

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Phoenix Center for Rehabilitation and Nursing,the		STREET ADDRESS, CITY, STATE, ZIP CODE  833 South Main Street Phoenixville, PA 19460	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41765</b></p> <p>Based on clinical records hospital records review and staff interviews it was determined that the facility failed to provide respiratory treatment and services timely for one of the two residents reviewed (Resident CL1).</p> <p>Findings include:</p> <p>Review of Resident CL1's clinical record revealed Resident CL1 was admitted to the facility on [DATE], with diagnoses of Sepsis (The body's extreme reaction to an infection, without prompt treatment can lead to organ failure, tissue damage, and death), Chronic Obstructive Pulmonary Disease (COPD - A type of progressive lung disease characterized by long-term respiratory symptoms and airflow limitations), acute and chronic respiratory failure.</p> <p>Review of Resident CL1's clinical record revealed a BIPAP order from the hospital dated February 10, 2024, revealed BIPAP 12/5 60% FiO2, expected discharge on February 16, 2024. The document was uploaded to Resident CL1's Electronic Medical Record (EMR) on February 15, 2024.</p> <p>Review of Resident CL1's respiratory therapist notes from the hospital dated February 12, 2024, revealed Resident R1's BIPAP machine model type, mask type, and machine setup order. The document was uploaded to Resident CL1's EMR on February 15, 2024.</p> <p>Review of the Initial Referral from the hospital dated February 14, 2024, revealed a note from the pulmonologist that the resident was on an overnight BIPAP (Bilevel Positive Airway Pressure - A machine used to help push air into your lungs). The documents were uploaded to the resident's EMR on January 15, 2023.</p> <p>Review of Resident CL1's clinical record revealed Bipap at HS (hours of sleep), removed in AM Settings 12/5 every day, and the evening shift was not ordered until February 17, 2024, two days after a resident was admitted to the facility.</p> <p>Interview with the admission staff, Employee E3 conducted on March 20, 2024, revealed that after a referral was sent by the hospital, the information was sent to the administrative team which includes the administrator and Director of Nursing (DON) to review the resident's needs. Employee E3 reported that hospital documentations were uploaded on the resident's EMR for clinical staff to review.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the NHA conducted on March 20, 2024, revealed clinical staff (DON and/or ADON) reviews the referral from the hospital to determine the resident's clinical needs.</p> <p>Interview with the DON conducted on March 20, 2024, confirmed that she/he did not review the documents from the hospital which indicated that Resident CL1 required a BIPAP overnight. The DON reported that the nurse who admitted the resident relied on the transfer form from the hospital which did not indicate the use of BIPAP.</p> <p>The clinical records review failed to reveal that the physician was notified that Resident CL1 had a BIPAP order from the hospital.</p> <p>Interview with the DON conducted on March 20, 2024, revealed that A BIPAP order was made on January 17, 2024, after the resident's daughter informed the facility that Resident CL1 needed a BIPAP at night.</p> <p>The above information was conveyed to the NHA and DON on March 20, 2024, at 2:00 p.m.</p> <p>The facility failed to ensure Resident CL1's need for a BIPAP was communicated and ordered timely.</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa. 211.12(c)(d)(1)(3)(5) Nursing services</p>		