

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  08/28/2025
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 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>Based on interview with staff, it was determined that the facility failed to provide a copy of a resident's medical and financial records upon request by the resident one of one clinical record reviewed. (Resident R1) Findings include: A review of the clinical record revealed that Resident R1 had a care conference on June 2, 2025. During an interview with Resident R1 on August 28, 2025, at 10:38 a.m., it was confirmed that a request had been made for the full medical and financial records. On August 28, 2025, at 12:30 p.m., an interview with the Administrator, Employee E1 revealed that a meeting had been held a few weeks ago with Resident R1 and their family, during which Resident R1 requested a copy of their medical and financial records. These records were never provided to Resident R1. The Administrator confirmed that a full set of medical and financial records had not been given. It was further revealed that the medical record department is in the process of making a copy of the records to provide to Resident R1 as of today. A further interview with Employee E1 on August 28, 2025, at 4:10 p.m. revealed that there was no written documentation in the clinical record indicating that the facility had provided any medical or financial records to Resident R1. 28 Pa Code 201.14(a) Responsibility of licensee 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
---	-------	-----------

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  08/28/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical records reviewed and staff interview, it was determined that the facility failed to ensure that a resident's urinary catheter's bag was maintained in sanitary condition for one of one resident reviewed. (Resident R1) Findings include:A review of the clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnosis of pressure ulcer of sacral stage 4 (ulcer involving full thickness of skin loss), urinary tract infection, klebsiella pneumoniae (gram-negative bacterium commonly found in the intestine of humans which causes unitary [NAME] infections, pneumonia, bloodstream infections).A review of the physician orders dated May 8, 2025, revealed an order for a supra pubic urinary catheter 20 fr (french) 30 ml (milliliters) for obstructive and reflux uropathy (blockage of the urinary track).During an interview with Resident R1 on August 28, 2025, at 10:38 a.m., it was noted that the resident's urinary catheter's leg bag was lying on top of the sink in the resident's room in an unsanitary condition.On August 28, 2025, at 11:42 a. m., an interview with Unit Manager, Employee E4, confirmed that the resident had an unsanitary urinary catheter's leg bag lying above the resident's sink.28 Pa. Code 201.18(b)(1) Management28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		