

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Willowcrest		STREET ADDRESS, CITY, STATE, ZIP CODE Albert Einstein Med Ctr Philadelphia, PA 19141	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>51165</p> <p>Based on observation, resident group interview, and staff interview, it was determined that the facility failed to ensure that grievance forms were available and accessible to residents and failed to provide an opportunity for anonymous grievances to be submitted for three of three residents reviewed. (Residents R76, R80 and R125)</p> <p>Findings include:</p> <p>Review of facility policy titled Grievance Policy for Residents and Resident Representatives, dated 2017, revealed each resident has the right to voice grievances and recommend changes for improvement to staff, administration, or outside representative of his/her choice, without discrimination or reprisal. Also, a prominent posting will be located in the lobby and 3rd floor with Grievance Official contact information.</p> <p>A resident group interview was conducted on January 28, 2025 at 11:04 a.m. with Residents R76, R80, R125, who were alert and orientated, and reported that they did not know how to file grievances anonymously and do not know where the grievance forms are located.</p> <p>Observation on the 3rd floor revealed no grievance forms or grievance box available or accessible to residents.</p> <p>Interview on January 28, 2025 at 12:50 p.m. with Employee 6, Unit Coordinator, revealed resident grievance forms were located in the filing cabinet that was only accessible to employees and there was no grievance box on unit for residents to submit grievances anonymously.</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 201.29(a) Resident rights</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: 395515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Willowcrest		STREET ADDRESS, CITY, STATE, ZIP CODE Albert Einstein Med Ctr Philadelphia, PA 19141	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508</p> <p>Based on observations, review of facility policies, review of facility documentation, clinical record review and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related to Respiratory Precautions for one resident on respiratory precaution of seven residents reviewed (Resident R122).</p> <p>Findings include:</p> <p>Review of facility policy on Enhance Respiratory Precaution revealed that under section PURPOSE: To prevent transmission of emerging or highly pathogenic infections spread by means of respiratory route. Under section POLICY: Any patient known or suspected to have an infection with an emerging or highly pathogenic organism that may be transmitted by means of the respiratory route shall be placed on Enhanced Respiratory Precaution. Section GENERAL SCOPE OF PRACTICE: #D. Personal Protective Equipment (PPE); Prior to entering the room, staff shall perform hand hygiene and then don appropriate respiratory protection (N95- a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles or PAPR-Powered Air Purifying Respirator), isolation gown, gloves and eye protection. prior to exiting the room, staff shall remove gown and gloves and perform hand hygiene.</p> <p>Review of Resident R122's clinical record revealed that Resident R122 was admitted to the facility on [DATE], with diagnoses of but not limited to: COVID+, Hemiplegia/Hemiparesis, Diabetes Mellitus.</p> <p>Medication observation conducted on January 29, 2025 at 8:55 a.m. with licensed nurse, Employee E3 for Resident R122 revealed that Resident R122 had a diagnoses of covid19 and was in and enhanced respiratory precaution. Further observation revealed that the door to Resident R122's room had a signage for Red Zone and Signage for Enhanced Respiratory Precaution with instructions on the signage as follow: hand Hygiene, N-95 or PAPR, Eye/Face protection, Gown and gloves, dedicated disposable equipment, disinfect reusable equipment.</p> <p>Further observation revealed that while outside Resident R122's room (Room # 305), Employee E3 donned, gown, gloves and N-95 mask, and proceeded to go inside Resident R22's room and spoke with Resident R122.</p> <p>Further observation revealed that Employee E3 came out of Resident R122's room wearing the N-95, gown and gloves. She proceeded to remove the gloves and discard it in the garbage bin attached to the medication cart which was parked outside of Resident R122's room. Further, Employee E3 did not remove the gown. Employee E3 then proceeded to prepare Resident R122's medication, while standing outside of Resident R122's room still wearing the PPE's that she wore inside Resident R122's room.</p> <p>Further observation revealed that after preparing the medications for Resident R122, Employee E3 then walked towards Room # 304 which was next to Resident R122's room, still wearing the same gown she wore inside resident R122's room and proceeded to take gloves which were in a bin on the wall located outside the door or Room # 304. Employee E3 then donned the gloves, walked back towards the medication cart, proceeded to take the medications that she prepared and went inside Resident R122's room and administered her medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Willowcrest		STREET ADDRESS, CITY, STATE, ZIP CODE Albert Einstein Med Ctr Philadelphia, PA 19141	
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>Interview with the Licensed nurse, Employee E3 conducted after she came out of the room confirmed that she did not remove and discard the gown when she entered Resident R122's room and that she continued to wear the same gown while prepping the medications and walking in the hallway to get a clean pair of gloves.</p> <p>Interview with Infection control manager, Employee E4 and Infection Control Nurse, Employee E5 conducted on January 29, 2025 at 10:26 am during infection control interview revealed that staff must don N-95 mask, eye protection, surgical gown and gloves prior to entering a room occupied by a patient on Enhanced Respiratory Precaution, and that staff must remove and discard the gown and gloves, before exiting the room.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(d) Management</p>		