

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 07/03/2024
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on the observations and interview with the staff, it was determined that the facility failed to ensure a clean and homelike environment two of three nursing units. (Third floor and Fourth Floor)</p> <p>Findings included:</p> <p>Observation of room [ROOM NUMBER] on June 30, 2024, at 9:41 a.m. revealed that there was water dripping from the ceiling. There was also a piece of ceiling tile missing. The dripping water was collected in a trash can, which was almost full.</p> <p>Interview with Resident R57 on June 30, 2024, at 9:41 a.m. stated the water had been leaking from ceiling for a few weeks now, it started when the facility turned on the air conditioner in May. Resident also stated facility staff was aware of the issue and did not fix the water leak.</p> <p>A follow up interview with Resident R57 on July 1, 2024, 11:00 a.m. stated that the facility staff replaced the tile with out fixing the water leak properly and the ceiling tile collapsed to the floor with water.</p> <p>Observation of Room for 423 on June 30, 2024, at 10:39 a.m. revealed that there was water on the floor and the floor was sticky.</p> <p>Observation of room [ROOM NUMBER] on June 30, 2024, at 11:00 a.m. Revealed that the baseboard molding was missing and there was a hole on the wall.</p> <p>Observation of room [ROOM NUMBER] and the hallway in front of the room on June 30, 2024, at 9:41 a.m. revealed that there was strong odor inside the room and at the hallway in front of the room. The odor was consistent with the odor of urine.</p> <p>During an interview with the facility administrator on July 3, 2024, at 11:00 a.m. the above observations were confirmed.</p> <p>28 Pa. Code 201.18 (e)(1)(2.1)Management</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to develop a baseline care plan within 48 hours of a resident's admission that included the minimum information necessary to properly care for a resident, for one of three residents reviewed related to respiratory care (Resident R266).</p> <p>Findings include:</p> <p>Review of facility policy, Care Plans - Baseline dated revised March 2022, revealed, A baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within forty-eight (48) hours of admission.</p> <p>Interview on June 30, 2024, at 11:11 a.m. Resident R266 stated that nursing staff don't always offer to assist her with caring for her laryngectomy tube (tube placed after the surgical removal of the larynx or voice box) and that she cares for it herself. Observation, at the time of the interview, revealed that Resident R266 had a laryngectomy tube that appeared clean and well cared for. Further, Resident R266 was unable to speak due to her laryngectomy and wrote on a piece of paper for the duration of the interview.</p> <p>Review of Resident R266's care plan revealed that she was admitted to the facility on [DATE], with diagnoses including malignant neoplasm of supraglottis (cancer involving the upper part of the larynx) and acquired absence of larynx (surgical removal of the larynx).</p> <p>Review of progress notes for Resident R266 revealed a respiratory therapy note, dated June 24, 2024, at 3:05 p.m. which indicated that the resident had a size 8.5 laryngectomy tube and that the resident preferred to clean, suction and care for her laryngectomy tube by herself.</p> <p>Further review of Resident R266's care plan revealed that no baseline care plan had been developed related to the resident's need for laryngectomy tube care, impaired communication related to her laryngectomy or respiratory needs including suctioning and assessment.</p> <p>Interview on July 1, 2024, at 10:21 a.m. Employee E24, respiratory therapist, revealed that she assessed Resident R266 upon her admission to the facility to determine her respiratory care needs. Employee E24, respiratory therapist, stated that the resident is offered assistance with laryngectomy care, but that the resident prefers to do her own care. Employee E24, respiratory therapist, stated that she wrote the above progress note, but that she did not develop a care plan because the resident was able to do her own care.</p> <p>Interview on July 2, 2024, at 1:07 p.m. the Director of Nursing confirmed that a baseline care plan had not been developed for Resident R266 related to her laryngectomy, communication and respiratory care needs.</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>(continued on next page)</p>		

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.12(d)(5) Nursing services		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on review of facility documents and policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to develop a comprehensive person-centered care plan related to smoking for one of three residents reviewed related to smoking (Resident R177).</p> <p>Findings include:</p> <p>Review of facility policy, Care Plans, Comprehensive Person-Centered dated revised March 2022, revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Continued review revealed, Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change.</p> <p>Review of facility policy, Smoking Policy - Residents dated revised October 2023, revealed, Resident smoking status is evaluated upon admission. If a smoker, the evaluation includes: current level of tobacco consumption; method of tobacco consumption; desire to quit smoking; and ability to smoke safely with or without supervision. Continued review revealed, A resident's ability to smoke safely is re-evaluated quarterly, upon a significant change and as determined by the staff.</p> <p>Review of facility documentation, Resident Smoking List provided to State Agents on June 30, 2024, revealed that Resident R177 was identified by the facility as a smoker.</p> <p>Interview on June 30, 2024, at 1:21 p.m. Employee E26, licensed nurse, stated that Resident R177 was outside smoking.</p> <p>Interview, on June 30, 2024, at 1:41 p.m. Resident R177 confirmed that she was outside smoking in the facility's designated smoking area during supervised smoke time.