.</p> <p>Review of residents nursing note dated November 25, 2024, revealed the resident refused all due medication with verbal aggression.</p> <p>Review of nursing notes dated November 26, 2024, revealed that a psychological consultation was done and a new order for Zyprexa was obtained.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of nursing notes dated November 27, 2024, revealed Resident is noted with refusing the care, medications, labs, chest X-ray, therapy, changes the clues. Noted with meal percentages of zero to 25%. Resident is noted with aggressive behavior from last five days. Received order for transfer to [hospital] due to safety concerns.</p> <p>Interview with licensed nurse Employee E4 on January 24, 2025, at 1:22 p.m. confirmed she was familiar with Resident R 212's and this resident had behavior concerns. She sates that the resident was refusing all care, including ADL's, bathing, toileting, medication and therapy. Employee E4 states she spoke with the resident's wife and was asked to send him to the hospital. Employee E4 then obtained an order for discharge.</p> <p>There was no evidence that a baseline care plan was developed related to refusal of care, medications, and verbal and agitated behaviors.</p> <p>28 Pa. Code 201.18(b)(2) Management</p> <p>28 Pa. Code 211.5(f) Medical records</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: 395182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on observations of care and services, clinical record reviews and interviews with responsible family members and staff, it was determined that the facility failed to ensure that a consultation with an optometrist or ophthalmologist</p> <p>was obtained for one of 35 residents reviewed (Resident R201)</p> <p>Findings include:</p> <p>Interview with the responsible family member for Resident R201 at 11:00 a.m. on January 21, 2025, revealed that the family member visits the facility at lunch time daily. The family also reported that he had spoken to the nursing staff about having Resident 201's eyes examined by a professional optometrist or ophthalmologist (branch of medicine concerned with the treatment of disorders and diseases of the eyes).</p> <p>Observations of Resident R201 on January 21, 2025, revealed that this resident was sitting in the well illuminated dining area. The family member said that he thinks both eyes were impaired because Resident R201 can not follow objects with her eyes. The family member said that Resident R201 had no corrective eyewear and she needs a pair of corrective lenses.</p> <p>Clinical record review for Resident R 201 revealed an admission comprehensive assessment dated [DATE] that indicated that this resident was admitted to the facility on [DATE]. The assessment also indicated that Resident R201 was severely cognitively impaired. The assessment also indicated that this resident had a diagnosis of dementia.</p> <p>Interview with the licensed nursing staff, Employee E4, at 10:00 a.m., on January 24, 2025 confirmed that the responsible party for Resident R201 had requested for Resident R201 to be evaluated and assessed by an eye specialist in November and December, 2024 and January, 2025. There was no documentation to indicate that the consultation had been discussed with the physician. The registered nurse, Employee E4 confirmed that the responsible party for Resident R201 had requested that the services of an optometrist or ophthalmologist during the months of November, December, 2024 and January 2025; however there was no vision consults available to review for Resident R201.</p> <p>28 PA. Code 211.12(d)(1)(3)(5) Nursing services</p> <p>28 PA. Code 201.21(c) Use of outside resources</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p>		

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 01/24/2025
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46106</p> <p>Based on review of clinical records, staff and resident interviews, it was determined that the facility failed to provide culturally competent, trauma informed care accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for one of seven residents sampled (Resident R 191)</p> <p>Findings include:</p> <p>A review of the clinical record revealed that Resident R191 was admitted to the facility on [DATE], with diagnoses to anxiety disorder, and post-traumatic stress disorder (PTSD)</p> <p>Further review of the clinical record for Resident R191 revealed that the resident PTSD diagnoses is unknown by facility.</p> <p>Resident R191's current care plan on December 19, 2024, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>Interview with the Social worker, Employee E6, on January 24, 2025, at 10:12 a.m. confirmed that Resident 191 plan of care for PTSD did not include resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>28 Pa. Code 211.12(c)(d)(3)(5) Nursing services</p>

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 01/24/2025
