

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Statesman Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2629 Trenton Road Levittown, PA 19056	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</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>38735</p> <p>Based on review of facility documentation and interviews with staff, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges as required.</p> <p>Findings include:</p> <p>Documentation of notification to the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges for the past six months was requested on October 1, 2024, at 10:48 a. m. from Employee E2, Director of Nursing (DON). A follow-up telephone call with the Administrator on October 2, 2024, at 11:03 a.m. confirmed that they had received the request, that they were working on this request, and they would send the information electronically by email.</p> <p>A telephone interview with the DON on October 2, 2024, at 1:32 p.m. confirmed that the facility did not have documentation to prove that the facility sent the notification to the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges for the past six months. She indicated that the facility had been sending this electronically by email though January 2024, and in February 2024, the facility started faxing the information, but did not have the confirmation pages showing the date, time, phone number and number of pages sent.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(2) Management</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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