

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Rittenhouse Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE Penn Med Rittenhouse Campus 1800 Lombard St 5th FL 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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>41471</p> <p>Based on review of facility documentation, 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 as required for one of one records reviewed related to hospital transfers (Residents R10).</p> <p>Findings include:</p> <p>Review of progress notes for Resident R10 revealed a note, dated May 28, 2024, which indicated that the resident was transferred to a local hospital emergency department due her medical conditions.</p> <p>A request for the evidence of notification of the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers were requested to the administrator and facility administrative staff from previous management, Employee E5.</p> <p>Facility did not submit evidence of notification of the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers as requested.</p> <p>Interview on August 27, 2024, Employee E5 confirmed that the Office of the State Long-Term Care Ombudsman was not notified as required of facility-initiated emergency transfers for Resident R10. Employee E5 also stated facility did not send any notification to the Office of the State Long-Term Care Ombudsman as required for any hospital transfers.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>41471</p> <p>Based on review of facility documentation, clinical record reviews, and interviews with staff, it was determined that the facility failed to ensure that a comprehensive assessment was conducted with direct observation and communication with resident as required for one of eight residents reviewed. (Resident R62)</p> <p>Findings Include:</p> <p>Review of RAI (Resident Assessment Instrument) manual Section J, under the tile of Should Pain Assessment Interview Be Conducted? revealed guidelines for pain assessment which indicated Health-related Quality of Life</p> <ul style="list-style-type: none"> o Most residents who are capable of communicating can answer questions about how they feel. o Obtaining information about pain directly from the resident, sometimes called hearing the resident's voice, is more reliable and accurate than observation alone for identifying pain. <p>Planning for Care</p> <ul style="list-style-type: none"> o Interview allows the resident's voice to be reflected in the care plan. o Information about pain that comes directly from the resident provides symptom-specific information for individualized care planning. <p>Steps for Assessment 1. Interact with the resident using their preferred language. Be sure they can hear you and/or have access to their preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards. 2. Determine whether or not the resident is rarely/never understood verbally, in writing, or using another method. If the resident is rarely/never understood, skip to item J0800, Indicators of Pain or Possible Pain. 3. Review Language item (A1110) to determine whether or not the resident needs or wants an interpreter. o If the resident needs or wants an interpreter, complete the interview with an interpreter.</p> <p>Interview with Resident R62 on August 26, 2024, at 12:26 p.m. stated she had knee surgery and she experienced severe pain rated up to 10 of a scale of 10. She stated after she admitted to the facility for three days the pain was so severe that it affected her sleep, therapy and other activities.</p> <p>Review of MDS (Minimum Data Set-Assessment of Resident needs) Section J dated August 13, 2024 for Resident R62 revealed that a pain assessment was completed. Further review of the MDS revealed that there was an interview conducted with Resident R2 and the following question and resident response were documented.</p> <p>Ask resident: Have you had pain or hurting at any time in the last 5 days?</p> <p>Response was documented as Yes</p> <p>(continued on next page)</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ask resident: How much of the time have you experienced pain or hurting over the last 5 days?</p> <p>Response was documented as Frequently</p> <p>Ask resident: Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?</p> <p>Response was documented as Rarely or not at all</p> <p>Ask resident: Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?</p> <p>Response was documented as Rarely or not at all</p> <p>Ask resident: Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?</p> <p>Response was documented as Rarely or not at all</p> <p>Ask resident: Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?</p> <p>Response was documented as Rarely or not at all.</p> <p>Ask resident: Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.</p> <p>Response was documented as 7.</p> <p>Continued review of the MDS revealed that the assessment was completed and signed by Employee E7, MDS coordinator.</p> <p>Review of pain assessment for Resident R62 revealed that the resident had highest documented pain level of 10 from August 9, 2024, to August 13, 2024.</p> <p>Interview with Regional MDS coordinator, Employee E6, on August 27, 2024, at 9:43 a.m. stated Employee E7 completed the assessment for Resident R62, and she worked remotely. Employee E6 stated Employee E7 did not complete any MDS assessment onsite with direct observation or communication with resident. Employee E6 stated all of the information in the MDS was obtained from documentation completed by other staff not from a direct interview by the MDS coordinator. Employee E6 confirmed that there was no source documented in the clinical record for response such as effect on sleep, therapy and day to day activities as documented in the MDS. Employee E6 confirmed that the above response and the pain scale documented in the record were inaccurate.