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39343</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered care plan to address a resident's dementia care needs for one of 35 residents reviewed (Resident R 88).</p> <p>Findings Include:</p> <p>Review of the admission sheet of Resident R88, revealed that Resident R88 was admitted to the facility on [DATE]. Review of the admission sheet of Resident R88 indicated that, on January 30, 2023, Resident R88 was diagnosed with Dementia (Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities).</p> <p>Review of Minimum Data Set assessment (MDS- an assessment tool to review all care areas specific to the resident such as a resident's physical, mental or psychosocial needs) dated December 16, 2024, revealed that Resident R88 had active diagnoses of Non-Alzheimer's Dementia (a progressive form of Dementia that destroys memory and other important mental functions).</p> <p>Review of MDS revealed that Resident R 88 received antipsychotic (Antipsychotic medications have the effect of changing a person's behavior, mood, and emotions), and anti-depressant medications.</p> <p>On January 25, 2025, at 10:16 a.m., review of Resident 88's care plan revealed no care plan with measurable goals</p> <p>and interventions to address the care and treatment need related with dementia care of Resident R88.</p> <p>During an interview on January 25, 2025, at 10:19 a.m., the Director of Nursing (DON), confirmed the finding, and the DON stated that the facility tried to make the care plans as specific as possible. No additional information was received.</p> <p>28 Pa Code 211.11(d) Resident care plan</p> <p>28 Pa Code 211.12 (d)(1)(3)(5) Nursing service</p>

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 01/24/2025
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of clinical records and staff interviews, it was determined that the facility failed to obtain and report laboratory results to meet resident needs for three of 35 residents reviewed (Resident R72, R204, and R169).</p> <p>Findings Include:</p> <p>Review of Resident R72's Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated October 21, 2024, revealed the resident had a diagnosis of hyperkalemia (elevated levels of potassium in the blood because the kidneys are unable to excrete the excess potassium - severe symptoms can include muscle weakness or affect the heart).</p> <p>Review of Resident R72's clinical record revealed a physician progress note dated November 28, 2024, by Physician, Employee E10, that indicated Resident R72 had a nephrology (medical specialty that focuses on the study of kidneys) consult on November 8, 2024, with recommendations to implement a low potassium diet and to recheck labs in two weeks.</p> <p>Review of Resident R72's clinical record revealed the resident had labs drawn on November 29, 2024. Per a review of the labs, results were reported the same day which indicated Resident R72 had critical lab values for elevated potassium levels of 6.6 mMOL/L (normal range 3.4 - 5.3 mMOL/L).</p> <p>Review of Resident R72's entire clinical record revealed no documented evidence the physician was promptly made aware of the critical lab values that resulted on November 29, 2024.</p> <p>Continued review of Resident R72's clinical record revealed the physician was not made aware of the lab results until three days later, on December 1, 2024. Resident R72 was subsequently transferred to the hospital on December 1, 2024, for further evaluation and management, as ordered by the physician.</p> <p>Review of nursing note dated December 1, 2024, revealed Resident R72 was admitted to the hospital with a diagnosis of hyperkalemia.</p> <p>Interview on January 24, 2025, at 11:04 a.m. with Registered Nurse, Employee E4, confirmed Resident R72's critical lab values resulted on November 29, 2024, and documentation indicated the physician was made aware on December 1, 2024.</p> <p>Further interview on January 24, 2025, at 11:04 a.m. with Registered Nurse, Employee E4, revealed if lab results are critical the lab will typically call to inform the facility, otherwise the lab results should be checked by nursing.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R204's clinical record revealed the resident was admitted to the facility on [DATE], with diagnosis including Urinary Tract Infection (Urinary tract infections (UTIs) often start when bacteria get into the tube through which urine leaves the body, the urethra), Sepsis (Sepsis is a life-threatening condition that occurs when the body's immune system overreacts to an infection), Acute Cystitis With Hematuria (a condition where someone experiences a sudden onset bladder infection (acute cystitis) accompanied by the presence of blood in their urine (hematuria), meaning they are experiencing symptoms of a bladder infection along with visible blood when they urinate; this can be a sign of a more severe infection and warrants medical attention), and Pneumonia (Pneumonia is a lung infection that causes the air sacs in the lungs to fill with fluid or pus. This makes it difficult to breathe and limits the amount of oxygen that reaches the bloodstream).</p> <p>Review of clinical records of Resident R204 indicated that on September 20, 2024, the pharmacist recommended for a lab tests on Urine pH with Methenamine, but the physician did order it only on January 8, 2025.