

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  07/01/2025
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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on review of facility provided documentation, review of closed record and interview with staff, it was determined facility did not convey the discharge summary to the continuing care provider at the time of discharge and did not contain required components for one of two closed records reviewed (Resident R2)</p> <p>Findings include:</p> <p>Review of facility policy 'Discharge summary and plan,' revised May 2025, indicates discharge summary shall include a description of the residents reconciliation of pre- and post- medications, post discharge plan of care; and any post-discharge medical and non-medical services.</p> <p>Review of Resident R2's clinical record on July 1, 2025, indicated that the resident was admitted to facility on August 9, 2022 and discharged on June 4, 2025.</p> <p>Review of discharge summary plan, completed on June 3, 2025, by Licensed nurse, Employee E3, revealed that after discharge, resident was to receive ostomy care and peg tube care. Resident R1 was discharged with active tracheostomy (tube inserted through the neck to assist with breathing) treatment.</p> <p>Further review of Resident R2's clinical record revealed a nursing note, dated June 12, 2025 indicating that special care instructions were reviewed with resident's family member at a later date, after discharge.</p> <p>Further review of resident's discharge summary plan, completed on June 3, 2025, indicated no evidence of a list of medication reconciliation of all pre-discharge medications with the resident's post-discharge medications.</p> <p>Further review of discharge summary revealed that resident or responsible party was to acknowledge agreement of discharge plan by providing signature in wet ink. There was no documented evidence of signature of resident or resident's responsible party.</p> <p>Further review of discharge summary revealed Licensed nurse, Employee E3, signed and dated portion of discharge summary which was indicated for resident or residents' responsible party signature.</p> <p>Findings confirmed with Nursing Home Administrator and Director of Nursing on July 1, 2025 at 3:45 p.m</p> <p>(continued on next page)</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
---	-------	-----------

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  07/01/2025
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)
F 0628  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa Code 201.29(a)(c.3)(2) resident rights

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  07/01/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical record, review of facility policy and interview with staff, it was determined facility did not develop and implement a base line care plan for one of eight residents reviewed related to tracheostomy care and epilepsy. (Resident R1)</p> <p>Findings include:</p> <p>Review of facility policy 'Baseline Care Plan,' revised May 2025, indicates that the interdisciplinary team will review the healthcare practitioner's orders and implement a baseline care plan to meet the resident's immediate care needs including but not limited to: physician orders.</p> <p>Review of Resident R1's clinical record revealed that the resident was admitted to the facility on [DATE].</p> <p>Further review of Resident R1's clinical record revealed physician order placed on May 22, 2025, for seizure precautions, tracheostomy (tube inserted through the neck to assist with breathing) site assessment, tracheal suction, tracheostomy care with inner cannula change and trach collar order.</p> <p>Further review of Resident R1's clinical record revealed nursing notes, dated May 21, 2025 through May 31, 2025 indicated tracheostomy care was performed as well as documentation related to seizures.</p> <p>Review of resident's care plan indicated no evidence of goals and interventions related to tracheostomy care or seizure precautions.</p> <p>Findings confirmed with facility's Director of Nursing and Administrator on July 1, 2025 at 3:45 p.m</p> <p>28 Pa Code 211.10(c) resident care policies</p> <p>28 Pa Code 211.12(d)(5) nursing services</p>