

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 03/01/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46106</p> <p>Based on clinical record review, observations, and interview with staff, it was determined that facility failed to provide incontinence care in a timely manner for two residents out of 16 reviewed. (Resident R1 and R2)</p> <p>Findings include:</p> <p>Review of Resident's R1's clinical record revealed diagnosis of disorder of the skin and subcutaneous tissue, rash and other nonspecific skin eruption and resident R1 is care planned for check resident approximately every 2 hours and provide incontinence care as needed.</p> <p>Review of R1's minimum data set (MDS), completed on November 11, 2023, revealed Brief Interview for Mental Status (BIMS) score of 15, which indicated that the resident's cognition intact. Additional review of the MDS revealed that Resident R1 required 2 people assist for ADL's.</p> <p>Review of R2's minimum data set (MDS), completed on October 30, 2023, revealed Brief Interview for Mental Status (BIMS) score of 15, which indicated that the resident is cognitively intact. Additional review of the MDS revealed that Resident R1 required 2 people assist for ADL's.</p> <p>Interview with R1 on March 1, 2024, at 11:00 a.m. on the second floor in resident's room revealed that the resident was wet and was not changed from 5:00 a.m. today (this morning). Also reported that she called the call bell to be changed and is still waiting. Nursing Assistant, Employee E5 entered the resident's room at 11:15 a.m. and the resident asked if she could get change and the nursing assistant replied if it could be done after lunch. Resident said no because she been waiting from 5:00 a.m. to get change and would like to be changed.</p> <p>The Resident's roommate, Resident R2 also reported that it happens sometimes with staff not changing her in a timely manner, for example last night the 11-7 shift staff didn't want to change her.</p> <p>28 Pa Code 201.29(j) Resident rights</p> <p>28 Pa Code 211.11(d)(1)(5) Nursing services</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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