

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  10/28/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</b></p> <p>Based on review of facility documentation and interview with staff, it was determined the facility failed to provide timely notice of non-medical coverage (NOMNC) for three of three residents reviewed. (Resident R158, R314, R315).</p> <p>Findings Include:</p> <p>Review of facility beneficiary notice worksheet completed for the past six months revealed resident R315 was discharged home on September 11, 2024. There was no documentation showing that a Notice of Non-Medical Coverage (NOMNC) was reviewed with the resident prior to discharge.</p> <p>Review of facility beneficiary notice worksheet completed for the past six months revealed resident R314 was given a discharge date of [DATE] but remained at the facility.</p> <p>Review of facility beneficiary notice worksheet completed for the past six months revealed resident R158 was given a discharge date of [DATE] but remained at the facility.</p> <p>Interview with the Director of Nursing Employee E2 on October 24, 2024 at 1:03 p.m. confirmed the facility did not have NOMNC's for the resident reviewed and that the facility was not completing the Notice of Medicare Non-Coverage as required for residents.</p> <p>The facility failed to issue a Notice of Medicare Non-Coverage (NOMNC) prior to termination of Medicare A services, as required.</p> <p>28 Pa. Code 201.29(f) Resident rights</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>29720</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to provide a clean, comfortable, homelike environment for three of three resident floors observed. (First, Second, and Third floors)</p> <p>Findings include:</p> <p>Observations on October 22, 2024 at 9:00 a.m revealed a large dining room on the Third floor just across from the elevator. There were four dining room tables and five stained and soiled dining room style chairs. The room was wallpapered and two of the four walls had large windows. Surveyors were brought to the room by Employee E2, the Director of Nursing for the use of a conference room during the four day survey.</p> <p>Observation on October 22, 2024 at 10:01 a.m. revealed Resident R74's room had five stained ceiling tiles.</p> <p>Observation on October 22, 2024 at 10: 14 a.m. of Resident R110's room revealed an overhead ceiling light on in her room with a large amount of dead bugs in it.</p> <p>Observation on October 22, 2024 at 10:55 a.m. of Resident R56's room revealed a ceiling tile along the wall was missing and there were four stained ceiling tiles.</p> <p>Observation on October 22, 2024 at 11:11 a.m. of Resident R54's room revealed spills of liquid on multiple spots on the floor and the floor was dirty with caked on brown dirt.</p> <p>Further observation of the first-floor dining area revealed fourteen stained ceiling tiles and one side of the back wall had wallpaper peeling off.</p> <p>Interview on October 22, 2024 at 1:30 p.m. with Employee E1, Nursing Home Administrator, when asked about the dining chairs present in the dining room revealed, We have about 50 dining room chairs in storage. No dining room audits are available for review.</p> <p>Observation in Resident R28's room revealed cracked tile floor, cracks on walls near windows, and broken shelves, exposing residents clothing.</p> <p>On October 23, 2024 at 9:36 a.m. interview with Director of Nursing, Employee E2, confirmed the above findings in Resident R28's room.</p> <p>28 Pa. Code 201.18(b)(3)(5)(e)(2.1) Management</p> <p>28 Pa Code 207 (e) Administration</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>47975</p> <p>Based on review of facility policy, review of employee files, and staff interview, it was determined that the facility failed to conduct required criminal background checks in a timely manner prior to employment for one of five new hired employees. (Employee E23)</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program with a revision date of April 2021 states, Policy Statement-Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the resident's symptoms. Further review of policy states, 4. Conduct employee background checks and not knowingly employ or otherwise engage any individual who has: been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; had a finding entered into the state nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>Review of Employee E23's employee file revealed the employee was hired on August 14, 2024. Based on review of the employee file it was revealed that the facility did not conduct a criminal background check until October 24, 2024 after the employee file was requested.