</p> <p>Review of Resident R177's Significant Change MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated April 7, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe) and end stage renal disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life). Continued review revealed that the assessment indicated that the resident did not use tobacco.</p> <p>Clinical record review for Resident R177 revealed a Resident Smoking Agreement, dated March 28, 2024, which indicated that Residents will be assessed after admission by Nursing/Social Services/designee and at a minimum annually. The interdisciplinary team will develop and implement a plan of care for each resident with specific protective equipment if needed.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of Resident R177's clinical record revealed a smoking evaluation was completed by Employee E26, licensed nurse, on April 3, 2024. The evaluation indicated that the resident did not smoke, and no further assessment related to smoking was completed at that time.</p> <p>Review of Resident R177's care plan, dated September 13, 2023, revealed that no care plan had been developed related to the resident's smoking to ensure that the resident's safety is maintained.</p> <p>Interview on July 2, 2024, at 1:07 p.m. the Director of Nursing confirmed that a care plan had not been developed for Resident R177 related to smoking.</p> <p>28 Pa Code 211.10(d) Resident care policies</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>41471</p> <p>Based on the observations, review of clinical records, and interview with staff and resident, it was determined that the facility failed to ensure that a resident with limited range of motion, received appropriate services to prevent further decline in range of motion and maintain appropriate positioning for one of one resident reviewed for positioning and mobility. (Resident R72).</p> <p>Finding Include:</p> <p>Interview with Resident R72 on June 30, 2024, at 9:52 a.m. stated he had contractures to his hand. Resident stated the contracture was a result of stroke. Resident stated he was not provided any services in the facility including exercise or splinting to prevent worsening of the contracture.</p> <p>Observation of Resident 72 June 30, 2024, at 9:52 a.m. revealed that the resident was laying in the bed. It was observed that both resident's hands appeared to be contracted. The resident was not using any positioning devices or splints.</p> <p>Review of physician progress note dated June 18, 2024 revealed that the resident had hemiplegia (Muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles) and hemiparesis (a condition that causes weakness on one side of the body).</p> <p>Review of MDS (Minimum Data Set-Assessment of resident care needs) dated May 7, 2024, revealed that the resident's range of motion to the upper extremity was impaired.</p> <p>Review of occupational therapy evaluation dated May 1, 2024 revealed that the resident was presented with limited range of motion and decreased strength to bilateral upper extremity. However, a discharge summary on May 9, 2024 revealed that the facility did not establish a restorative program or functional maintenance program.</p> <p>Review of active care plan and physician order for Resident 72, revealed that the resident was not on restorative nursing program and was not receiving any services for the limited range of motion to his upper extremities.</p> <p>Interview with Employee E33, Rehab Director, on July 3, 2024, at 10:43 a.m. stated the resident had contracture to the upper extremity and was not receiving any services for the limited range of motion to his upper extremities.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code: 201.18 (b)(2) Management</p> <p>28 Pa. Code: 211.10 (d) Resident care policies</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>41471</p> <p>Based on the review of facility policy, clinical records and interview with staff, it was determined that the facility failed to provide acceptable nutritional parameters for one of 36 residents reviewed. (Resident R194)</p> <p>Findings Include:</p> <p>Review of facility policy Weight Policy dated December 2022, revealed that It is the policy of this facility to weigh each resident on admission, then weekly for (4) four weeks, then monthly thereafter, unless 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>Any resident displaying a significant change in weight of greater than or equal to 5%. gain/loss in one month will be reported to the Registered Dietitian and reweighed.</p> <p>The Registered Dietitian will review the medical record of residents with significant weight changes (i.e. 5% loss/gain in one month, 7.5% loss/gain in 3 months, 10% loss/gain in 6 months). Dietary interventions will be recommended as needed. All significant weight changes will be reported to the MD (physician).</p> <p>Interventions that are initiated in response to a weight change will be reflected in the care plan. Residents with weight loss / gain will be further reviewed in the IDT meeting/Risk.</p> <p>MD to be notified of significant weight changes by IDT.</p> <p>Review of physician progress note for Resident R194, dated June 7, 2024 revealed that the resident lost greater than 15 lb. (pounds) in one month, scale has been consistent. Does appear cachectic (physical wasting with loss of weight and muscle mass due to disease). Dietician on board. Monitor Weekly weights. Continue Enteral nutrition and adjust as needed.</p> <p>Review of weight record for Resident R194 revealed that on January 28, 2024, the resident weighed 178.2 lbs. on June 10, 2024, the resident weighed 131.8 pounds which was a -26.04 % loss.</p> <p>Review of clinical record revealed that the weight loss was not addressed by the staff until June 18, 2024. There was no reweight completed according to the facility policy.