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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395485 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/18/2024 |
| NAME OF PROVIDER OR SUPPLIER Graduate Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 1526 Lombard Street Philadelphia, PA 19146 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on clinical record review, interviews with staff, and review of facility policy, it was determined that the facility failed to ensure that a resident's representative informed of the falls sustained by the resident for one of 7 residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>A facility policy titled Change in Condition: Notification revised July 1, 2024, revealed A center must immediately inform the patient, consult with the patient's physician and notify consistent with their authority, the patient's representative.</p> <p>Review of Resident R1's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated August 23, 2023, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including difficulty in walking, repeated falls, dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities), restlessness and agitation. Continued review revealed that the resident had a BIMS (Brief Interview of Mental Status) of 12, which indicated that the resident was moderately cognitively impaired.</p> <p>Review of Resident R1's care plan, dated initiated August 10, 2024, revealed that the resident was at risk for falls and the goal was for the resident to be free from falls. Interventions developed were assist resident with ambulation and transfers, utilizing therapy recommendation, if resident is a fall risk, initiate fall risk precautions.</p> <p>A review of Resident R1's risk assessment, completed on August 10, 2024, indicated a score of 16, which confirmed the resident was at high risk for falls (a score of 10 or higher indicates high fall risk).</p> <p>A review of the clinical records indicated that Resident R1 experienced falls on August 28, 2024, and September 4, 2024. On both occasions, the representative/family was not notified.</p> <p>A review of the change in condition documentation from August 27, 2024, showed that under Name of Family/Health Care Agent Notified? it was noted that the resident listed as his own RP.</p> <p>A review of the change in condition documentation from September 4, 2024, showed that under Name of Family/Health Care Agent Notified? it was noted that the self.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>An interview with Social Worker Employee E4 on September 18, 2024, at 11:38 a.m. revealed that Resident R1 had two representatives listed in their profile and was only named as self for Responsible for [NAME] Statement. This confirmed that the representative should have been informed of the falls.</p> <p>Interview on September 18, 2024, at 4:00 p.m. with the Interim Director of Nursing, Employee E2 revealed that facility did not inform Resident's Representative about the falls.</p> <p>28 Pa Code 201.18(b)(2) Management</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> | | |

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| <p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>43923</p> <p>Based on review of clinical record review, and staff interviews, it was determined that the facility failed to provide a transfer notice to the State Office of the Long-Term Care Ombudsman for three of three months reviewed. (July, 2024, August 2024 and September 2024).</p> <p>Findings include:</p> <p>On September 18, 2024, at approximately 10:15 a.m., a request was made for evidence of all residents' transfer notices provided to a representative of the State Office of the Long-Term Care Ombudsman for the months of July, 2024, August 2024 and September 2024.</p> <p>An interview with the Interim Director of Nursing, Employee E2, and the Regional Clinical Lead Nurse, Employee E3, on September 18, 2024, at 4:00 p.m. confirmed that the facility did not provide the Office of the State Long-Term Care Ombudsman with a copy of the notice sent to the resident and/or the resident's representative before transferred or discharges occurred.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for 1 of 7 residents reviewed (Residents R1).</p> <p>Findings include:</p> <p>Review of Resident R1's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated August 23, 2023, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including difficulty in walking, repeated falls, dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities), restlessness and agitation. Continued review revealed that the resident had a BIMS (Brief Interview of Mental Status) of 12, which indicates that the resident was moderately cognitively impaired.</p> <p>Review of Resident R1's care plan, dated initiated August 10, 2024, revealed that the resident was at risk for falls and the goal was for the resident to be free from falls. Interventions developed were assist resident with ambulation and transfers, utilizing therapy recommendation, if resident is a fall risk, initiate fall risk precautions.</p> <p>A review of Resident R1's risk assessment, completed on August 10, 2024, indicated a score of 16, which confirmed the resident was at high risk for falls (a score of 10 or higher indicates high fall risk). There was no care plan development for the fall risk precautions.</p> <p>A review of the clinical records indicated that Resident R1 experienced a unwitnessed fall on August 28, 2024, and had another Fall Risk Assessment completed on the same day, with a score of 22, indicating a high risk for falls. The review further showed that no new interventions were developed after the fall risk precautions.</p> <p>A review of the clinical records indicated that Resident R1 had second unwitnessed fall on September 3, 2024. Review of the clinical notes dated September 6, 2024, indicated a care conference held to discuss the recent falls and initiate fall risk precautions; however, family requested for the resident to be transferred to the hospital.</p> <p>An interview with the Interim Director of Nursing, Employee E2, on September 18, 2024, at 4:00 p.m. revealed that the facility did not develop or implement fall risk precautions for Resident R1.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</p> | | |