</p> <p>An interview was held on October 25, 2024, at 12:30 p.m. with the Director of Human Resources, Employee E28 confirmed that the criminal background check for Employee E23 had not been completed prior to hire as per facility policy for the newly hired employee.</p> <p>28 Pa. Code 201.19 Personnel policies and procedures.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</b></p> <p>Based on clinical record review and interviews with staff, it was determined that the facility failed to notify the resident representative of the resident being transferred to the hospital twice for falls for one of 33 residents reviewed (Residents R24)</p> <p>Findings include:</p> <p>Clinical record review revealed Resident R24 was admitted to the facility on [DATE] with the following diagnoses: Hypertension, Hyperlipidemia, Schizoaffective Disorder, Chronic Obstructive Pulmonary Disorder, and Brief Psychotic Disorder.</p> <p>Review of Resident R24's clinical record revealed the resident has a Guardian in place for her care.</p> <p>Further review of Resident R24's clinical record revealed he resident has had several falls at the facility that resulted in the resident being taken to the hospital.</p> <p>Review of a nursing progress note from August 3, 2024 revealed: late entry note for 8/4/2024 1930, resident had a fall in the hallway, she hit her head on the floor obtaining a 0.5 cm shin tear to her right eyebrow area. she was transferred to chh via 911, she returned with no new orders.</p> <p>Further review of August 2024 nuring notes revealed no documented evidence for this day regarding the resident's guardian being notified of the transfer to the hospital.</p> <p>Review of change of condition progress note completed on July 17, 2024 states: Situation:</p> <p>The Change In Condition/s reported on this CIC Evaluation are/were: Falls</p> <p>At the time of evaluation resident/patient vital signs, weight and blood sugar were:</p> <ul style="list-style-type: none"> <li>- Blood Pressure: BP 78/54 -7/17/2024 14:42 Position: Sitting r/arm</li> <li>- Pulse: P 78 - 7/7/2024 07:39 Pulse Type: Regular</li> <li>- RR: R 16.0 - 7/7/2024 07:39</li> <li>- Temp: T 97.7 - 7/7/2024 07:39 Route: Temporal Artery</li> <li>- Weight: W 97.0 lb - 7/14/202411:18 Scale: Standing</li> <li>- Pulse Oximetry: O2 97.0 % -7/7/2024 07:39 Method: Room Air</li> <li>- Blood Glucose: BS 145.0 -3/18/2024 14:55</li> </ul> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident/Patient is in the facility for: Long Term Care</p> <p>Outcomes of Physical Assessment:</p> <p>- Functional Status Evaluation: Fall</p> <p>Nursing observations, evaluation, and recommendations are: Resident had multiple falls , upon assessment of vital signs drop in bp (blood pressure) noted</p> <p>Primary Care Provider Feedback:</p> <p>Primary Care Provider responded with the following feedback:</p> <p>A. Recommendations: send to ER (emergency room )</p> <p>Review of July 2024 nuring notes revealed no documented evidence for this day regarding the resident's guardian being notified of the transfer to the hospital.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>47975</p> <p>Based on interviews with residents and staff and observations, it was determined that the facility failed to provide activities that enhanced the resident's interactions for one of three floors observed. (Third floor)</p> <p>Findings Include:</p> <p>Observation made of several resident rooms on the Third floor on October 22, 2024 revealed the resident's did not have updated activities calendars posted in their rooms. All resident rooms observed on the Third floor had calendars posted that were from the month of September 2024.</p> <p>Interview with the Assistant Director of Activities Employee E11 on October 23, 2024 at 10:11 a.m. revealed that there was currently no calendar that was made for the month of October 2024. Employee E11 revealed that he had trouble creating the calendar therefore one was never made or given to residents throughout the facility. Employee E11 revealed that there was currently no Director of Activities employed at the facility.</p> <p>Observation on October 22, 2024October 23, 2024 and October 24, 2024 of the Third floor hallway by the nurses station revealed residents gathered between the nurses station and resident rooms sitting in chairs or wheelchairs unoccupied without no schedule activities.</p> <p>Interview on October 24, 2024 at 12:22 p.m. with Assistant Director of Activities, Employee E11 revealed there were currently no activities scheduled or occurring on the Third floor.</p> <p>28 Pa. Code: 201. 