

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of clinical records, and interviews with resident and staff, it was determined that the facility did not ensure one resident's rights were exercised related to scheduled dialysis appointments for one of 27 resident records reviewed (Resident R22).</p> <p>Findings include:</p> <p>Review of Resident R22's clinical record revealed the resident was admitted to the facility on [DATE], independent in making personal decisions, diagnosed with End Stage Renal Disease (kidney failure) and Chronic Obstructive Pulmonary Disease (COPD a lung disease).</p> <p>During an interview with Resident R22 on April 2, 2024 at 11:30 a.m. stated that resident went to Dialysis (treatment for kidney failure) three times a week. She stated she used to go early in the morning and enjoyed the earlier schedule much more but the facility changed it to later in the day.</p> <p>Interview with the Director of Nursing (DON) on April 4, 2024 at 1:00 p.m. stated, We changed Resident R22's dialysis time because she needed an escort and she agreed to the change. It was confirmed the DON did not have documented evidence that supported the mutual agreement.</p> <p>28 Pa Code 211.5(f)(ii) Medical records</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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on observations, review of clinical records, facility policies and procedures, and interviews with staff and resident, it was determined that the facility failed to provide adequate treatment and care for a mid line catheter in accordance with professional standards of practice for one of one resident with midline reviewed (Resident R113).</p> <p>Findings include:</p> <p>Review of facility policy, PICC, Central Line and Perpheral Line Dressing Changes dated July 2019 revealed that Central venous access devise and midline dressing changes will be done at established intervals and immediately if the integrity of the dressing is compromised, if moisture drainage or blood is present or for futher assessment if infection is suspected. Transparent semi-permeable membrane dressing are changed every 7 days and PRN.</p> <p>Observation of Resident R113 on April 2, 2024, at 12:14 p.m, revealed that the resident had a right upper extremity mid line insertion. There was documentation on the dressing to indicate the date and time the dressing last changed was March 29, 2024.</p> <p>Review of clinical record for Resident R113 revealed that the resident was admitted to the facility on [DATE].</p> <p>Review Resident R113's physician order dated March 29, 2024, revealed an order to change PICC line dressing as soon as possible weekly.</p> <p>A review of the treatment administration record (TAR) for the month of March 2024 indicated that order was signed off by the staff on March 29, 2024. Continued review of the TAR revealed that the PICC line dressing was not changed from March 13, 2024, to March 29, 2024.</p> <p>An interview with Director of Nursing, Employee E2, on April 5, 2024, at 11:00 a.m. confirmed that that the PICC line dressing change was not completed from March 13, 2024 to March 29, 2024.</p> <p>28 Pa. Code: 211.10 (c) Resident care policies</p> <p>28 Pa. Code: 211.10 (d) Resident care policies</p> <p>28 Pa. Code: 211.12 (d)(1) Nursing services</p> <p>28 Pa. Code: 211.12(d)(5) Nursing services</p>		

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on observation, clinical record review and interview with staff, it was determined that the facility did not ensure to administer oxygen therapy in accordance with professional standards of practice related to for two of 28 residents reviewed (Resident R18 and R22).</p> <p>Findings include:</p> <p>Review of facility's policy titled 'Oxygen Administration,' revised on August 2000, states nasal cannula or mask and oxygen tubing must be dated and changed weekly.</p> <p>Review of R18's clinical records revealed diagnosis of chronic obstructive pulmonary disease, high blood pressure, heart disease, kidney disease - stage 3.</p> <p>Observations of R18 on third floor unit, on April 2, 2024 at 11:31 am revealed oxygen tubing dated February 17, 2024; finding confirmed by licensed nurse, employee E3.</p> <p>Review of Resident R22 clinical record revealed the resident was admitted to the facility on [DATE] diagnosed with End Stage Renal Disease (kidney failure) and Chronic Obstructive Pulmonary Disease (COPD a lung disease). Further review of the resident's clinical chart revealed an order for 3 liters of oxygen.</p> <p>On April 2, 2024 at 2:30 p.m. with Licensed Practical Nurse, (LPN) Employee E6 observed that Resident R22's oxygen condenser was not clean. Observed was a thick gray coating that appeared to be dust covering the filter.</p> <p>28 Pa Code 211.10(c) Resident Care Policies</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of facility policy, review of clinical documentation, and interviews with staff, determined the facility failed to ensure residents who require dialysis receive such services, consistent with professional standards of practice, and the comprehensive person-centered care plan, by failing to provide dialysis treatment and medication as ordered for one of 34 resident records reviewed (Resident R22).</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Dialysis Care Policy stated it is the facility's policy to coordinate dialysis care and services for residents receiving dialysis in a comprehensive manner and coordination of services between the facility and the dialysis center to maintain continuity of care.</p> <p>Review of Resident R22's clinical record revealed the resident was admitted to the facility on [DATE], independent in making personal decisions, diagnosed with End Stage Renal Disease (kidney failure) and received hemodialysis.</p> <p>Review of Resident R22's nursing progress notes revealed on March 15, 2024, the resident missed her scheduled dialysis because she did not have an escort.</p> <p>Further review of Resident R22's nursing progress notes dated March 22, 2024 stated the nurse was unable to give the resident medications scheduled for 10:00 a.m., and 2:00 p.m. because the resident was at dialysis.</p> <p>The above was confirmed with the Director of Nursing on April 4, 2024 at 10:00 a.m.</p> <p>28 Pa Code 211.12(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services</p>		