</p> <p>28 Pa Code 211.12 (d)(1) Nursing services</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>41471</p> <p>Based on the review of clinical records and staff interviews, it was determined that the facility failed to complete comprehensive assessments that accurately reflected the resident status for one of eight residents reviewed (Resident R62).</p> <p>Findings include:</p> <p>Review of MDS (Minimum Data Set-Assessment of Resident needs) Section J dated August 13, 2024 for Resident R62 revealed that a pain assessment was completed. Further review of the MDS revealed that there was an interview conducted with Resident R2 and the following question and resident response were documented.</p> <p>Ask resident: Have you had pain or hurting at any time in the last 5 days?</p> <p>Response was documented as Yes</p> <p>Ask resident: How much of the time have you experienced pain or hurting over the last 5 days?</p> <p>Response was documented as Frequently</p> <p>Ask resident: Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?</p> <p>Response was documented as Rarely or not at all</p> <p>Ask resident: Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?</p> <p>Response was documented as Rarely or not at all</p> <p>Ask resident: Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?</p> <p>Response was documented as Rarely or not at all</p> <p>Ask resident: Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?</p> <p>Response was documented as Rarely or not at all.</p> <p>Ask resident: Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine.</p> <p>Response was documented as 7.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of pain assessment for Resident R62 revealed that the resident had highest documented pain level of 10 from August 9, 2024, to August 13, 2024</p> <p>Interview with Regional MDS coordinator, Employee E6, on August 27, 2024, at 9:43 a.m. stated Employee E7 completed the assessment for Resident R62, and she worked remotely.</p> <p>Employee E6 stated all of the information in the MDS was obtained from documentation completed by other staff not from a direct interview by the MDS coordinator. Employee E6 confirmed that there was no source documented in the clinical record for response such as effect on sleep, therapy and day to day activities as documented in the MDS. Employee E6 confirmed that the above response and the pain scale documented in the record were inaccurate.</p> <p>28 Pa. Code 211.5(f) Clinical records</p>		

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<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** 41471</p> <p>Based on review of facility policies and clinical records and staff interviews, it was determined that the facility failed to ensure that a written summary of the baseline care plan was provided to the resident and/or the resident's representative for one of three residents reviewed (Resident R65, R62 and R64).</p> <p>Findings include:</p> <p>Interview with Resident R65 on August 26, 2024, at 10: 02 a.m. stated she did not receive a copy of the baseline care plan including the initial goals of the resident, a summary of the resident's medications and dietary instructions and services and treatments to be administered by the facility.</p> <p>A review of the clinical record for Resident R65 revealed that the resident was admitted to the facility on [DATE].</p> <p>Further review of the clinical record for Resident R65 revealed no evidence that the facility provided written summary of baseline care plan to the resident or the resident representative.</p> <p>Interview with Resident R62 on August 26, 2024, at 10:20 a.m. stated she did not receive a copy of the baseline care plan including the initial goals of the resident, a summary of the resident's medications and dietary instructions and services and treatments to be administered by the facility.</p> <p>A review of the clinical record for Resident R62 revealed that the resident was admitted to the facility on [DATE].</p> <p>Further review of the clinical record for Resident R62 revealed no evidence that the facility provided written summary of baseline care plan to the resident or the resident representative.</p> <p>Interview with Resident R64 on August 26, 2024, at 10: 02 a.m. stated she did not receive a copy of the baseline care plan including the initial goals of the resident, a summary of the resident's medications and dietary instructions and services and treatments to be administered by the facility.</p> <p>A review of the clinical record for Resident R64 revealed that the resident was admitted to the facility on [DATE].</p> <p>Further review of the clinical record for Resident R64 revealed no evidence that the facility provided written summary of baseline care plan to the resident or the resident representative.</p> <p>Interview with the Director of Nursing, Employee E2 on August 28, 2024, at 12:00 p.m. confirmed that the facility did not provide a written copy of baseline care plan to Resident R65, R62 and R64's or their representative.</p> <p>28 Pa Code 211.10(d) Resident care policies</p>		

