

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 08/19/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on clinical record reviews and interviews with residents and staff, it was determined that the facility failed to ensure that residents received assistance with bathing for three of seven residents reviewed (Residents R1, R2 and R4).</p> <p>Findings include:</p> <p>Interview on August 19, 2024, at 9:12 a.m. Resident R1 stated that she did not receive a shower for a week after her admission to the facility. Resident R1 stated that she prefers to have a shower and not a bed bath or bedside basin.</p> <p>Review of Resident R1's care plan, dated initiated August 5, 2024, revealed that the resident was admitted to the facility on [DATE], and had an activities of daily living deficit related to deconditioning. Continued review revealed that there was no indication of level of assistance needed or preferences related to bathing. Review of Resident R1's nurse aide Kardex (instructions for nurse aide staff for performing resident care) revealed that the resident was scheduled to receive showers on Mondays and Thursdays during the evening shift.</p> <p>Review of nurse aide documentation related to bathing for Resident R1 revealed that on August 5, 2024, the nurse aide documented, No the resident did not receive a shower. On August 8, 2024, the nurse aide documented Not applicable for showering. Further review revealed that Resident R1 was not provided with a shower until August 12, 2024, which was one week after her admission to the facility. Further record review for Resident R1 revealed no indication as to why the resident did not receive a shower on August 5 and 8, 2024.</p> <p>Review of Resident R2's care plan, dated initiated December 13, 2023, revealed that the resident was admitted to the facility on [DATE], and had an activities of daily living deficit related to disease process. The care plan indicated that the resident required assistance from one staff person for bathing. Review of Resident R2's nurse aide Kardex revealed that the resident was scheduled to receive showers on Tuesdays and Fridays during the evening shift.</p> <p>Review of nurse aide documentation related to bathing for Resident R2 revealed that on July 26 and August 16, 2024, the nurse aide documented, No the resident did not receive a shower. Further record review for Resident R2 revealed no indication as to why the resident did not receive a shower on July 26 and August 16, 2024.</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
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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on August 19, 2024, at 9:14 a.m. Resident R4 stated that she does not receive proper care from nursing staff and that they don't offer her a bath or shower.</p> <p>Review of Resident R4's care plan, dated initiated July 8, 2024, revealed that the resident was admitted to the facility on [DATE], and had an activities of daily living deficit related to chronic back pain. The care plan indicated that the resident required assistance from one staff person for bathing. Review of Resident R4's nurse aide Kardex revealed that the resident was scheduled to receive showers on Mondays and Thursdays during the day shift.</p> <p>Review of nurse aide documentation related to bathing for Resident R4 revealed that on July 25, July 29, August 1, August 8, August 15 and August 19, 2024, the nurse aide documented Not applicable for showering. Further record review for Resident R4 revealed no indication as to why the resident did not receive a shower on July 25, July 29, August 1, August 8, August 15 and August 19, 2024.</p> <p>Interview on August 19, 2024, at 1:10 p.m. nurse aide documentation related to bathing for Residents R1, R2 and R4 were reviewed with the Nursing Home Administrator. The Nursing Home Administrator stated that nurse aide staff should be providing showers and bathing assistance to residents.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		