18(b)(3) Management</p> <p>28 Pa. Code: 207.2(a) Administrators Responsibility</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36609</p> <p>Based on review of clinical records, interview with staff and review of facility policy, it was determined that the facility did not ensure a resident received care in accordance with profession standards of practice when the facility failed to notify the physician for further instructions for a missed anti-anxiety medication for one resident of 33 clinical records reviewed (Resident R39).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication shortage/Unavailable Medication last revised April 2018 states that when medications are not received or are unavailable to the resident the licensed nurse will urgently initiate action in correspondence with the attending physician and the pharmacy. The policy indicates when a medication shortage is noted nursing should immediately initiate action to obtain the medication. Nursing notifies the pharmacy and obtains the status of the order. Using the facility's emergency stock can be utilized. The same policy indicates that if the medication is not obtainable to call the physician for further orders. If unable to obtain a response from the physician, nursing supervisor will be notified to contact the Medical Director for further order.</p> <p>Review of Resident R39's clinical record the resident was admitted on [DATE], diagnosed with adjustment disorder with anxiety, and paranoid schizophrenia.</p> <p>Review of the psychiatric consultation dated September 4 2024, noted Resident R39 was Paranoid, delusional and psychotic. The resident became extremely agitated and combative swinging at staff and providing an unsafe environment for others.</p> <p>Physician orders on September 6, 2024, instructed to give 0.5 mg of Lorazepam three times a day for extreme agitation.</p> <p>Review of the electronic medication administration record (eMAR) and administration nursing progress notes stated on September 17, 2024, Need a script (prescription) to reorder medication and noted the Pharmacy was called.</p> <p>Further review of the nursing administration notes revealed from September 18, through September 29, 2024, the medication was on order and documented as not given.</p> <p>Continue review of Resident R39's clinical records and interview with the Director of Nursing on October 24, 2024, revealed no documented evidence the physician was notified for further instructions.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>47975</p> <p>Based on review of personnel files and interviews with staff, it was determined that the facility failed to ensure that nursing staff had specific competencies and skill sets necessary to care for residents' needs for four of four personnel files reviewed. (Employees E14, E15, E16, E17)</p> <p>Findings Include:</p> <p>Review of facility personnel files were made for competencies related to Medication Administration, Infection Control, Catheter Care, and Wound Care.</p> <p>Review of licensed nurse Employee E14's personnel file revealed that the employee was hired by the facility on May 6, 2021 as a licensed nurse.</p> <p>Review of licensed nurse Employee E15's personnel file revealed that the employee was hired by the facility on July 29, 2024 as a licensed nurse.</p> <p>Review of licensed nurse Employee E16's personnel file revealed that the employee was hired by the facility on June 5, 2024 as a licensed nurse.</p> <p>Review of licensed nurse Employee E17's personnel file revealed that the employee was hired by the facility on August 9, 2018 as a licensed nurse.</p> <p>Interview on October 25, 2024, at 10:05 a.m. the Human Resources Director Employee E8 revealed that skills competencies evaluations and trainings related to medication administration, infection control, catheter care, and wound care were not available for review at the time of the survey for Employees E14, E15, E16 and E17.</p> <p>Employee E8 revealed the facilities old staffing educator Employee E12 has not been here for about three months. Currently Employee E12 is working at another facility to help with a lack of staffing. Employee E12 was the person at the facility who would assign and follow up with trainings for staff.</p> <p>28 Pa Code 201.19(7) Personnel policies and procedures</p> <p>28 Pa Code 211.12(d)(2) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47975</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not complete yearly performance review for nurse aides for two of four employees reviewed. (Employees E18 and E19)</p> <p>Findings Include:</p> <p>On October 23, 2024 at 11:00 a.m. with the facilities human resources director Employee E8 was interviewed and employee personnel records were requested for evidence of 12-hour trainings and yearly performance reviews for nurse aides. Four employee personnel records were requested including employee personnel record for nurse aides Employee E18 and E19.