

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395662	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2024
NAME OF PROVIDER OR SUPPLIER  Logan Square Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Franklin Town Blvd Philadelphia, PA 19103	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</b></p> <p>Based on a review of clinical records and facility provided documentation, and interview with staff, it was determined that the facility failed to provide the required advanced notice, through a Notice of Medicare Non-Coverage (CMS 10123), regarding the termination of Medicare services for one of three residents sampled (Residents R1)</p> <p>Findings include:</p> <p>Review of Resident's R1 clinical record it revealed admitted on February 7, 2024, for short term rehabilitation. Resident's R1 funding source was Medicare skilled A services. Continued review of the clinical record revealed that Resident R1 was discharge from the facility on March 15, 2024. Then, Resident R1 was readmitted from the local hospital on March 19, 2024 with Medicare Part A benefits.</p> <p>On March 26, 2024, at 12:21 p.m. an interview was held with the Social Worker Director who revealed that Resident R1 was discharged as the Medicare service benefits were exhausted. It was further reported when Medicare funding exhausted therefore, Resident R1 did not receive Notice of Medicare Non-Coverage (NOMNC) cms-10123 the right to appeal a denial of Medicare services.</p> <p>On March 26, 2024, at 2:11 p.m. an interview was held with Administrator, Employee E1 and Business Director, Employee E6 who reported that Resident R1 was discharge mistakenly. Resident's R1's admitted was entered currently however, facility system started calculating Medicare remaining benefit days that were used from the Resident's R1 prior admitted in 2023; therefore, it gave a report to the facility that Resident's R1 Medicare benefits were exhausted versus facility determined that a resident no longer qualifies for Medicare Part A. Employee E1 confirmed that Resident R1 should have not been discharged on [DATE]. And if Resident R1 was appropriately qualified to be discharged Notice of Medicare Non-Coverage (NOMNC) cms-10123 should have been issued.</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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