</p> <p>Review of dietary progress note dated June 18, 2024, revealed that residents' nutritional needs have met through the tube feeding intake and the resident was on NPO (Nothing by Mouth). Further review of the progress note revealed that resident's noted with unfavorable unplanned significant weight loss x 1 months. -5.99%, x 3months. -17.52% and likely due to severe protein-calorie malnutrition, Resident was underweight with a BMI 17.4. Resident was added on weekly weights. Progress note revealed that scale variance may played a role in weight loss along with disease progression and hospitalization .</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the weight record revealed that there was no weight completed until June 24, 2024.</p> <p>Interview with the Dietician, Employee E18, on July 2, 2024 confirmed that a reweight was not obtained after a significant weight loss on June 10, 2024 and the dietician did not evaluate the resident until June 18, 2024.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</p> <p>Based on clinical record review, review of facility policy and staff interview, it was determine that the facility failed to ensure ongoing records of communication between the facility and the dialysis center for one of three residents reviewed receiving dialysis. (Resident R58)</p> <p>Findings include:</p> <p>Review of the facility's policy titled Policy End Stage Renal Disease revised September 2010, revealed that residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. Staff caring for residents with ESRD, including residents receiving dialysis care outside the facility, shall be trained in the care and special needs of these residents.</p> <p>Review of Resident R58's quarterly Minimum Data Set (MDS- assessment of resident's needs) dated February 16, 2024, revealed that the resident was admitted into the facility on [DATE] with diagnosis's including end stage renal disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular coarse of long-term dialysis or a kidney transplant to maintain life) and dependence on renal dialysis (the process of removing waste products and excess fluid from the body when the kidneys are no longer able to).</p> <p>Review of Resident R58's dialysis binder with documentation of communication between the facility and dialysis team which included residents' vitals, weight, vascular access, any new acute problems since last treatment, medication changes, nutritional concern, and labs to be drawn at dialysis unit. The Dialysis unit completes the following: pre and post weight, blood pressure, temperature, any lab results, brut thrill present, post treatment bleeding, catheter site, dressing, any medications given during dialysis treatment, any occurrences during dialysis such as fever, pain, chills, prolonged bleeding, hypertension, weakness, and physician orders of any changes such as dialysis time, change in target weight, diet, and medications.</p> <p>The final correspondence must be completed by facility nursing staff record of presence of brut, thrill, observation of catheter, and site, assess bandaged, vitals, any pertinent notes, or observations and signed by staff nurse.</p> <p>This dialysis communication binder revealed that on the following dates, the information and documentation was found to be incomplete:</p> <p>May 13, 2024, May 15, 2024, May 29, 2024, June 3, 2024, June 5, 2024, June 10, 2024, June 11, 2024, June 21, 2024, and June 28, 2024. These documents revealed no evidence that Resident R58 was assessed and monitored after returning to the nursing unit.</p> <p>Interview with Licensed nurse, Employee E11 on June 30, 2024 at 12:26 p.m. confirmed that the correspondence on the days above was found to be incomplete. Employee E11 then verified that it is the nursing responsibility to completed the dialysis communication pages in all the dialysis residents binders.</p> <p>28 Pa. Code 211.10 (c) Resident care policies</p> <p>(continued on next page)</p>		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.12 (d)(3) Nursing Services		

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<p>F 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>41471</p> <p>Based on review of clinical record, review of facility policy and interviews with staff, it was determined that the facility did not ensure that a physician assessment was completed related to unplanned weight loss for one of 7 residents reviewed for nutrition (Resident R194).</p> <p>Findings include:</p> <p>Review of facility policy Weight Policy dated December 2022, revealed that It is the policy of this facility to weigh each resident on admission, then weekly for (4) four weeks, then monthly thereafter, unless otherwise ordered by physician/IDT (interdisciplinary team). The facility will utilize a consistent procedure for monitoring weights and prevent unnecessary weight loss/gain in our residents.</p> <p>Any resident displaying a significant change in weight of greater than or equal to 5%. gain/loss in one month will be reported to the Registered Dietitian and reweighed.</p> <p>The Registered Dietitian will review the medical record of residents with significant weight changes (i.e. 5% loss/gain in one month, 7.5% loss/gain in 3 months, 10% loss/gain in 6 months). Dietary interventions will be recommended as needed. All significant weight changes will be reported to the MD (physician).</p> <p>Interventions that are initiated in response to a weight change will be reflected in the care plan. Residents with weight loss/gain will be further reviewed in the IDT meeting/risk.</p> <p>MD to be notified of significant weight changes by IDT.</p> <p>Review of Resident R194's physician notes dated June 7, 2024, revealed that the resident lost greater than 15 lbs (pounds) in one month, scale has been consistent. Resident appeared cachectic (physical wasting with loss of weight and muscle mass due to disease). Dietician on board. Monitor Weekly weights. Continue Enteral nutrition and adjust as needed.</p> <p>Review of weight record for Resident R194 revealed that on January 28, 2024, the resident weighed 178.2 lbs. On June 10, 2024, the resident weighed 131.8 pounds which was a -26.04 % loss.</p> <p>Review of clinical record for Resident R194 revealed no documented evidence that that the physician completed an assessment and addressed the nutritional and medical issue related to the weight change of June 10, 2024. Physician documentation did not address the specific weight loss.