

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395722	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER University City Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Chestnut Street 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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>39344</p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges for five of nine residents reviewed (Residents R2, R3, R4, R5 and R6).</p> <p>Findings include:</p> <p>Clinical record review for Resident R2 revealed a nurse's note, dated August 19, 2024, at 4:15 p.m. which indicated that the resident was having pain around her gastric tube (a surgical opening and placement of a tube through a person's abdominal wall into their stomach). The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Continued review for Resident R2 revealed a nurse's note, dated August 28, 2024, at 8:51 p.m. which indicated that the resident's jejunostomy tube (a surgical opening and placement of a tube through a person's abdominal wall into their small intestine) was unable to be flushed. The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Clinical record review for Resident R3 revealed a nurse's note, dated May 3, 2024, at 12:08 p.m. which indicated that the resident was having chest pain and noted to be clammy, diaphoretic and had low blood pressure. The physician was notified and ordered for the resident to be transferred via emergency medical services to a local hospital for evaluation.</p> <p>Continued review for Resident R3 revealed a nurse's note, dated May 11, 2024, at 11:00 a.m. which indicated that the resident was unable to obey commands or make eye contact, was lethargic, shaking, had labored breathing, stomach pain and low blood pressure. The physician was notified and ordered for the resident to be transferred via emergency medical services to a local hospital for evaluation.</p> <p>Continued review for Resident R3 revealed a nurse's note, dated June 6, 2024, at 7:59 p.m. which indicated that the physician ordered for the resident to be transferred to a local hospital for evaluation of abdominal pain.</p> <p>Continued review for Resident R3 revealed a nurse's note, dated June 19, 2024, at 10:07 a.m. which indicated that the physician ordered for the resident to be transferred to a local hospital via emergency medical services for evaluation of chest pain.</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: 395722	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER University City Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Chestnut Street 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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Continued review for Resident R3 revealed a nurse's note, dated July 8, 2024, at 1:40 p.m. which indicated that the resident was transferred to a local hospital for evaluation of chest pain and shortness of breath.</p> <p>Continued review for Resident R3 revealed a nurse's note, dated July 21, 2024, at 7:29 p.m. which indicated that the resident was transferred to a local hospital via emergency medical services for evaluation of chest pain and shortness of breath.</p> <p>Continued review for Resident R3 revealed a nurse's note, dated July 26, 2024, at 5:01 p.m. which indicated that the practitioner ordered for the resident to be transferred to a local hospital for evaluation of abnormal labs.</p> <p>Clinical record review for Resident R4 revealed a nurse's note, dated June 23, 2024, at 6:13 p.m. which indicated that the resident was found unresponsive, blinking but not responding to questions or touch. The resident was subsequently transferred to a local hospital for evaluation.</p> <p>Clinical record review for Resident R5 revealed a nurse's note, dated June 20, 2024, at 10:27 a.m. which indicated that the resident complained of difficulty breathing and chest pain. The practitioner was notified and ordered for the resident to be transferred to a local hospital for evaluation. The resident did not return and was ultimately discharged from the facility.</p> <p>Clinical record review for Resident R6 revealed a nurse's note, dated June 24, 2024, at 3:37 p.m. which indicated that the resident was noted with difficulty breathing and abnormal lung sounds. The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Further record reviews for Residents R2, R3, R4, R5 and R6 revealed that no documentation was available for review at the time of the survey to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharge.</p> <p>Interview on September 16, 2024, at 11:15 a.m. Employee E3, Regional Director, confirmed that no documentation was available for review to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharge for Residents R2, R3, R4, R5 and R6.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p>		