

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395782	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/22/2025
NAME OF PROVIDER OR SUPPLIER Fairview Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 184 Bethlehem Pike Philadelphia, PA 19118	

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 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>41471</p> <p>Based on review of the clinical records, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that a resident was free of significant medication error for tone of five residents reviewed for medication administration. This deficiency was cited as past non-compliance. (Resident R1)</p> <p>Findings include:</p> <p>Review of an undated facility policy: Medication and Treatment Orders, revealed that Orders for medications and treatments will be consistent with principles of safe and effective order writing. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. Upon admission, the admitting nurse will review the transfer record of the newly admitted patient. The admitting nurse will then notify the attending physician or on-call physician to review admission medications on the transfer record. After medications are reviewed with the physician, the admitting nurse or designee will input the approved medications from the transfer record into the PCC Emar system. The admitting nurse will need to review the transfer record against the Emar record after all medications have been transcribed to ensure all medications are transcribed correctly.</p> <p>Review of facility reported incident dated January 13, 2025, revealed that Resident R1 received a total of 4 additional doses of Trulicity due to a transcription error. Physician was notified and ordered to continue to monitor residents blood glucose diligently.</p> <p>Review of hospital orders for Resident R1 dated January 7, 2025, revealed an order for Trulicity 0.75/5ml injection, give once every 7 days for 60 days.</p> <p>Review of physician orders for Resident R1 dated January 8, 2025, revealed an order for Trulicity 0.75/5ml injection, give one time a day for 60 days.</p> <p>There was no indication in the clinical record that the attending physician provided a reason for the change.</p> <p>Interview with Director of Nursing on January 22, 2025, at 2:30 p.m., stated nurse did not follow appropriate hospital order when admission orders were transcribed and the nurse who took the admission orders acknowledged the error.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>This deficiency was cited as past non-compliance.</p> <p>Review of facility Action plan/Follow up documentation revealed the following information.</p> <ol style="list-style-type: none"> 1. Resident R1 received Trulicity daily times 4 doses. Trulicity order was incorrectly transcribed. Physician notified hold Trulicity one week. Continue blood sugar checks three times a day. Resident R1 demonstrated no signs or symptoms of hypo or hyperglycemias. 2. Residents receiving Trulicity were identified, and orders were reviewed. No discrepancies found. 3. Identified nurse who transcribed order incorrectly was individually educated. 100% of licensed staff were educated on transcription of medication and treatment orders. 4. DON or designee will complete admission order medication transcription audit weekly x4, monthly x 3 months. Results / recommendations will be reviewed at QAPI. <p>Review of facility plan of correction documentation revealed that the facility implemented the plan of correction with date of correction of January 21, 2025.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		