

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39343</p> <p>Based on staff interviews and the review of clinical records, it was determined that the facility failed to maintain complete and accurate records related to dialysis communication for one of four dialysis residents reviewed (Resident R148).</p> <p>Findings include:</p> <p>Review of Resident R148's clinical record revealed that the resident was admitted to the facility on [DATE], and that Resident R148 had diagnoses of End-Stage Renal Disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life).</p> <p>Review of Resident R148's physician order, dated February 15, 2024, revealed Revealed that Resident R148 receive dialysis treatment at an outpatient dialysis facility on Mondays, Wednesdays, and Fridays.</p> <p>Review of Resident R148's Hemodialysis Communication Record revealed that on, March 1, 2024 and March 4, 2024 it was lacking information on Pre-Weight, Post- Weight, Pre-Blood Pressure, Post-Blood Pressure, and Temperature. On March 6, 2024; it was lacking information on access site, bruit, thrill (the rumbling or swooshing sound of a dialysis fistula bruit is caused by the high-pressure flow of blood through the fistula; although the bruit is usually heard with a stethoscope, it also can be felt on the overlying skin as a vibration, also referred to as a thrill), acute problem since last appointment, medication changes, and new orders/significant social change in condition during dialysis.</p> <p>Interview with the Unit Manager of First Floor, a Registered Nurse, Employee E17, on March 27, 2024, at 11:10 a.m., confirmed lack of communication with dialysis center.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa Code 211.5(g)(h) Clinical records</p> <p>28 Pa Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</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: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa.Code 211.12(d)(1)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29720</p> <p>Based on a review of clinical records and facility documentation, and staff interviews, it was determined the facility failed to implement a complete drug regimen review process for four of 36 residents reviewed (Resident R131, R37, R42 and R123).</p> <p>Findings Include:</p> <p>Review of the undated Consultant Pharmacist Services Provider Requirements Policy revealed, Medication Regimen Reviews (MRR) for each skilled nursing resident at least monthly, communicate to responsible prescriber, the facility's medical director and the director of nursing potential or actual problems detected, and other findings related to medication therapy orders at least monthly, review and follow-up to previous month's pharmacy recommendations with the nursing care center staff.</p> <p>Review of Resident R131's clinical record revealed that resident was admitted on [DATE], with diagnoses including multiple sclerosis (a chronic autoimmune disease that affects the central nervous system with symptoms including muscle weakness, spasticity and paralysis), anxiety disorder (intense, excessive and persistent worry and fear about everyday situations).</p> <p>A review of the pharmacy progress notes revealed the following notes:</p> <p>November 11, 2023, Medical chart reviewed, new recommendation, see report.</p> <p>December 6, 2023, Medical chart reviewed, recommendations made.</p> <p>January 6, 2024, Medical chart reviewed, recommendations made.</p> <p>February 9, 2024, Medical chart reviewed, recommendations made.</p> <p>Review of Resident R123's clinical record revealed that resident was admitted on [DATE], with diagnoses including other asthma, chronic obstructive pulmonary disease, type 2 diabetes, psychotic disturbance mood disturbance, anxiety disorder, major depressive and unspecified dementia.</p> <p>A review of the pharmacy progress notes revealed the following notes:</p> <p>March 7, 2024, Medical chart reviewed, recommendations made.</p> <p>February 9, 2024, Medical chart reviewed, new recommendations made.</p> <p>Review of Resident R37's clinical record revealed that the resident was admitted to the facility on [DATE] with diagnoses including type II diabetes mellitus with hyperglycemia; repeated falls; anemia; idiopathic peripheralautonomic neuropathy; myocardial ischemia; myocardial infarction; bipolar disorder; colostomy status; dementia without behavioral disturbance; chronic obstructive pulmonary disease; anxiety disorder; osteoarthritis and gastro-esophageal reflux disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of pharmacy progress notes revealed the following notes:</p> <p>November 12, 2023 medical chart reviewed, recommendations made.</p> <p>December 6, 2023 medical chart reviewed, recommendations made.</p> <p>January 8, 2024, medical chart reviewed, recommendations made.</p> <p>No review was available for February 2024.</p> <p>Review of Resident R42's clinical record revealed that resident was admitted to the facility on [DATE] with diagnoses including cardio-vascular disease, hemiplegia, hemiparesis, chronic obstructive pulmonary disease, diabetes mellitus type II, anxiety, major depressive disorder, spastic diplegic cerebral palsy, hypertension and other pulmonary embolism with acute cor pulmonale.</p> <p>There were no pharmacy progress notes for review for Resident R42.</p> <p>Interview with the Director of Nursing on March 28, 2024, at 10:18 a.m. revealed that there was no documentation to review related to the recommendations made by the consultant pharmacist or whether they were acknowledged by the physician and implemented or not and why.</p> <p>28 Pa. Code 211.9 (k) Pharmacy services.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	