</p> <p>During an interview with the Director of Nursing on July 03, 2024, at 11:00 a.m. the above observations were confirmed.</p> <p>28 Pa. Code:211.12(d)(5) Nursing services.</p> <p>28 Pa. Code:211.2(a) Physician services.</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>48347</p> <p>Based on clinical record review, interview with staff, and review of facility policy, it was determined that the facility failed to ensure the physician documented the review of pharmacy recommendation and failed to document the rational for rejection of recommendation for one of three clinical records reviewed. (Resident R13)</p> <p>Findings include:</p> <p>Review of facility policy titled Medication Regimen Reviews revealed that the consultant pharmacist reviews the medication regimen of each resident at least monthly.</p> <p>The goal of the medication regimen review is to promote positive outcomes while minimizing adverse consequences and potential risks associated with the medication. An irregularity refers to the use if the medication that is inconsistent with accepted pharmaceutical standards of practice. The attending physician documents in the medical record that the irregularity has been reviewed and what action was taken to address it.</p> <p>Review of Resident R13's July 2024 physician orders revealed that Resident R13 has an order dated July 4, 2023, for Aripiprazole (Also known as Abilify, an anti-psychotic medication used to treat schizophrenia and bipolar disorder. It works by helping to restore the balance of certain natural substances in the brain). 5 mg (milligrams) to be given one time a day, every day.</p> <p>Continued review of Resident R13's physician orders revealed that Resident R13 has an order for Midodrine HCL (used to treat low blood pressure. It works by stimulating nerve endings in blood vessels to raise blood pressure) oral tablet 10 mg / give 1 tab x 8 hours for hypotension (low blood pressure) ordered July 3, 2023.</p> <p>Review of the Consultant Pharmacists Physician Report dated January 18, 2024, revealed the recommendation for the medication Aripiprazole be considered for a gradual dose reduction. The physician reviewed and signed the document and responded with a checked to disagree with the recommendation with no rational why the recommendation was rejected.</p> <p>Review of the Consultant Pharmacist Review Physician Report dated January 18, 2024, revealed that the medication Midodrine should not be dosed after 5:00 p.m. The medication is currently ordered for every 8 hours. The recommendation was to be dosed three times a day before 5:00 pm. The physician reviewed and signed the document and responded with a checked to disagree with the recommendation with no rational why the recommendation was rejected.</p> <p>Interview with Director of Nursing (DON) Employee E2 on July 2, 2024 at 1:41 p.m. confirmed the medication Regime Review documents for Resident R13 were inadequately completed without any documentation by the physician for rejection of pharmacist recommendations</p> <p>28 Pa. Code 211.2(a) Physician Services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48347</p> <p>Based on review of facility policy, observation, and staff interviews, it was determined that the facility failed to ensure that all drugs and biologicals used in the facility were labeled and stored in accordance with professional standards of practice for four of six medication carts observed. (Second floor center, Third floor center, Third south, and Forth floor center).</p> <p>Finding include:</p> <p>Review of facility policy titled Medication Storage and Labeling revised February 2023 revealed that the nursing staff is responsible for maintain medication storage and preparation areas are clean, safe, and sanitary manner.</p> <p>Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices. The medication label includes at minimum medication name prescribed dose, strength,expiration date, residents name, route of administration, and appropriate instructions and precautions.</p> <p>For over-the-counter medications in bulk containers, the label contains medication name, strength, quantity, accessory instructions, lot number, expiration date. Multi dose vials that have been opened are dated and discarded within 28 days unless the manufactures specify a shorter or longer date for open vial.</p> <p>Observation of the Third-floor center's medication cart on June 30, 2024, at 9:52 a.m. revealed multiple bottles of over the counter medication and eyedrops without a marked of opening date.</p> <p>Interview at time of above observation with Licensed nurse, Employee E 32, confirmed the above findings.</p> <p>Observation of the Second-floor center's medication cart on July 1, 2024, at 8:55 a.m. revealed an unidentifiable insulin pen and multiple bottles of eye drops without a marked date of opening.</p> <p>Interview with Licensed nurse, Employee E31 at time of the above observation confirmed the above findings.</p> <p>Observation of the Third-floor south's medication cart on July 2, 204 at 8:34 a.m. revealed a substantial number of loose pills and capsules in the drawers. The cart also consisted of over-the-counter medication bottles not dated of opening date.</p> <p>Interview with Licensed nurse, Employee E 32 at time of above observation confirmed the findings.</p> <p>Observation of the fourth-floor center's medication cart July 2, 2024, at 9:10 a.m. reveled loose pills found in the drawers of the cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Licensed nurse Employee E30 at time of the above observation confirmed the findings.</p> <p>28 Pa. Code 211.9(f)(2) Pharmacy Services</p> <p>28 Pa. Code 211.12 (d)(1) 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 review of facility documents, resident interviews, meal tray observations and staff interviews, it was determined that the facility failed to provide palatable, attractive, and at a safe and appetizing temperature meals during lunch for two of two meal observations. (June 30, 2024, and July 1, 2024).