

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 08/29/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of clinical records, facility policy, and interviews with resident and staff , it was determined that the facility failed to provide a reasonable accommodation of needs for one of nine sampled residents. (Resident R7)</p> <p>Findings include:</p> <p>Review of the facility policy titled Answering the call light not dated states, Be sue that the call light is plugged in and functioning at all times.:</p> <p>Review of Resident R7 order summary report revealed the resident was admitted on [DATE] diagnosed with a fractured pelvis due to a fall at home and ordered that the resident be toe touch weight-bearing, (meaning the ability to touch the foot or toes to the floor without the affected limb providing support and weight bearing as tolerated in the lower left extremity).</p> <p>Interview with Resident R7 and his family member on August 28, 2024, at approximately 10:30 a.m. revealed on admission the resident was given a small bell to use in place of his call bell. The resident's room was down the hall, one of the last rooms, furthest away from the nursing station. The resident stated It had to do with my roommate needing special equipment that used my call bell outlet. Resident R7's spouse said, Considering my husband was non-weight bearing, and could not do anything for himself, made me uneasy. If something happened, he was too far away to use that little bell. No one would hear it.</p> <p>This was confirmed with the Director of Nursing on August 28, 2024, at 2:00 p.m. that the resident did not have a call bell and was given a small bell to use.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of facility policies, facility documentation, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that residents remained free from significant medication errors for one of nine residents reviewed (Resident R9).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Administering Medications not dated states, The individual administering the medication checks the label three times to verify the right resident, right medication, right dosage, right time, and right method of administration before giving the medication.</p> <p>Review of Resident R9's physician admission note dated August 1, 2024 indicated the resident presented to the emergency roiaognom on [DATE] with left-sided weakness and balance issues. The resident reported lower extremity weakness to be progressive over the last month and associated with intermittent slurred speech and trouble swallowing. The resident reported earlier hospitalization at another hospital for the same symptoms. Continuing with the same note states to see therapy for left sided weakness, continue the medication Propranolol for high blood pressure -monitor vitals, continue Keppra for seizures and to maintain seizure precautions, continue Gabapentin for neuropathy, continue Zofran for nausea and vomiting, and to continue Trazadone, Sertraline for depression and follow up with psych.</p> <p>Review of the incident report dated August 20, 2024, indicated Resident R9 was noted with increased lethargy. Upon investigation it was noted that the resident's medication list in the discharge paperwork from the hospital was incorrect. The medication list belonging to another patient from the hospital. All of Resident R9's medications were discontinued or were tapered down until discontinued.</p> <p>Interview with the Director of Nursing on August 28, 2024 at 11:30 a.m., confirmed the medication error and stated the hospital sent the wrong medication list for Resident R9. The facility did not notice the name was different on the medication list.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		