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>41471</p> <p>Based on staff interviews and a review of employee personnel records, it was determined that the facility's activities program was not directed by a qualified professional as required.</p> <p>Findings included:</p> <p>Interview with the nursing home administrator (NHA) and Regional Staff, Employee E3 on August 26, 2024, at 1:00 p.m., stated Employee E8, Social Worker oversaw facility activity program including programs and assessments and tha the facility did not have any other activity staff.</p> <p>Interview with Employee E8, Social Worker on August 26, 2024, at 2:02 p.m., stated she did not possess a license or registration as qualified therapeutic recreation specialist or an activity professional. She stated she did not have 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program. Employee E8, Social Worker stated she was not a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State. Employee E8, Social Worker confirmed that she did not have qualification as a activity professional or as an activity director and she was not aware of the requirement.</p> <p>28 Pa. Code 201.18(e)(6) Management</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on the review of clinical records, interviews with staff and resident, it was determined that the facility failed to provide care and services to a surgical wound according to professional standards of practice and as ordered by the physician for one of eight residents reviewed. (Resident R65)</p> <p>Findings Include:</p> <p>Interview with Resident R65 on August 26, 2024, at 10:00 a.m. stated she was admitted to the facility two weeks ago from the hospital after a back surgery. Resident stated she had surgical incision to her back which was hard for her to monitor and care. Resident stated facility staff did not monitor or cleaned the incision for few days after her admission. Resident stated after few days she had to call the physician and complained to the staff to get the treatment in place. Resident also stated the incision eventually became infected and she was on antibiotics.</p> <p>Review of hospital record for Resident R65 dated August 14, 2024, revealed an order to clean the incision with soap and water daily. Further review of the hospital record revealed instruction to call the physician with changes to the surgical area and signs and symptoms of infection.</p> <p>Review of clinical record for Resident R65 revealed that the resident was admitted to the facility on [DATE], after spinal surgery.</p> <p>Further review of the clinical record revealed no evidence that the staff cleaned the surgical wound as recommended by the hospital from August 14 to August 20, 2024.</p> <p>Review of the clinical record revealed no evidence that the staff monitored the surgical incision for changes to the surgical area and signs and symptoms of infection.</p> <p>Interview with the Director of Nursing, Employee E2, on August 28, 2024, at 12:00 p.m. confirmed that the facility did not provide appropriate treatment as ordered by the hospital for Resident R65's surgical incision from August 14 to August 20, 2024. Employee E2 also confirmed that the facility did not monitor the incision as recommended by the hospital.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<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>41471</p> <p>Based on the review of facility documentation, review of clinical records, staff and resident interviews, it was determined that the facility failed to provide necessary pharmaceutical services for one of eight residents reviewed. (Resident R64)</p> <p>Findings include:</p> <p>Review of physician order for Resident R64 dated August 18, 2024 revealed orders for the following medications:</p> <p>Amlodipine (treat high blood pressure) Tablet 5MG (milligrams) 1 tablet by mouth one time a day</p> <p>Atorvastatin (treat high cholesterol) Oral Tablet 80 MG 1 tablet by mouth one time a day</p> <p>Ezetimibe (it can lower high cholesterol levels.)Tablet 10 MG by mouth one time a day</p> <p>Repatha(It can lower high cholesterol levels.) Subcutaneous Solution 140 MG/ML subcutaneously one time a day every 14 day(s)</p> <p>Venlafaxine(used to treat depression) ER oral Tablet Extended Release 150 MG by mouth one time a day</p> <p>Metoprolol Tartrate Tablet (treat high blood pressure) 100 MG by mouth two times a day</p> <p>Ramipril (Treat high blood pressure) Oral Capsule 10 MG by mouth two times a day.</p> <p>Review of Medication Administration Record for Resident R64, revealed that the resident did not receive the following medications:</p> <p>Amlodipine at 9:00 a.m. on August 18, 2024</p> <p>Atorvastatin at 9:00 a.m. on August 18, 2024</p> <p>Ezetimibe at 9:00 a.m. on August 18, 2024</p> <p>Repatha at 9:00 a.m. on August 18, 2024</p> <p>Venlafaxine at 9:00 a.m. on August 18, 2024</p> <p>Metoprolol at 9:00 a.m. and 5:00 p.m. on August 18, 2024</p> <p>Ramipril at 9:00 a.m. and 5:00 p.m. on August 18, 2024</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of clinical record dated August 18, 2024 revealed that the medications were not available to be administered.</p> <p>Interview with Director of Nursing, Employee E2, on August 27, 2024, at 12:00 p.m. confirmed that the medications were not available from pharmacy to be administered as ordered by the physician.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 211.9(a)(1)(f)(2)(4) Pharmacy services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Facility policy titled Sanitization (revised 2022), indicated that dishwasher machines are operated according to manufacturer's instructions. General recommendations for heat and chemical sanitation for high temperature dishwasher: wash temperature (,d+[DATE] F) and rinse temperature (180 F).</p> <p>During an observation in the main kitchen dish room area revealed a high temperature dishwasher machine with a wash cycle temperature at 172 Fahrenheit (F) and final rinse cycle temperature at 515 F.</p> <p>Follow up kitchen observation revealed wash cycle temperature at 170 F and final rinse cycle temperature at 210 F.</p> <p>Interview with Employee E4, Dietary Director, confirmed the temperatures and stated the facility is in contact with the manufacture to fix the inaccurate readings noted on the digital thermostat.</p> <p>During an observation in the main kitchen dry storage area on [DATE] at 10:42 am, revealed four boxes of cornbread mix dated June, 2024, one container of molasses dated [DATE], one container of cooking wine dated February 1, 2024, and loafs of bread not dated.