

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395690	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/01/2024
NAME OF PROVIDER OR SUPPLIER Springfield Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 463 West Sproul Road Springfield, PA 19064	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27155</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to developed a baseline care plan for one of six residents reviewed related to a community-acquired infectious disease (Resident R1).</p> <p>Findings:</p> <p>Review of the clinical record for Resident R1 revealed that the resident was admitted to the facility on [DATE], for skilled nursing care post discharge from an acute care hospital. At the time of admission the resident had been diagnosed with an infection (clostridium difficile - an inflammation of the colon caused by a bacterial infection) and was on an antibiotic therapy regimen.</p> <p>Review of hospital documentation dated September 15, 2024 at the time of discharged noted You had a c-difficile infection for which we are treating you with oral Vancomycin and holding off other antibiotics.</p> <p>Review of Resident R1's care plan revealed that a care plan for c-difficile infection was not developed until September 18, 2024.</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing services</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27155</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to follow acceptable infection control practices related to the admission to the facility of a resident with a community-acquired infectious disease for one of six residents reviewed (Resident R1).</p> <p>Findings:</p> <p>Review of the clinical record for resident R1 revealed that the resident was admitted to the facility on [DATE], for skilled nursing care post discharge from an acute care hospital. At the time of admission the resident had been diagnosed with an infection (clostridium difficile - an inflammation of the colon caused by a bacterial infection) and was on an antibiotic therapy regimen.</p> <p>An entry in the progress notes dated September 18, 2023, documented that the resident was transferred to a private room and that transmission-based precautions were implemented.</p> <p>An interview was conducted with the facility's infection Preventionist Employee E3 on February 1, 2024, at 11:00 a.m. confirmed that there was no documentation in the clinical record for Resident R1 to verify that appropriate infection control measures were implemented related to Resident R1 diagnosis of c-diff at the time of admission.</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing services</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to one of six residents reviewed related to a community-acquired infectious disease (Resident R1).</p> <p>Findings:</p> <p>Review of the clinical record for Resident R1 revealed that the resident was admitted to the facility on [DATE], for skilled nursing care post discharge from an acute care hospital. At the time of admission the resident had been diagnosed with an infection (clostridium difficile - an inflammation of the colon caused by a bacterial infection) and was on an antibiotic therapy regimen.</p> <p>Review of hospital documentation dated September 15, 2024 at the time of discharged noted You had a c-difficile infection for which we are treating you with oral Vancomycin and holding off other antibiotics.</p> <p>Review of Resident R1's care plan revealed that a care plan for c-difficile infection was not developed until September 18, 2024.</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing services</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		