</p> <p>Interview on October 25, 2024 at 9:52 a.m. with the facilities human resources director Employee E8 revealed there were no completed yearly performance reviews completed for nurse aides Employee E18 and E19 even though they had been employed at the facility for over a year. Employee E8 stated that the facility had identified this as an issue and they are waiting for the staff educator Employee E12 to return the facility. Employee E8 revealed Employee E8 is currently working at another facility helping out with a staffing shortage. Employee E8 confirmed Employee E12 has not been working at the facility for over three months. Employee E8 stated that in general Employee E12 would ensure the reviews were completed either by the Director of Nursing Employee E2 or the unit manager that worked most closely with the nurse aide being reviewed.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36609</p> <p>Based on review of facility policy, review of clinical records, and interview with staff, it was determined that the facility failed to provide pharmaceutical services to ensure accurate receiving, dispense and administration of medication to meet the needs of a resident according to professional standards of practice relating to medication administration for 1 of 33 residents reviewed (Resident R39 )</p> <p>Findings include:</p> <p>Review of the facility's policy titled Medication shortage/Unavailable Medication last revised April 2018 states that when medications are not received or are unavailable to the resident the licensed nurse will urgently initiate action in correspondence with the attending physician and the pharmacy. The policy indicates when a medication shortage is noted nursing should immediately initiate action to obtain the medication. Nursing notifies the pharmacy and obtains the status of the order. Using the facility's emergency stock can be utilized. The same policy indicates that if the medication is not obtainable to call the physician for further orders. If unable to obtain a response from the physician, nursing supervisor will be notified to contact the Medical Director for further order.</p> <p>Review of Resident R39's clinical record the resident was admitted on [DATE] diagnosed with adjustment disorder with anxiety, and paranoid schizophrenia.</p> <p>Physician orders on September 6, 2024, instructed to give 0.5 mg of Lorazepam three times a day for extreme agitation.</p> <p>Review of the electronic medication administration record (eMAR) and administration nursing progress notes stated on September 17, 2024, Need a script (prescription) to reorder medication and noted the Pharmacy was called.</p> <p>Further review of the nursing administration notes revealed from September 18, through September 29, 2024, the medication was on order and documented as not given.</p> <p>Continue review of Resident R39's clinical records and interview with the Director of Nursing on October 24, 2024 revealed no documented evidence a follow up with pharmacy or evidence additional steps were taken used to obtain the medication.</p> <p>28 Pa Code 211.9 (a)Pharmacy Services</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29720</p> <p>Based on review of facility policy, review of facility documentation, review of clinical records, and staff interview it was determined that the facility failed to ensure medication regimen reviews were completed monthly by a licensed pharmacist and failed to ensure recommendations were reviewed timely by the physician for 13 of 33 resident records reviewed (Resident R20, R22, R24, R39, R73, R83, R91, R92, R110, R121, R127, R130, R132)</p> <p>Findings Include:</p> <p>Review of facility policy, Consultant Pharmacist Provider Requirements revised January 2021 indicates a system is established where the pharmacist recommendations regarding customers' (residents') drug therapy are communicated to those with authority and/or responsibility to implement and/or respond to the recommendations in an appropriate and timely fashion. The policy continues to explain that reviewing medication/drug regimen, which includes all drugs currently ordered for the customer (resident), including prn (as needed) and routine drugs, are reviewed at least monthly, incorporating federally mandated standards of care in addition to other applicable professional standards and documenting the review and findings in the customer's medical record. This includes the evaluation and reporting of adverse drug reactions. The same policy continues to explain that the timely communication to the responsible physician and the facility, as required by state regulations, of potential or actual problems/issues detected, recommendations for changes in medication therapy and monitoring of medication therapy, and other findings/comments relating to medication therapy orders. The timing of these recommendations should enable a response prior to the next drug regimen review are acted upon by the physician and facility.