</p> <p>Findings include:</p> <p>Review of facility's policy titled Food Preparation and Service revised November 2023 revealed Danger Zone means temperatures above 41 degrees Fahrenheit (F) and below 135-degree F that allow the rapid growth of pathogenic microorganisms that can cause foodborne illness.</p> <p>A test tray performed on the Fourth floor by the Regional Dietary Director, Employee E14 revealed that on June 30, 2024, the planned hot meal served was Glazed Pork Loin , Roasted Sweet Potatoes, Seasoned Fresh Cauliflower. Alternative meal was Stuffed Shells with Sauce and Steamed Cauliflower. Desert was yellow cake and a choice of beverage.</p> <p>On June 30, 2024, at 11:50 a.m. observations were conducted with the Regional Dietary Director, Employee E14 who confirmed that Resident R22 received a mechanical soft diet of ground pork loin (white color), mashed potatoes (white color) and steamed white cauliflower. Employee E14 confirmed the lunch tray lacked color had no appearance, and not attractive.</p> <p>On June 30, 2024, at 11:55 a.m. on the 4th floor south side nursing unit a test tray was performed by Employee E14 as the last resident was served and revealed the following results. Glazed Pork Loin 130-degrees Fahrenheit, Steamed Cauliflower 125-degrees Fahrenheit, sweet potato 134-degrees Fahrenheit, apple juice 53-degrees Fahrenheit. Employee E14 confirmed that lunch was not served based on safe and appetizing temperatures.</p> <p>Interview on June 30, 2024, at 11:55 a.m. Resident R104 stated that the food was unappealing, that it was served cold and that it was tough/difficult to eat.</p> <p>Interview on June 30, 2024, at 12:10 p.m. Resident R267 stated that he did not like the food and refused to eat his lunch.</p> <p>Interview on June 30, 2024, at 12:11 p.m. Resident R268 stated that the food was too hard to eat and refused to eat his lunch.</p> <p>Interview on June 30, 2024, at 1:25 p.m. Resident R277 stated that he did not like the food.</p> <p>Interview on June 30, 2024, at 1:41 p.m. Resident R177 stated that the food was bad and that she often ordered out.</p> <p>During a group interviews meeting held on July 1, 2014, at 10:30 a.m. with alert and oriented residents (Residents</p> <p>(continued on next page)</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>R31, R89, R193 and R16) revealed that food is not appetizing and palatable. Residents were unsatisfied with the taste (food was under cooked or over cooked and not seasoned) and temperature of the food was cold.</p> <p>Interview, on July 1, 2024, at 12:22 p.m. Resident R262 stated that she is on a pureed diet, but that the food tastes bad and she refuses to eat it.</p> <p>On July 1, 2024, at 12:45 p.m. interview with the Regional Dietary Director, Employee E14, who was in the kitchen, was provided a piece of tortellini which the texture was hard confirmed the hard texture and tortellini pasta being undercooked which resulted in an unpalatable lunch. Employee E14 stated that Baked Ziti with Cheese and Marinara was served as the main lunch entre and whoever did not like marinara sauce was served tortellini pasta with half of hot dog bun as a toasted garlic bread.</p> <p>On July 1, 2024, at 12:51 p.m. license nurse, Unit Manager, Employee E7 confirmed that Resident R98 received a lunch tray with only hard tortellini pasta and burned garlic bread on her lunch plate. Observation confirmed that the tortellini pasta was hard, unable to be cut. Employee E7 sent her plate back to the kitchen and requested an alternative.</p> <p>Interview with Resident R98 revealed that she called this morning to the kitchen and her preference ticket indicated Baked Ziti with Cheese and Marinara Sauce, Italian Blend Vegetables, Bread or Roll with Butter, Gelatin, Choice of Beverage, Sandwiches on every lunch and dinner tray. The lunch tray did not have anything that was on her preference besides choice of beverage. Resident R98 reported tortellini was so hard that I was not able to bite, some pieces were rubbery and unable to chew the tortellini. Employee E7 confirmed that Resident's R98 lunch plate had no flavor, no appearance and was unpalatable.</p> <p>On July 1, 2024, at 2:45 p.m. an meeting was held with Administrator, Employee E1 and Director of Nursing, Employee E2 confirmed of the lunch being unpalatable and not appetizing.</p> <p>28 Pa. Code 201.18 (e)(3)(4) Management</p> <p>28 Pa. Code 201.18 (e)(3)(4) Management</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>43923</p> <p>Based on observations, review of facility policy and staff interviews, it was determined that the facility failed to provide food products based on the resident's food preference for four of 36 residents (Resident R22, R23, R98, R155).</p> <p>Findings include:</p> <p>Review of facility policy Resident Food Preferences, last revised July 2017, indicates Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Upon resident's admission, the dietitian and/or nursing staff will identify a resident's food preferences.</p> <p>On June 30, 2024, at 11:50 a.m. observations were conducted with the Regional Dietary Director, Employee E14 who confirmed that Resident R 22's lunch preference ticket documented mechanical soft diet of ground pork loin, roasted sweet potatoes, seasoned fresh cauliflower and bread or roll with butter. Resident R22 lunch tray had mashed potatoes instead of sweet potatoes and no bread or roll with butter. Employee E14 confirmed that it should be mashed sweet potatoes and not mashed potato.</p> <p>On June 30, 2024, at 12:24 p.m. observations were conducted with the Regional Dietary Director, Employee E14 who confirmed that Resident R 23's lunch preference ticket documented regular diet, no white bread, all sandwiches on wheat, hot tea, milk and juice at every meal, dislike cauliflower. The lunch tray had white bread sandwich, no tea, and no substitute of vegetable since Resident R23 dislikes cauliflower.</p> <p>On July 1, 2024, at approximately 12:40 p.m. on the Third floor there was a complaint about lunch tortellini being too hard and resident's unable to chew them. Resident R155's tortellini dish was hard and it started chipping from being hard.