

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2024
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 7310 Stenton Avenue Philadelphia, PA 19150	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on clinical record review, reviews of policies and procedures and interviews with staff, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan for skin alterations and skin disorders for one of three residents reviewed. (Resident C11)</p> <p>Findings include:</p> <p>A review of the facility policy titled comprehensive person-centered care plans, dated March 2022 revealed that the interdisciplinary care team was responsible for development of a care plan for each resident with measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs. The resident and his/her family or legal representative was to participate in the care planning process. The care plan was to describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. Care plan interventions were required to address the underlying source of the problem areas not just the symptoms or triggers.</p> <p>Clinical record review revealed that Resident C11 was admitted to the facility on [DATE]. The residents diagnoses included seizure disorder, obesity, hypertension (high blood pressure), diabetes mellitus, lymphedema (swelling of the limbs and arms caused by a compromised lymphatic system) of the lower extremities and fungal dermatitis (a red, itchy scaly rash of the skin).</p> <p>Clinical record review revealed a physician's order dated July 13, 2023 through March 26, 2024, for a topical cream (clotrimazole betamethasone) to be applied to the gluteus (buttocks) twice a day for Resident C11,. The physician also gave instructions for the care giver to apply this topical cream to the skin, after the skin was washed with soap and water and dried.</p> <p>Clinical record review for Resident C11 revealed that the interdisciplinary care team failed to develop a care plan for Resident C11 with a diagnosis of fungal dermatitis.</p> <p>Clinical record review for Resident C11 revealed that the interdisciplinary care team failed to develop a care plan for Resident C11 with a diagnosis of lymphedema of the extremities, to include measurable goals for the care of this skin disorder.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing, Employee E2 and interview with Licensed nurse, Employee E3 at 1:00 p.m., on March 26, 2024 confirmed that the interdisciplinary care team had failed to develop and implement a comprehensive care plan for the care and treatment of a skin disorder, lymphedema for Resident C11.</p> <p>28 Pa. Code 211.10(a)(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p>		