

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Yeadon Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  Lansdowne and Lincoln Ave Yeadon, PA 19050	

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 - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38947</p> <p>Based on staff interviews and the review of clinical records, it was determined that the facility failed to obtaining medical records in a timely manner for 1 out of 2 residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the resident's August 2024 indicated that the resident was admitted into the facility on [DATE], with the diagnose of viral hepatitis; psychoactive substance dependence, depression and dysphasia (difficulty swallowing).</p> <p>Review of the resident's clinical notes indicated that in March 2023, the resident fell six stories from a window and sustained multiple injuries and fractures as a result and was transferred to the facility for rehabilitation services.</p> <p>Review of an orthopedic consultation visit dated June 3, 2024 where the resident was seen for follow up for ankle and foot treatment/care related to his fall from March 2023. Review of the consultation from the resident's current orthopedic physician who treated the resident's on June 3, 2024, documented that the medical records were needed from a 1st named local hospital/physician prior to the resident's next appointment so that the resident would be able to bring those medical records with him during his follow-up appointment with his current orthopedic physician on June 19, 2024: Must obtain all records from [named hospital] and follow up with [named physician] on June 19th The consultation also indicted that the had equinovarus acquired deformity (adult club foot) on his right foot and had come into the office with complaints of pain of his right foot and ankle.</p> <p>Review of the resident's current orthopedic physician visit on June 19, 2024, indicated that medical records were also needed from a 2nd named orthopedic hospital/orthopedic physician who provided treatment. The consult indicated that the resident may need possible foot right surgery.</p> <p>Review of a note from the nurse practitioner dated August 27, 2024 at 2:51 p.m. indicated that the resident was examined by the nurse practioner on the above referenced day. During the resident's visit, the nurse practitioner documented that she spoke with the resident and the social worker regarding the delay in the resident getting the surgery that the current orthopedic physician office is recommending for the resident to have to treat his right foot/ankle.</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:  395374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Yeadon Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  Lansdowne and Lincoln Ave Yeadon, PA 19050	

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 - Few</p>	<p>Continued review of the note indicated that the nurse practitioner reported that the 2nd named physician needed to be contacted so that the resident's medical record could be sent to the resident's current orthopedic physician.</p> <p>During an interview with Employee E3 (licensed nurse) on August 29, 2024, at 2:46 p.m. the consultations from June 3, 2024 and June 19, 2024 were reviewed with the licensed nurse. Licensed nurse, Employee E3 reported that she, in addition to the previous unit clerks who worked at the facility made attempts to obtain the needed medical records but were not able to.</p> <p>As of August 29, 2024 the requested medical records have not been sent to the resident's current orthopedic physician for review.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>