

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395686	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER West Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4401 Haverford Avenue Philadelphia, PA 19104	

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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>27155</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not ensure that appropriate discharge notices were provided to the office of the long-term care ombudsman for the following months: January 2024, February 2024, March 2024, April 2024, May 2024, June 2024, and July 2024.</p> <p>Findings include:</p> <p>A review was conducted of facility records. The review did not reveal documentation that the required notifications were sent to the state office of the long-term care ombudsman for facility-initiated transfers and discharges during the period examined.</p> <p>Interview with the Executive Director, employee E1, on September 19, 2024, at 1:00 p.m. confirmed that the notifications for January 2024 through July 2024 had not been sent to the ombudsman's office in a timely manner as required.</p> <p>28 Pa. Code 201.18(b)(3) 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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