</p> <p>On July 1, 2024, at 12:45 p.m. interview with the Regional Dietary Director, Employee E14 who was in the kitchen was provided a piece of tortellini which and confirmed the hard texture and being undercooked. Employee E14 stated that Baked Ziti with Cheese and Marinara was served as the main lunch entre and who ever did not like cheese and marinara were served tortellini pasta.</p> <p>On July 1, 2024, at 12:51 p.m. Unit Manager, Employee E7 on the 3rd floor confirmed that Resident R98 received lunch tray with only hard Tortellini Pasta and burned garlic bread on her plate. Observation confirmed that Tortellini pasta was hard, unable to be cut. Employee E7 send her plate back to the kitchen and requested an alternative.</p> <p>Interview with Resident R98 revealed that she/he called this morning to the kitchen and her preference ticket indicated Baked Ziti with Cheese and Marinara Sauce, Italian Blend Vegetables, Bread or Roll with Butter, Gelatin, Choice of Beverage, Sandwiches on every lunch and dinner tray. The lunch tray did not have anything that was on her preference besides choice of beverage. Resident R98 reported Tortellini was so hard that I was not able to bite, some pieces were robbery unable to chew the Tortellini.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On July 1, 2024, at 1:15 p.m. Unit Manager, Employee E7 confirmed that Resident R57 also send his plate back to the kitchen and tortellini and garlic bread was not his preferences for lunch. Resident R57 reported I don't even eat pasta as I have colostomy bag and pasta causes constipation. I asked for a sandwich. Resident R57 was served tortellini per the nurse aide, Employee E25 who brought his lunch tray.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 211.6(a) Dietary services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to ensure that food was prepared and served under sanitary conditions, in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Facility's Policy titled Food Receiving and Storage last revised [DATE] revealed Foods shall be received and stored in a manner that complies with safe food handling practices. Under Dry Food Storage 4. Dry foods that are stored in bins are removed from original packaging, labeled and dated (used by date). Under Refrigerated/Frozen Storage further states 1.All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). 7. Refrigerated foods are labeled, dated and monitored so they are used by their use-by, frozen, or discarded:</p> <p>The facility's policy regarding food and nutrition services, dated [DATE], indicated that employees will wear a clean and appropriate hairnet/hair restraint, and beards and facial hair will be contained.</p> <p>Observations conducted on [DATE], at 9:10 a.m. of the main kitchen tour with the dietary supervisor, Employee E13 revealed a sweeping broom with the dustpan left on the floor in the kitchen by the serving table. The maintenance closet had 3 sweeping brooms, 2 dustpans, two mops just being left on the floor and not hang up. The dock area before going outside in the hallway had two large containers of trash on the floor and dirty gloves.</p> <p>Dry storage table which stored dressings had an open Italian dressing not dated when it was open, hot sauce was opened with no expiration date and only received date [DATE]. 7 loaves of bread were not labeled or dated with a received or expiration date. Sesame seeds and brown sugar packages were open with no labelwith opened date and expiration date.</p> <p>Main refrigerator had a full cart of prepared yellow cakes to be served with no preparation of expiration date. On the cart two full boxes of chicken legs labeled defrosted [DATE], expires [DATE].</p> <p>Main Freezer had open chicken fingers, frozen meat balls with no labels of opened and expired dates.</p> <p>Dietary aide, Employee E12 did not have a beard covering on his beard and hair net covering. Employee E12 was observed cutting cooked pork loin.</p> <p>A review of the facility policy titled Handwashing/Hand Hygiene last revised [DATE] revealed this facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. Hand hygiene is indicated: a. immediately before touching a resident; b. before performing an aseptic task, c. after contact with blood, body fluids or contaminated surfaces; d. after touching a resident d. after touching the resident's environment.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE], at 11:50 a.m. second floor north dining room observations revealed nursing aide, Employee E27 and nursing aide, Employee E28 delivering food from the food truck to the dining hall without using any hand hygiene after they helped to cut food items on resident's lunch plates. Employee E28 was observed helping Resident R20 with directly touching R20's wheelchair foot rest, the picking something up with a napkin from the floor and then directly helping to open Resident's 20 clear seal on her fruit plate. Above observations were confirmed by the 2nd floor unit manager, Employee E17.</p> <p>28 Pa Code: 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on review of clinical records, observation, and interview with staff, it was determined that the facility failed to implement enhanced barrier precautions and practice infection control practice relating to residents dining for 4 of 36 residents reviewed. (Resident 52, Resident R146, Resident 101, Resident 194)</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions dated August 2022.</p> <p>Revealed that enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents.</p> <p>The Enhanced Barrier Precautions (EBPs) employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. The policy specifies that gloves and gown are applied prior to performing the high contact resident care activity (as opposed to Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs which include: dressing, bathing/showering; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; . device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.).