</p> <p>Review of Resident R204's entire clinical record revealed no documented evidence to establish that the test was completed in a timely manner, as suggested by the Drug Regimen Review Recommendation of the Pharmacist.</p> <p>Review of the comprehensive quarterly assessment MDS (an assessment of care needs) dated January 1, 2025 for Resident R169 revealed that this resident was admitted to the facility on [DATE]. The resident had diagnoses of Alzheimer's disease, seizure disorder, bipolar disorder and schizophrenia. The assessment also indicated that this resident was prescribed antipsychotic and antidepressant medications.</p> <p>Clinical record review revealed a medication administration record for Resident R169 for the months of December, 2024 and January, 2025 that indicated that the resident was receiving valporic acid (Depakene) 250 milligrams twice a day for the treatment of bipolar disorder.</p> <p>Clinical record review revealed that on December 16, 2024 the physician had ordered laboratory studies for valporic acid (to measure the amount of valporic acid in the blood) to be completed for Resident R169. There was no documentation to indicate that the studies had been completed as ordered by the physician.</p> <p>Interview with the Registered nurse, Employee E4, at 12:30 p.m., on January 24, 2025 confirmed that there were no valporic acid blood level studies completed for Resident R169 for the months of December, 2024 or January, 2025 for this resident as requested by the physician.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>		

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 01/24/2025
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on review of clinical records, facility documentation and interviews with residents and staff, it was determined that the Nursing Home Administrator failed to effectively manage the facility related to air temperatures between 71 degrees Fahrenheit and 81 degrees Fahrenheit in resident rooms and common areas for 19 cognitively impaired residents. This failure to maintain comfortable and safe air temperatures for residents residing in rooms 310, 311, 312, 313, 314, 315, 316 and 317 resulted in an Immediate Jeopardy situation.</p> <p>Findings include:</p> <p>Review of the job description for the Nursing Home Administrator revealed that the Administrator was responsible for the direct day to day functions of the facility in accordance with current federal, state and local standards, guidelines and regulations that govern long-term care facilities to assure that the highest degree of quality care can be provided to the residents at all times. The Administrator was responsible to plan, developed, organize, implement, evaluate and direct the facility's programs and activities. The Administrator was responsible to assist department directors in the development and use of developmental policies and procedures and establish rapport in and among departments so that each can realize the importance of team work. The Administrator was responsible to assure that all employees, residents, visitors and the general public follow established facility policies and procedures. The Administrator was responsible to assure that all employees, residents, visitors and general public follow established policies and procedures. The Administrator was responsible for making written and oral reports to the governing board concerning the operation of the facility. The Administrator was responsible for making routine inspections of the facility to assure that established policies and procedures were being implemented and followed. The Administrator was responsible to consult with department directors concerning the operation of their departments to assist in correcting problem areas. The Administrator was responsible for assuring that the building was maintained in good repair. The Administrator was responsible for assuring that the facility was maintained in a clean and safe manner for residents comfort by assuring that necessary equipment and supplies were maintained to perform such services every day.</p> <p>Interview with Resident R91 at 11:00 a.m., on January 22, 2025 revealed his/her room of 313 was extremely cold and uncomfortable. The resident reported the heating system in his/her room does not work. The resident reported that he/she worries about his roommate (Resident 145) being cold and becoming ill. The resident reported that his/her roommate needs warmer clothes and shoes and possibly a jacket to wear inside their bed room.</p> <p>Clinical record review for Resident R91 revealed a quarterly assessment Minimum Data Set (MDS- assessment of care needs) dated January 3, 2025, indicated this resident was able to make his/her needs known to staff. The assessment revealed the resident was independent with upper and lower body dressing (putting on/taking off clothing).