

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395628	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/03/2024
NAME OF PROVIDER OR SUPPLIER  Renaissance Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>44882</p> <p>Based on review of facility documentation, clinical record review, and interviews with staff, it was determined that the facility failed to provide copies of medical records as requested in a timely manner for one of one residents reviewed for medical record request (Resident R317).</p> <p>Findings include:</p> <p>Review of a Medical Record and [NAME] Request letter provided by Employee E1 the Nursing Home Administrator stated the next of kin was requesting medical records from 1/1/2021 to 10/31/2022 in an electric format only.</p> <p>Interview on October 2, 2024, at 1:13 p.m. Employee E1, the Nursing Home Administrator (NHA) stated that he received the request for medical records for Resident R317 on May 29, 2024. The NHA stated that the request was never fulfilled and that the records have not been sent out to the requestor. The NHA explained that he lost track of the request due to him needing to request the ability to send over the documents through the facility's corporate quality assurance team. Employee E1, the NHA stated he needed to transfer the information onto an external disk which was difficult and he said it was his fault for loosing track of sending the requested information once it was approved to be sent by corporate. Continued interview with Employee E1 revealed that the NHA was unable to produce a log or any tracking system related to requests received by the facility for medical records and stated that no such records have been kept by medical records personnel.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(3) Management</p> <p>28 Pa Code 201.29(a) Resident rights</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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