</p> <p>Signs are posted indicating the type of precautions and PPE required.</p> <p>EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization.</p> <p>Review of Resident R52's quarterly Minimum Data Set (MDS - resident assessment) dated May 15, 2024 revealed that Resident R52 entered the facility on June 2, 2022 with diagnosis including cva(cerebral vascular accident, commonly known as a stroke, an interruption of blood flow of the blood to cells in the brain) , dementia (a term for declining cognitive abilities of thinking, remembering or making decisions), hemiplegia(a paralysis that affects one side of the body), and aphagia (the loss of the ability to swallow) which require the resident receive nutrition by a feeding tube. Further review of clinical record revealed that Resident R52 revealed that the resident was provided nutrition through a feeding tube.</p> <p>Observation of nursing assistant, Employee E4 on June 30, 2024, at 11:02 revealed employee was provided care for this resident without a gown. Resident R52 has a diagnosis of and therefore is using a feeding tube. According to the facility policy of Enhanced Barrier Precaution, this resident should be under the for EBP. Observed on the door of Resident R52, is posted a sign alerting staff and visitors, that the resident occupying the room was under EPB. The sign stated that staff must wear gown and gloves while providing care.</p> <p>Interview with Employee E4 at time of observation revealed that Employee E4 understood that the EBP was the resident required barrier cream or zinc cream on her skin to prevent skin breakdown.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility policy titled Handwashing /Hand hygiene dated October 2023 revealed that all personnel are trained and in-service regularly on the importance of hand hygiene in preventing the transmission of healthcare infections. The indication for hand hygiene is used after touching a resident or touching a resident's environment.</p> <p>Observation of residents dining in the Third floor dining room on June 30, 2024, at 12:41p.m. revealed six residents seated at three tables. Observed are two employees serving the resident lunch trays. Licensed nurse, Employee E11 and nurse aide, Employee E21</p> <p>Observation included Employee E21 preparing Resident R146's meal. Employee E21 separated the sandwich with her hands, she began to feed the resident mashed potatoes. Employee E21 did not wash or sanitize her hands.</p> <p>Observation of room [ROOM NUMBER] on June 30, 2024, at 9:30 a.m. revealed that Resident R101 was in the room. Resident R 101 had a peg tube with feeding formula and flushes at the bed side. Further observation revealed no evidence that there was a sign outside the door to alert the staff, residents and visitors about the enhanced barrier precaution.</p> <p>Review of physician order for Resident R101 dated June 24, 2024 revealed an order for enhanced barrier precaution every shift.</p> <p>Observation of room [ROOM NUMBER] on June 30, 2024, at 10:30 a.m. revealed that Resident R194 was in the room. Resident R194 had a peg tube with feeding formula running and flushes at the bed side.</p> <p>Further observation revealed no evidence that there was a sign outside the door to alert the staff, residents and visitors about the enhanced barrier precaution.</p> <p>Review of physician order for Resident R194 dated June 24, 2024 revealed an order for enhanced barrier precaution every shift.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>41471</p> <p>Based on a review of facility documentation, facility policies and staff interviews, it was determined that the facility failed to maintain an effective antibiotic stewardship program that includes a system that includes antibiotic use protocols and a system to effectively monitor antibiotic usage for six of six months of antibiotic stewardship program data reviewed. (January 2024, February 2024, March 2024, April 2024, May 2024 and June 2024).</p> <p>Findings Include:</p> <p>Review of facility policy Antibiotic Stewardship: Review and Surveillance of Antibiotic Use and Outcomes dated December 2016 , revealed the Antibiotic sage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship.</p> <p>1.As part of the facility Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the Infection Preventionist (IP), or designee.</p> <p>2. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics Therapy may require further review and possible changes if: (1) the organism is not susceptible to antibiotic chosen; (2) the organism is susceptible to narrower spectrum antibiotic; (3) At the conclusion of the review, the provider will be notified of the review findings.</p> <p>(4) All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking tool. The information gathered will include: a. resident name and medical record number; b. unit and room number; c. date symptoms appeared; name of antibiotic (see approved surveillance list); start date of antibiotic; f. pathogen identified (see approved surveillance list); g site of infection; h. date of culture; i. stop date; j. total days of therapy; k. outcome; and l. adverse events.</p> <p>Review of facility documentation from the month of April 2024 revealed that the facility had a total of 62 infections which included 23 facility/hospital acquired infections. 33 of those infection did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that most of the antibiotic orders did not contain a stop date, total days of therapy, outcome and adverse events per facility policy.</p> <p>Review of facility documentation from the month of May 2024 revealed that the facility had a total of 18 infections which included 5 facility/hospital acquired infections. 12 of those infection did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that most of the antibiotic orders did not contain a stop date, total days of therapy, outcome and adverse events per facility policy.</p> <p>(continued on next page)</p>		

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 07/03/2024
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.			