</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Clinical record review for Resident R145 revealed a quarterly MDS assessment MDS dated [DATE], indicated that the resident had severe cognitively impaired. The assessment also indicated the diagnoses of dementia, anemia (a low red blood count) and schizophrenia (mental disease characterized by loss of reality contact). Continued review of the MDS assessment revealed that this resident required staff supervision with upper and lower body dressing.</p> <p>Observations with nursing staff, Employee E8, at 11:15 a.m., revealed that the heating unit connected to the wall area heating system in room [ROOM NUMBER] where Resident R91 and Resident R145 resided was not functioning or operational.</p> <p>Observations and air temperatures taken with maintenance staff, Employee E7, at 11:30 a.m., of room [ROOM NUMBER] and the hallway outside this room revealed air temperatures of 56 degrees Fahrenheit.</p> <p>Observations conducted with nursing staff member, Employee E8, at 11:35 on January 22, 2025 of room [ROOM NUMBER] revealed the heating unit was blowing warm air, only slightly. The heating system in room [ROOM NUMBER] was blowing cold air. The heating system in room [ROOM NUMBER] was blowing cold air and the heating unit in room [ROOM NUMBER] was blowing cold air. The nursing staff member confirmed, the heating systems in rooms 315, 316 and 317 were non operational. The nursing staff member confirmed, the heating system in room [ROOM NUMBER] was not fully functioning.</p> <p>Observations of rooms 314, 315, 316 and 317 with a maintenance staff, Employee E7 at 11:40 a.m., on January 22, 2025 revealed the following room air temperatures: room [ROOM NUMBER]- 71 degrees Fahrenheit, room [ROOM NUMBER]- 65 degrees Fahrenheit, room [ROOM NUMBER]- 61 degrees Fahrenheit and room [ROOM NUMBER]-62 degrees Fahrenheit.</p> <p>Observations of Resident R142 at 11:45 a.m., on January 22, 2025 revealed the resident was seated in his/her wheel chair in the hall way outside of room [ROOM NUMBER]. This resident was only wearing a thin cotton hospital gown and socks. The resident's arms and legs were exposed to the cold hallway temperatures of 56 degrees Fahrenheit.</p> <p>Observations conducted of Resident 149 at 11:45 a.m., on January 22, 2025, revealed the resident was in bed constantly moving and kicking her sheet and blanket off her body. The resident was wearing a thin cotton hospital gown only. The temperature recorded for room [ROOM NUMBER] was at 64 degrees Fahrenheit at 4:00 p.m It was noted that the two heating units were turned off or not blowing warm air into resident's room.</p> <p>Observations of Residents R27 and R9 at 11:50 a.m., on January 22, 2025, revealed the residents were in room [ROOM NUMBER]. Both residents were lying in bed dressed with multiple layers of blankets and clothes. Interview with the nursing assistant, Employee E8, at this time revealed that this was the only way we could keep Resident R27 and R9 comfortable by using two or three blankets, since the heating units were not functioning and supplying warm air for this room.</p> <p>(continued on next page)</p>		

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 01/24/2025
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident room air temperatures were taken on the 300 nursing unit with with the regional administrative staff Employee E3, at 4:00 p.m., on January 22, 2025, and revealed temperatures below 71 degrees Fahrenheit as follows: room [ROOM NUMBER]- 64 degrees Fahrenheit, room [ROOM NUMBER]-62 degrees Fahrenheit, room [ROOM NUMBER]- 62 degrees Fahrenheit, room [ROOM NUMBER]- 60 degrees Fahrenheit, room [ROOM NUMBER]-69 degrees Fahrenheit, room [ROOM NUMBER]- 62 degrees Fahrenheit, room [ROOM NUMBER]- 61 degrees Fahrenheit, and room [ROOM NUMBER]-62 degrees Fahrenheit.</p> <p>Reviews of the documented maintenance communication system logs (electronic communication system used by the staff to report concerns with resident rooms or the nursing unit environment to the maintenance department and administrator) revealed on November 11, 2024, Registered nurse, Employee E11 documented the heating unit in room [ROOM NUMBER] was not working. Registered nurse, Employee E11 indicated there was no heat for residents in this room. There was no documentation to indicate what staff member responded to the nursing staff member's request to repaired the heating unit.</p> <p>Reviews of the documented maintenance communication system logs (an electronic communication system used by the staff to report any issues with resident rooms or the nursing unit environments to the maintenance department and administrator), revealed a work order from the licensed nursing staff, member Employee E9 indicating on November 22, 2024 the nurse alerted the maintenance staff in writing of the heating units in rooms 313, 314, 315, 316 and 317 were not working. The licensed nurse indicated these rooms were cold. The licensed nurse wrote the heating units needed to be repaired immediately. There was no documentation to indicate what staff member responded to the nursing staff member's request to repaired the heating units.</p> <p>Interview with the Nursing Home Administrator, on January 22, 2025, at 11:45 a.m. confirmed the temperatures taken with the maintenance staff, Employee E7 were cold and uncomfortable for the residents living on the 300 nursing unit.