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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>38735</p> <p>Based on observations, review of facility documentation and interviews with residents and staff, it was determined that the facility failed to maintain sufficient dietary personnel to complete essential job functions, related to meals being served late.</p> <p>Findings include:</p> <p>Observations in the main kitchen on March 25, 2024, at 10:50 a.m. revealed the stacks of dirty dishes and tray delivery carts full of trays with dirty dishware that still had to be unloaded, scrapped, stacked, racked, rinsed and run through the dish machine. After the dishes were cleaned, they needed to be stacked in the plate warmers, trays after air drying had to be stacked and preset for the lunch meal, the silverware had to be rinsed, washed, sorted, air dried and set up on the lunch trays.</p> <p>Interview with on March 25, 2024, at 1:08 p.m. with Licensed nurse, Employee E10, confirmed that the lunch trays were late, that they are usually delivered much earlier.</p> <p>Interview with on March 25, 2024, at 1:10 p.m. with Resident R82 revealed that she had not received her tray yet, that it very late for lunch.</p> <p>Interview with on March 25, 2024, at 1:11 p.m. with Resident R131 revealed that she had not received her tray yet, and that it is late again.</p> <p>Interview with on March 25, 2024, at 1:14 p.m. with Resident R6 revealed that she had not received her tray yet, and that she was waiting.</p> <p>Interview with on March 25, 2024, at 1:17 p.m. with Resident R18 revealed that she had not received her lunch tray, that it was really late, and that she had been waiting.</p> <p>Observations on the third floor revealed that the lunch tray cart was not delivered until 1:20 p.m.</p> <p>Review of the Dietary Meal Truck Delivery schedule revealed that the first cart to the third floor, cart 5, is scheduled to b delivered at 12:30 p.m.</p> <p>Interview with the Food Service Director (FSD), on March 29, 2024, at 2:15 p.m. revealed that the lunch meal was late and that he had one aide call off and another three hours late which put them behind causing the meal to be late.</p> <p>Review of the Dietary Department schedule for March 25, 2024, revealed that Employee E13 and Employee E17, AM Dietary Aides, were scheduled at 6:00 a.m. A review of the time clock punch report for March 25, 2024, revealed that Employee E13 did not punch in at all, and that Employee E14 punched in at 9:07 a.m. or about three hours late.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.18(b)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38735</p> <p>Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>The Policy: Food Storage: Cold Foods, updated February 2023, states, All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>An initial tour of the Food Service Department was conducted on March 25, 2024, at 10:15 a.m. with Employee E3, Food Service Director, FSD, which revealed the following:</p> <p>Observation in the corridor between the receiving door to the outside and the kitchen was very dusty and dirty with visible dirt and debris on the floor.</p> <p>Observation in the dry storage room revealed a pan rack with a reddish substance splashed over the rack, and the floor littered with paper, straws, packets and dust, and there was less than the required 18 between boxes (Dart Styrofoam cups, Steamtable Pan Lids, Latex Gloves) on the top shelf and the ceiling and sprinkler heads.</p> <p>Observation in the walk-in cooler revealed an undated container of garlic, and brown substance on the floor near the door and patches of a light-colored growth on the ceiling.</p> <p>Observation in the reach-in freezer revealed tilapia filets that were in an open box with the inner plastic liner open to the air.</p> <p>Observation in the second reach-in freezer revealed an open box of biscuits with the inner plastic liner open to the air, and the outside vent on the top of this freezer had a build-up of dark stick and dusty substance between the louvered vents.</p> <p>Observation on the prep sink revealed a steady stream of water running even when knobs were shut tight.</p> <p>Interview with the FSD at 10:30 a.m. on March 25, 2024, confirmed the above findings.