

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 11/07/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>51165</p> <p>Based on clinical record review, observations, and interviews with staff, it was determined that the facility failed to provide incontinence care in a timely manner for four of six residents reviewed. (Resident R1, R2, R3, R4)</p> <p>Findings include:</p> <p>Review of Resident's R1's clinical record revealed Resident R1 was admitted to the facility October 17, 2024 with a diagnosis of chronic Obstructive Pulmonary Disease (condition that prevents airflow to the lungs, causing breathing problems), Anemia (lack of healthy red blood cells to carry oxygen to the body's tissues), and Coronary Artery Disease (condition where the major blood vessels supplying the heart are narrowed, which reduces blood flow).</p> <p>Review of R1's Minimum Data Set (MDS), completed on November 11, 2023, revealed Brief Interview for Mental Status (BIMS) score of 14, which indicated that the resident's cognition is intact. Additional review of the MDS revealed that Resident R1 is dependent for toileting hygiene.</p> <p>Observation in Resident R1's room revealed Resident R1's call bell wrapped around the back of the resident's bed.</p> <p>Interview with Resident R1 on November 7, 2024 at 9:45 a.m. revealed he was soiled and needed assistance with being changed. Resident R1 stated that he attempted to call out for help for one hour and that he was unable to reach his call bell. Resident R1's roommate, Resident R5, also confirmed that staff does not assist Resident R1 timely and is left soiled frequently.</p> <p>Review of Resident's R2's clinical record revealed Resident R2 was admitted to the facility October 28, 2024 with a diagnoses of Hypertension (high blood pressure), Diabetes Mellitus (chronic disease that occurs when the body has high blood sugar levels), and Arthritis (swelling and tenderness of one or more joints).</p> <p>Review of R2's Minimum Data Set (MDS), completed on October 29, 2024, 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 R2 requires supervision and minor assistance for toileting hygiene.</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: 395537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Resident R2 on November 7, 2024 at 10:05 a.m. revealed overnight Resident R2 pressed the call bell for assistance with toileting. Resident R2 stated staff did not come and she sat soiled for several hours.</p> <p>Interview with Resident R3 and R4 who require extensive assistance with toileting hygiene stated they do not get changed timely. Further interview with Resident R3's family stated that Resident R3 is often soiled when Resident R3's family visits.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		