</p> <p>Interviews with the activities and nursing staff Employees E8,E12, E13, E14, E15 and E16 working on the 300 nursing unit on January 22, 2025, 12:30 p.m., revealed that the heating units had not been fully functioning to provide warmth for the residents in rooms 310, 311, 312, 313, 314, 315, 316 and 317 since November, 2024.</p> <p>Licensed nursing staff member, Employee E9, was interviewed on January 22, 2025, at 4:00 p.m., and confirmed that the maintenance communication system was used to alert and document the on-going issue of lack of heat to the maintenance department as well as the administrative staff at the facility.</p> <p>Based on the above findings an Immediate Jeopardy was identified for failure to provide safe and comfortable air temperatures for residents living on the 300 nursing unit. The facility's failure to furnish the necessary maintenance services to ensure that safe and comfortable temperature levels were maintained in resident bedrooms and hallway posed a safety risk with the loss of body heat for 19 residents identified.</p> <p>Based on the deficiencies identified in this report, the Nursing Home Administrator failed to fulfill essential duties and responsibilities of their position, contributing to the Immediate jeopardy situation.</p> <p>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> <p>(continued on next page)</p>		

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 01/24/2025
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)
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 PA. Code 201.14(a) Responsibility of licensee 28 PA. Code 204.19 Plumbing, heating ventilation and air conditioning and electric

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 01/24/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</p> <p>Based on observations and interviews with residents and staff, it was determined that the facility failed to maintain resident care equipment in safe, operating conditions for three of seven nursing units toured (300, 400, and 700 nursing unit).</p> <p>Findings include:</p> <p>Review of facility maintenance work orders for five of five nursing units in the facility dated from September 9, 2024 through January 22, 2024 revealed multiple ongoing and reoccurring requests for residents' bathroom sink malfunction.</p> <p>Work order 7713 clogged sink room [ROOM NUMBER]</p> <p>Work order 7714 clogged sink room [ROOM NUMBER]</p> <p>Work order 7735 clogged sink room [ROOM NUMBER]</p> <p>Work order 7793 clogged sink bathroom</p> <p>Work order 7823 clogged sink room [ROOM NUMBER]</p> <p>Work order 7838 clogged sink rooms [ROOM NUMBERS]</p> <p>Work order 7855 clogged sink room [ROOM NUMBER]</p> <p>Work order 7883 clogged sink room [ROOM NUMBER]</p> <p>Work order 7887 clogged sink room [ROOM NUMBER]</p> <p>Work order 7902 clogged sink room [ROOM NUMBER]</p> <p>Work order 7914 clogged sink room [ROOM NUMBER]</p> <p>Work order 7945 clogged sink room [ROOM NUMBER]</p> <p>Work order 8031 clogged sink rooms 700, 702, 734</p> <p>Work order 8044 clogged sink med room</p> <p>Work order 8066 clogged sink med room</p> <p>Work order 8106 clogged sink room [ROOM NUMBER]</p> <p>Work order 8131 clogged sink room [ROOM NUMBER], 702, 734</p> <p>(continued on next page)</p>

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 01/24/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Work order 8040 clogged sink room [ROOM NUMBER]</p> <p>Work order 8068 clogged sink med room</p> <p>Work order 8004 clogged sinrooms706,709,711,722</p> <p>8095 clogged sink med room</p> <p>Work order 8106 clogged sink rooms 705,706,724</p> <p>Interview with Residents: R 155, R146, R418, R421, R64, R420, R43,and R425 on January 21, 2025 between the hours of 10:00 a.m. and 12:00 p.m. on the 700 nursing unit revealed complaints and concerns of residents bathroom sinks not functioning properly, the sinks do not drain.</p> <p>Interview with Resident R425 on January 22, 2025 revealed this resident displeased with the equipment. The sink has been leaking since she arrived, she has stated she made many complaints to the facility staff and no employee has been to fix it .</p> <p>Observations of the individual bathroom sinks during these above interviews revealed defective, clogged sinks filled with water.</p> <p>Observations confirmed during tour of the affected rooms on January 21, 2025 at 2:00 p.m. with Housekeeping Employee E20 confirmed the sinks were observed to be clogged.</p> <p>Observations on January 22, 2025, at 10:29 a.m. in the bathroom of room [ROOM NUMBER] revealed the frame of the seat riser above the toilet was rusted.</p> <p>Observations on January 24, 2025, at 02:10 p.m. with the Regional Administrator, Employee E3, revealed the faucet was lose in the bathroom of room [ROOM NUMBER] and the sink was clogged/filled with water in the bathroom of room [ROOM NUMBER].</p> <p>Further observations on January 24, 2025, at 2:15 p.m. with the Regional Administrator, Employee E3, revealed the rusted seat riser was still in the bathroom of room [ROOM NUMBER].</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		