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>46993</p> <p>Based on review of facility policy, review of clinical records, and interview with staff, it was determined the facility did not ensure to provide pharmaceutical services to meet resident's needs including acquiring, receiving, and administering medications for three of 28 residents reviewed. (Residents R32, R35, and R97)</p> <p>Findings include:</p> <p>Review of facility's policy titled 'Medication Administration,' revised on May 2020, indicates that drugs are to be administered in accordance with the written orders of the attending physician. When a resident's medication has not been delivered from pharmacy; the licensed nurse should immediately notify the pharmacy and notify a unit manager or nursing supervisor to obtain the medication from the medication dispense.</p> <p>Review of Resident R32's April 2024 physician orders revealed an order for Aspirin 81 milligrams (mg) delayed release to be administered once a day at 9:00 a.m. Continued review of physician orders revealed an order for Nifedipine 60mg extended release to be administered once a day at 9:00 a.m.</p> <p>Observations during medication administration on second floor unit, on April 2, 2024 at 9:50 a.m. with licensed nurse, Employee E4, revealed that pharmacy delivered double dose of Aspirin 81 mg and double dose of Nifedipine 60 mg.</p> <p>Resident R35 was admitted to the facility diagnosed with benign prostate hyperplasia, high blood pressure and an overactive bladder.</p> <p>Review of Resident R35's progress noted revealed a new order for the medication Mirabegron 25 mg, give daily for the diagnosis of overactive bladder to start on December 7, 2023. Continue review of Resident R35 clinical record revealed nursing note dated, December 10, 2024. revealed the resident's medication had not been administered because. meds are not available, pharmacy called. Review of the medication administration record revealed the medication was not administered on December 7,8,9,and 10, 2023.</p> <p>On April 4, 2024, at 10:32 a.m. during an interview with the Director of Nursing confirmed the medication was not given as ordered.</p> <p>Review of Resident R97's April 2024 physician orders revealed an order for Guaifenesin tablet extended release, 600 mg to be administered every 12 hours at 9:00 a.m. and 9:00 p.m.</p> <p>Observations during medication administration on April 3, 2024 at 10:26 a.m., with Licensed nurse, Employee E5, on third floor unit, revealed that medication was not available to be administered to Resident R97.</p> <p>28 Pa Code 211.9(a)(1) Pharmacy Services</p> <p>(continued on next page)</p>

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa Code 211.9(d) Pharmacy Services</p> <p>28 Pa Code 211.12(d)(1) Nursing Services</p>

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>41471</p> <p>Based on review of facility policies, clinical records and interviews with staff, it was determined that the facility failed to develop and maintain policies and procedures for the monthly drug regimen review that included time frames for the different steps in the medication regimen review process and act on irregularities reported by the licensed pharmacist during monthly drug regimen reviews in a timely manner for one of five residents reviewed related to medication regimen reviews (Residents R55).</p> <p>Findings include:</p> <p>1. Review of facility policy Medication Regimen Review dated April 2024 revealed that Medication Regimen Review (MRR) is a thorough evaluation of the medication regimen of a resident with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities, and collaborating with other members of the interdisciplinary team. The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and the reports must be acted upon.</p> <p>a. Irregularities include, but are not limited to, any drug that meets the criteria for unnecessary drugs.</p> <p>b. Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>c. The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>Upon completion of the MRR, the facility designee and/or physician, will respond to the recommendations in a timely manner.</p> <p>If the pharmacist should identify an irregularity and communicates to the facility that it requires urgent action to protect a resident, it will be acted upon immediately.</p> <p>Continued review of facility policy revealed that there was no timeframe set to complete the physician and facility response to the pharmacy consultant recommendation/report.</p> <p>Review of Resident R55's Medication Regimen Review report, dated November 29, 2023, revealed that the pharmacist made a recommendation, to evaluate the current dose of Seroquel 12.5 once daily which the resident had been taking since June 2023 and consider dose reduction.</p> <p>(continued on next page)</p>		

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the report revealed that the recommendation was addressed on January 18, 2024.</p> <p>Review of another Medication Regimen Review report Resident R55's, dated November 29, 2023, revealed an recommendation to add a stop date for an as needed Buspar (a psychotropic medication). As needed psychotropic need a 14 day stop date.</p> <p>Further review of the report revealed that this recommendation was addressed until on January 18, 2024.</p> <p>Review of Resident R55's Medication Regimen Review report, dated February 28, 2024, revealed a recommendation to discontinue as needed medication which was not administered since December 1.</p> <p>Further review of the report revealed that this recommendation was addressed until on March 14, 2024.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		

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 04/05/2024
NAME OF PROVIDER OR SUPPLIER St Ignatius Nursing & Rehab 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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to offer and/or provide the pneumococcal immunization to two of five residents reviewed (Resident R18 and R33).</p> <p>Findings include:</p> <p>Review of an undated facility policy Pneumococcal Vaccine: dated revealed that Upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated will be offered the vaccine unless medically contraindicated or the resident has already been vaccinated.</p> <p>Review of Resident 117's immunization records revealed no evidence that the resident received the pneumococcal vaccine, or the facility offered the pneumococcal vaccine.</p> <p>Review of clinical record revealed that the resident was [AGE] years of age.</p> <p>Review of R83's immunization records revealed no evidence that the resident received the pneumococcal vaccine, or the facility offered the pneumococcal vaccine.</p> <p>Review of clinical record revealed that the resident was [AGE] years of age.</p> <p>Review of clinical record for Resident R117 and R83 revealed no documented contraindication to immunization.</p> <p>Interview with the Director of Nursing, Employee E2, on April 5, 2024, at 11:00 a.m., confirmed that there was no documented evidence that Resident R117 and R83, received pneumococcal vaccine or the facility offered the pneumococcal vaccine.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee</p> <p>28 Pa Code: 201.18 (b)(1) Management</p> <p>28 Pa Code: 211.15 (f) Clinical records</p> <p>28 Pa Code: 211.12 (d)(1)(5) Nursing services</p>		