STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395628	A. Building B. Wing	02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Renaissance Healthcare & Rehabilitation Center	4712 Chester Avenue Philadelphia, PA 19143

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975 Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to maintain the confidentiality of resident's medical information on two or two nursing units. (Unit one and Unit Two) Findings Include: Review of facility policy titled, Resident Rights last revised December 2016 states, Employees shall treat all residents with kindness, respect, and dignity. The unauthorized release, access, or disclosure of resident information in prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPPA Compliance Officer. During observation of unit one on February 27, 2024 at 10:50 a.m. revealed the medication cart used by Licensed Nurse, Employee E6 outside room [ROOM NUMBER] on unit one was left unattended with the computer screen open with identifiable information so any passerby could see resident personal and confidential information. Licensed Nurse, Employee E6 was outside room [ROOM NUMBER] preparing medications when she went into resident room [ROOM NUMBER] and left the computer screen open and the cart unlocked. Two minutes after going into the resident's room and administering medications, Licensed Nurse E6 quickly came out of the room. When pointed out to the Licensed Nurse, Employee E6 that the information was up and the cart was unlocked, she stated she was nervous and realized she had left the information up on the screen. During observation of unit two on February 27, 2024 at 11:33 a.m. revealed the medication cart used by Licensed Nurse, Employee 7 outside room [ROOM NUMBER] on unit two was left unattended with the computer screen open with identifiable information so any passerby could see resident personal and confidential information. There was no licensed nurse in sight. At 11:35 a.m.License Nurse, Employee E7 came out of a resident's room and stated she was sorry another resident heard her voice, and she went in to talk with them. Licensed Nurse, Employee E7 confirmed she should have not left her cart unattended with identifiable information up on the screen. 28 Pa. Code: 211.5(b) Clinical records 28 Pa. Code:210.29(i) Resident Rights 28 Pa. Code:211.12 (d)(3) Nursing Services

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975 Based on observation, staff interviews, and review of facility policy, it was determined that the facility failed to ensure that all drugs and biologicals used in the facility were stored in accordance with professional standards for two of two units observed. (Unit One and Unit Two) Findings Include: Review of facility policy titled, Storage of Medication with a revision date of April 2007 states, The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 7. Compartments (including, but not limited to, drawers, cabinets, rooms, refrgiators, carts, and boxes.) containing drugs and biologicals shall be locked when not in use, and trays or carts used to transport such items shall not be left unattended if open or otherwise potentially available to others. During observation of unit one on February 27, 2024 at 10:50 a.m. revealed the medication cart used by Licensed Nurse, Employee E6 outside room [ROOM NUMBER] on unit one was left unattended and unlocked. Licensed Nurse, Employee E6 was outside room [ROOM NUMBER] preparing medications when she went into resident room [ROOM NUMBER] and left the cart unlocked. Two minutes (10:52 a.m.) after going into the resident's room and administering medications, Licensed Nurse E6 quickly came out of the room. When pointed out to the Licensed Nurse, Employee E6 that the cart was unlocked, she stated she was nervous and realized she had left the cart unlocked and unattended. During observation of unit two on February 27, 2024 at 11:33 a.m. revealed the medication cart used by Licensed Nurse, Employee 7 outside room [ROOM NUMBER] on unit two was left unattended with a medication cup with poured there was a medication cart outside of room [ROOM NUMBER] towards the end of the hall. Five medication bottles out on the cart, a cup of poured medications out on the cart, and an unlocked cart with no licensed nurse in sight. License Nurse, Employee E7 came out of a resident's room and stated she was sorry another resident heard her voice, and she went in to talk with them. Licensed Nurse, Employee E7 confirmed she should have not left her cart with medication bottles and a poured cup of medications out of the cart unattended. 28 Pa. Code 201.14 (a) Responsibility of licensee 28 Pa. Code 211.12 (c) Nursing services 28 Pa. Code 211.12 (d)(1) Nursing Services