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility documentation from the month of June 2024 revealed that the facility had a total of 23 infections which included 12 facility/hospital acquired infections. 4 of those infection did not have any symptoms documented on the facility infection surveillance tool. It was also revealed that most of the antibiotic orders did not contain a stop date, total days of therapy, outcome and adverse events per facility policy.</p> <p>Review of facility antibiotic stewardship data revealed that the facility utilized Infection Report with criteria to be completed by licensed nurse at the onset of signs and symptoms of an infection. This tool had section for infection review to see if the infection met the criteria and required to be reported. This tool was completed until April 2024. Facility documentation did not show evidence that the facility utilized the tool since April 2024.</p> <p>Interview with Director of Nursing on July 2, 2024, at 10:42 a.m. confirmed the above finding.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 41471</p> <p>Based on observations, and interviews with residents, it was determined that the facility failed to maintain an effective pest control program in the resident care areas for two resident rooms units reviewed. (room [ROOM NUMBER] and room [ROOM NUMBER])</p> <p>Findings include:</p> <p>Observation of Resident room [ROOM NUMBER] on June 30, 2024, at 9:41 a.m. revealed that there was a sticky fly trap hanging from the ceiling with dead flies on it.</p> <p>Interview with Resident R70 stated there was flies in the facility and he used the trap to catch the flies. He stated he was using the trap for a while.</p> <p>Interview with Resident R107 stated there was mice, rats, flies and roached in his room. Resident points to the floor where there were roaches behind the door and inside the bathroom.</p> <p>Observation of Resident room [ROOM NUMBER] on June 30, 2024, at 10:39 a.m. revealed that there were flies in the room. Roaches were observed behind the door and inside the bathroom.</p> <p>The above observations were confirmed by the Administrator on July 3, 2024, at 11:00 a.m.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>48347</p> <p>Based on review of facility policy and documents, staff interviews, and observation it was determined that the facility failed to provide training on infection control procedures relating to enhanced barrier precautions for seven of eight employees interviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Enhanced Barrier Precautions dated August 2022.</p> <p>Revealed that enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents.</p> <p>The Enhanced Barrier Precautions (EBPs) employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. The policy specifies that gloves and gown are applied prior to performing the high contact resident care activity (as opposed to Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs which include: dressing, bathing/showering; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; . device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.).</p> <p>Review of the facility policy titled Inservice Training, All Staff dated August 2022 revealed that all staff must participate in initial orientation and annual in-service training. The primary objective of the in-service training is to ensure that the staff are able to interact in a manner that enhances the resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.</p> <p>Required training topics including infection prevention and control standards policies and procedures.</p> <p>Review of facility document Town Hall and Inservice for all employees, dated May 28, 2024, revealed that the agenda included discussion on the topic of enhanced barrier precautions.</p> <p>Further review of this document revealed the initiation of this new standard with a letter to the staff that stated You will soon see an increase in the circumstances when we are asking you to wear a gown and gloves while caring for residents. This is based on the new recommendations from the CDC to protect residents and staff from multidrug- resistant organisms. These recommendations are called Enhanced Barrier Precautions. Continued review of this document discussed why implementing the precaution is so important. the document then discussed what are the enhanced barrier precaution and include the following residents: resident with know MDRO, indwelling medical device including central venous catheter, urinary catheter, feeding tube, tracheostomy/ ventilator regardless of MDROS status and any residents with wounds.</p> <p>(continued on next page)</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>High contact resident care areas where gown and gloves should be worn are bathing/showering, transferring a resident, providing hygiene, changing bed linens, changing briefs or toileting, caring for or using an indwelling device, and performing wound care. There will be signs posted on the doors of residents to identify that EBP needs to be done.</p> <p>This in-service was completed and signed on the dates of May 28, 2024, May 30, 2024, and June 4, 2024, on all shifts.</p> <p>Observation of nursing assistant, Employee E4 on June 30, 2024, at 11:02 a.m. revealed that the employee providing care for Resident R52 without wearing a gown. Resident R52 has a diagnosis of and therefore is using a feeding tube. According to the facility policy of Enhanced Barrier Precaution, this resident should be under EBP. Observation of the resident's room revealed a posted a sign at the entrance of the room alerting staff and visitors, that the resident occupying the room is under EBP. The sign stated that staff must wear gown and gloves while providing care.</p> <p>Interview with nursing assistant, Employee E4 at time of observation revealed that Employee E4 understood that the EBP was that the resident require barrier cream or zinc cream on her skin to prevent skin breakdown.</p> <p>Interview with nursing assistant, Employee E8 on June 30, 2024 at 11:02 a.m. revealed that this employee recently began working at the facility. Employee E8 stated that she received two days of training and one day of shadowing another employee. Employee E8 stated that EBP was that the resident was on isolation precaution. EBP is the same as isolation.</p> <p>Interview with nursing assistant Employee E9, on June 30, 2024, at 11:22 a.m. revealed that she understood that if the barrier precaution sign is on the door then employees should wear all personal protective equipment (PPE), like with covid precaution.</p> <p>Interview with nursing assistant, Employee E6 on June 30, 2024, at 12:03 p.m. revealed that when asked about the barrier precaution sign, Employee E6 stated it meant that anyone entering the rooms needs to see the nurse before entering and wear a gown before entering the room.</p> <p>Interview with Licnesed nurse, Employee E10 on July 1, 2024, at 08:02 a.m. revealed that the precaution for enhanced barriers precaution meant the same thing as isolation precaution. Employee E10 then stated that there is no resident on the floor with any precaution. The signs need to be removed.</p> <p>Interview with licensed nurse, Employee E22 on July 1, 2024, at 8:09 a.m. revealed that enhanced barrier precautions is the same precautions as covid (isolation) but more.</p> <p>Interview with Licensed nurse, Employee E19 on July 1, 2024 at 8:45 a.m. revealed that this employee understood enhanced barrier precautions to be that the employee must wear gown and gloves, basically the same as isolation precaution.</p> <p>28 Pa. Code 201.20(a)(6) Staff development</p> <p>28 Pa. Code 211.12 (d)(2) Nursing Services</p>