</p> <p>Interview on [DATE], at 10:48 am, with Employee E4, Dietary Director, confirmed the facility failed to dispose of expired food products.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41471</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of facility documents of Quality Assurance meeting attendance and staff interviews, it was determined that the facility failed to ensure that the Infection Preventionist or their designee attended a quarterly Quality Assurance Process Improvement (QAPI) committee meetings for four of four quarters reviewed (October 2023 through July 2024).</p> <p>Findings Include:</p> <p>A review of QAPI committee meeting attendees list via online web meeting for the month of October 2023, January 2024, April 2024 revealed that it lacked an Infection Preventionist.</p> <p>There was no sign in sheet or QAPI information available for July 2024.</p> <p>Interview with Clinical Administrative staff, Employee E5, on August 28, 2024, at 11:00 a.m. confirmed that there was no Infection Preventionist attended the QAPI meeting for the facility.</p> <p>28 Pa. Code 201.18 (1)(3) Management.</p>		

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>51165</p> <p>Based on review of facility policy, observation, clinical record review, and staff interview, it was determined that the facility failed to establish Enhanced Barrier Precautions for five of six residents reviewed (Resident 62, Resident 63, Resident 65, Resident 112, Resident 116).</p> <p>Findings include:</p> <p>Enhanced Barrier Precautions dated August 2022 revealed that Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents.</p> <p>EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.</p> <p>a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room).</p> <p>b. Personal protective equipment (PPE) is changed before caring for another resident.</p> <p>c. Face protection may be used if there is also a risk of splash or spray.</p> <p>Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include:</p> <p>d. dressing;</p> <p>e. bathing/showering;</p> <p>f. transferring;</p> <p>g. providing hygiene;</p> <p>h. changing linens;</p> <p>i. changing briefs or assisting with toileting;</p> <p>j. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and</p> <p>k. wound care (any skin opening requiring a dressing).</p> <p>EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Rittenhouse Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE Penn Med Rittenhouse Campus 1800 Lombard St 5th FL Philadelphia, PA 19104	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk.</p> <p>Staff are trained prior to caring for residents on EBPs.</p> <p>Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required.</p> <p>PPE is available outside of the resident rooms.</p> <p>Residents, families and visitors are notified of the implementation of EBPs throughout the facility.</p> <p>Observation on August 26, 2024, at 11:00 a.m. of resident rooms for Resident R62, R63, and R65 revealed that there were signs for Enhanced Barrier Precaution at the door. Further observation revealed no isolation cart or supplies available near the above resident rooms or that side of the nursing unit.</p> <p>Interview with Resident R65 on August 26, 2024, at 10:30 a.m. stated she did not see any staff wearing any gowns when providing care including incontinence care.</p> <p>Review of clinical record revealed that Resident R65 was admitted to the facility with spinal surgery and open wound on August 14, 2024. Review of physician order for Resident R65 revealed that the Enhanced Barrier Precaution was only ordered on August 26, 2024.</p> <p>Review of clinical record revealed that Resident R63 was admitted to the facility with a urinary catheter on August 23, 2024. Review of physician order for Resident R63 revealed that the Enhanced Barrier Precaution was ordered on August 26, 2024.</p> <p>Review of clinical record revealed that Resident R62 was admitted to the facility with joint replacement surgery and open wound on August 9, 2024. Review of physician order for Resident R65 revealed that the Enhanced Barrier Precaution was ordered on August 26, 2024.</p> <p>Observation on August 26, 2024, at 10:00 a.m. of Resident R112 and R116 rooms revealed that there were signs for Enhanced Barrier Precaution at the door. Further observation revealed no isolation cart or supplies available near the above resident rooms.</p> <p>Clinical record review revealed Resident R112 was admitted to the facility on [DATE] for after care following joint replacement surgery. Resident R112 cultures were positive for group A hemolytic strep (type of bacteria that can cause a variety of infections).</p> <p>Interview with Resident R112 on August 26, 2024, at 10:30 a.m. stated she does not see any staff wearing gowns when providing direct care.</p> <p>Review of physician order for Resident R112 revealed no orders for Enhanced Barrier Precaution.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Licensed nurse, Employee E9 on August 27, 2024 at 10:05 a.m. confirmed Resident R112 should be on Enhanced Barrier Precautions due to recent surgery and positive cultures for Group A hemolytic strep.</p> <p>Clinical record review revealed Resident R116 was admitted [DATE] for surgical aftercare following surgery on the skin and subcutaneous tissue.</p> <p>Observation on August 28, 2024 at 09:20 a.m. revealed nurse aide, Employee E10 providing direct care to Resident R116 without a gown.</p> <p>Review of physician orders for Resident R116 revealed Enhanced Barrier Precaution was only ordered on August 27, 2024.</p> <p>Interview with Licensed nurse Employee E9 on August 28, 2024 at 9:25 a.m. confirmed gowns should be worn while providing direct care with Resident R116.</p> <p>28 Pa.Code 211.10(d) Resident care policies</p> <p>28 Pa.Code 211.12(d)(1) Nursing services</p>