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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43923</p> <p>Based on observations, resident and staff interviews, and a review of facility documentation, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for five of five residents. (Residents R3, R4, R5, R6, R7)</p> <p>Findings include:</p> <p>A review of resident council minute notes for June 26, 2024, indicated food terrible ran out of soda.</p> <p>A review of resident council minute notes for August 28, 2024, indicated food cold, + last one served, need additional hand to wheel out the cart on 3rd floor.</p> <p>On September 18, 2024, at 11:48 a.m. interview was held with Resident R4 who revealed dissatisfaction with the food by stating I'm diabetic and I'm getting regular ginger ale, food is a 'slap' I buy my own food, pork chops are too hard too chew</p> <p>A test tray interview was conducted with Dietary Director Employee E5 on September 18, 2024, at 12:52 p. m. The interview indicated that the appropriate serving temperature for hot foods is 135 degrees Fahrenheit (F) or above, while cold foods should not exceed 41 degrees Fahrenheit (F).</p> <p>The test tray included a lunch menu featuring ground beef pasta with stewed tomatoes as a side dish, apple juice as a cold beverage, and hot tea or coffee.</p> <p>The temperatures recorded were as follows: ground beef pasta was at 131 degrees Fahrenheit, stewed tomatoes as a side dish were at 128 degrees Fahrenheit, and the apple juice was at 51 degrees Fahrenheit.</p> <p>The test tray failed to maintain the appropriate temperatures, and the presentation was unappealing due to the lack of color variety among the foods, making it unattractive. This was confirmed by Employee E5, the Food Service Director (AFSD).</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on observations, resident and staff interviews and review of the pest control logs and pest control company invoices, review of facility policies and documentation, it was determined that the facility failed to maintaining an effective pest control program in four of four nursing units. (2nd Floor, 3rd Floor, 4th Floor and 5th Floor)</p> <p>Findings include:</p> <p>A review of facility Pest Control policy revised January 2024, states that a pest control program is established at each location to ensure an environment is free of insects and rodents.</p> <p>A review of resident council minute notes for August 28, 2024, indicated mice room [ROOM NUMBER]B, 309</p> <p>A review of the second-floor pest logs at the facility revealed mice sighting as follows:</p> <p>August 20, 2024- mice in the rooms 209, 205- multiple mice</p> <p>August 28, 2024 -mice in room [ROOM NUMBER]</p> <p>September 17, 2024- 2nd floor hallway mice seen.</p> <p>A review of the third-floor pest logs at the facility revealed mice sighting as follows:</p> <p>August 7, 2024- 317 mouse 315-mouse going into the air conditioning. 307-mice ran under dresser.</p> <p>August 26, 2024-303b near the bed, resident said it was in the wheel chair.</p> <p>August 28, 2024 -323, 328</p> <p>August 29, 2024 -mice in room [ROOM NUMBER], 332 large mouse ran from across the hall</p> <p>August 30, 2024 -mice in room [ROOM NUMBER],</p> <p>September 1, 2024- 323 ran under the bed by the window</p> <p>September 3, 2024- 303A mouse, bedbug - resident bitten on neck</p> <p>September 3, 2024- 308 mice on curtains 303A possible bed bug bite, 327 mice sighting in room</p> <p>September 4, 2024- 326-324 mice running back and forth 323b mice running from radiator to bed</p> <p>September 5, 2024-333 roaches running every place</p> <p>September 9, 2024-320 mouse ran under the bed</p> <p>(continued on next page)</p> | | |

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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>September 11, 2024- 304A mouse ran in the room went under armoire</p> <p>A review of the fourth-floor pest logs at the facility revealed mice sighting as follows:</p> <p>August 16, 2024-412 mouse</p> <p>August 26, 2024-423 multiple mice</p> <p>September 18, 2024-rooms 425,417, 407- roaches</p> <p>A review of the fifth-floor pest logs at the facility revealed mice sighting as follows:</p> <p>August 2, 2024-503, 501 mouse</p> <p>August 6, 2024-514 mouse</p> <p>August 15, 2024-503, 507 mouse</p> <p>August 21, 2024-519 mouse behind fridge</p> <p>August 23, 2024-522 mouse</p> <p>August 27, 2024-519 mouse in the room</p> <p>An interview with the Assistant Maintenance Director, Employee E8, on September 18, 2024, at 2:45 p.m. confirmed that the sightings were recorded in the pest logs maintained on each floor. The current pest control program allows the pest company to come in twice a week for treatments; however, a review of the pest management company reports revealed that treatments were missed during the following week:</p> <p>The week of August 4, 2024-no treatments</p> <p>The week of August 11, 2024-no treatments</p> <p>The week of August 18, 2024- only one treatment</p> <p>The week of September 1, 2024- only one treatment</p> <p>The week of September 8, 2024- no treatments</p> <p>An interview with the Interim Director of Nursing, Employee E2, and the Regional Clinical Lead Nurse, Employee E3, on September 18, 2024, at 4:15 p.m. revealed that the facility failed to maintain an effective pest control program.</p> <p>28 Pa. Code: 201.18(b)(1)(3) Management</p> | | |