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49736</p> <p>Based on clinical record review and interviews with staff, it was determined that the failed to ensure complete and accurate documentation related to tuberculosis testing for three of three residents reviewed (Resident R480, R479, R134).</p> <p>Findings include:</p> <p>Clinical record review for Resident R480 revealed an admitting diagnosis of chronic kidney disease on March 8, 2024.</p> <p>Continued review of clinical record revealed an order for TB skin test per protocol. Screening #1 to be administered within the first 24 hours of admission on March 8, 2024. Review of Resident R480's March 2024 Medication Administration Record (MAR) revealed code 1 indicated for this administration. When looking at the key it was revealed that code 1 is absent from home without medication. Continued review of clinical record revealed an order for TB skin test per protocol. Step #2 per protocol on March 15, 2024. MAR revealed code 1 indicated for this administration. When looking at the key it was revealed that code 1 is absent from home without medication. Further review of MAR revealed an order for TB skin test per protocol. Read result of step #2 on March 17, 2024. MAR revealed a notation of negative mm.</p> <p>Interview with Director of Nursing (DON) on March 26, 204 at 2:18 p.m. confirmed that code 1 does correspond to 'absent at home without medication'. It was also confirmed that resident was newly to the facility and not at home during those times. Further interview, revealed DON was 'unsure' how staff read the step #2 given on March 17, 2024 when the medication was not administered.</p> <p>Clinical record review for Resident R479 revealed an admitting diagnosis of chronic subdural hemorrhage on March 8, 2024.</p> <p>Continued review of clinical record revealed an order for TB skin test per protocol. Step #2 per protocol on March 15, 2024. Review of Resident R479's MAR revealed code 2 indicated for this administration. When looking at the key it was revealed that code 2 is refused. Further review of MAR revealed an order for TB skin test per protocol. Read result of step #2 on March 17, 2024. MAR revealed a notation of negative mm.</p> <p>Interview with Director of Nursing on March 26, 204 at 2:18 p.m. confirmed that code 2 does correspond to 'drug refused'. Further interview, revealed DON was 'unsure' how staff read the step #2 given on March 17, 2024 when the medication was not administered.</p> <p>Clinical record review for Resident R134 revealed an admitting diagnosis of type 2 diabetes mellitus without complication on November 3, 2023.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Continued review of clinical record revealed an order for TB skin test per protocol. Screening #1 to be administered within the first 24 hours of admission on November 3, 2023. Review of Resident R134's MAR revealed code 1 indicated for this administration. When looking at the key it was revealed that code 1 is absent from home without medication. Continued review of clinical record revealed an order for TB skin test per protocol. Step #2 per protocol on November 10, 2023, 2024. MAR revealed code 2 indicated for this administration. When looking at the key it was revealed that code 2 is refused. Further review of MAR revealed an order for TB skin test per protocol. Read result of step #2 on November 12, 2023. MAR revealed a notation of negative mm.</p> <p>Interview with Director of Nursing on March 26, 204 at 2:18 p.m. confirmed that code 1 does correspond to 'absent at home without medication'. It was also confirmed that resident was newly to the facility and not at home during those times. Further interview revealed code 2 does correspond to 'drug refused'. Interview, revealed DON was 'unsure' how staff read the step #2 given on November 12 2023, when the medication was not administered.</p> <p>28 PA Code 211.5(f)(ix) Medical records</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2024
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39343</p> <p>Based on observation, review of facility policy and procedure, and interviews with staff, it was determined that the facility failed to maintain an effective infection control program, related with linen washing and processing, in one of one laundry room in the facility. (laundry room)</p> <p>Findings include:</p> <p>Observation at the laundry room of the facility, on March 28, 2024, at 12:14 p.m., revealed that two Laundry Aides, Employees E15 and E16, were processing and folding clean linens for the use of residents by holding the linens letting it to touch the Laundry Aides' personal clothing.</p> <p>It was also observed that while folding the washed and dried linens for the use of residents, the clean linens were in close contact with Employee E15's beard.</p> <p>At the time of the finding interviewed with Employees E15 and E16, confirmed that the linen should have been folded without letting it touch the employee's clothing to prevent contamination and to maintain infection control.</p> <p>28 Pa Code 211.12 (d)(1)(5) Nursing services</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p>