

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/07/2024
NAME OF PROVIDER OR SUPPLIER  Roosevelt Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7800 Bustleton Avenue Philadelphia, PA 19152	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to obtain physician orders related to weekly weights for one of 13 residents reviewed (Residents R1).</p> <p>Findings include:</p> <p>Review of the facility policy titled NutraCo weight policy revised December 2023, revealed It is the policy of this facility to weight each resident on admission, then for 4 weeks, then monthly thereafter, unless to otherwise ordered by physician/IDT team. The facility will utilize a consistent procedure for monitoring weights and prevent unnecessary weight loss/gain in our residents.</p> <p>Review of Resident R1's Admission MDS, dated [DATE], revealed that the resident was admitted to the facility on [DATE], and had diagnoses of rhabdomyolysis (condition characterized by the breakdown of muscle tissue that leads to the release of muscle fiber contents into the bloodstream), acute kidney failure with medullary necrosis, pneumonitis due to inhalation of food and vomit.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective August 2023 (assessment of resident's care needs), indicated that the resident the resident was cognitively intact.</p> <p>Review of the monthly weight record revealed that at admission the resident weighted 160 pounds (Lbs.), continued review of the monthly weight record revealed that on December 21, 2023, the Resident R1 weighed 150 lbs.</p> <p>Continued review of monthly weights revealed on January 8, 2024, the Resident R1 weighed 146.7 pounds (lbs.).</p> <p>On February 7, 2024, the resident weighed 139.8 pounds which was -6.80 % weight loss in one months and -12.63 % weight loss since admission</p> <p>A review of clinical dietary progress notes revealed on January 24, 2024, Registered Dietician, Employee E3 recommended an intervention to complete weekly weight x 4 to monitor weight changes.</p> <p>Review of the January and February 2024 physician orders did not reflect weekly weight x 4 to be on the Resident's R1 orders. Review of the weights after the recommendation of the dietician there was no weekly weights taken from January 24, 2024 - February 7, 2024.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Registered Dietician, Employee E3 was not available to be interviewed.</p> <p>An interview with the Director of Nursing, Employee E2 on February 7, 2024, at 3:27 p.m. confirm that there was no physician order for the weekly weights.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		