</p> <p>On October 25, 2024, at 9:30 a.m., six months of medication regimen reviews (MRR) were requested for Resident R20 that was admitted to the facility on [DATE]. Facility provided one medication regimen review from the month of July 2024 completed by the pharmacist on July 3, 2024. In addition, the MMR was not signed nor did the attending physician document that he or she reviewed the pharmacist's identified recommendations that were either taken or not taken.</p> <p>On October 25, 2024, at 9:30 a.m., MRRs were requested for Resident R39 that was admitted to the facility on [DATE]. The facility failed to provide evidence the MRR was reviewed monthly by the pharmacist nor evidence from the physician.</p> <p>On October 25, 2024, at 9:30 a.m., the last six months of MRRs were requested for Resident R73 that was admitted to the facility on [DATE]. The facility failed to show evidence the MMR were completed monthly by the pharmacist other than one MMR dated and signed by the pharmacist on August 2, 2024.</p> <p>In addition, the August's MMR was not signed by the physician nor evidence the physician reviewed the pharmacist's identified recommendations.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On October 25, 2024, at 9:30 a.m., the last six months of MRRs were requested for Resident R83 that was admitted to the facility on [DATE]. The facility failed to show evidence the MMR were completed monthly by the pharmacist other than an MMR dated and signed by the pharmacist on April 3, 2024 that was signed by a Certified Registered Nurse Practitioner (CRNP) not until October 28, 2024. Furthermore, a recommendation from the pharmacist dated and signed on August 2, 2024, that was signed and acknowledged by a CRNP not until October 28, 2024. No other evidence the MMR were done monthly.</p> <p>On October 25, 2024, at 9:30 a.m. the last 6 months of MMR were requested for Resident R91 that was admitted to the facility on [DATE]. The facility failed to show evidence the MMR were completed monthly by the pharmacist other than one MMR signed and dated by the pharmacist August 1, 2024. In addition, the August MMR was not signed by the physician nor evidence the physician reviewed the pharmacist's identified recommendations.</p> <p>On October 25, 2024, at 9:30 a.m. the last MMR since admission were request for Resident R92 that was admitted on [DATE]. The facility failed to show evidence the MMR were completed.</p> <p>On October 25, 2024, at 9:30 a.m. the last 6 months of MMR were request for Resident R121 that was admitted to the facility in 2022. The facility failed to show evidence the MMR were completed monthly by the pharmacist other than two MMR signed and dated by the pharmacist on July 5, 2024, and September 5 2024. Neither MMR was signed by the physician and the CRNP signed and acknowledged the pharmacist recommendation for July on October 28, 2024.</p> <p>On October 25, 2024, at 9:30 a.m. the last 6 months of MMR were request for Resident R127 that was admitted to the facility on [DATE]. The facility failed to show evidence the MMR were completed monthly by the pharmacist other than two MMR signed and dated by the pharmacist on May 8, 2024 and June 5, 2024. The CRNP signed and acknowledged both the pharmacist recommendation on October 28, 2024.</p> <p>On October 25, 2024, at 9:30 a.m. last 6 months of MMR were request for Resident R132 that was admitted to the facility on [DATE]. The facility failed to show evidence the MMR were completed monthly by the pharmacist other than a review signed and dated September 4, 2024 that was not signed by the physician nor evidence the physician reviewed the pharmacist identified recommendations.</p> <p>On October 25, 2024 at 9:30 a.m. the last six months of MMR were requested for Resident 115 who was admitted to the facility on July 15, 2020. The facility had no documented evidence that the MMR were completed monthly by the pharmacist.</p> <p>Resident R22's record was reviewed for 6 months of medication regimen reviews. The months requested were April, May, June, July, August, and September 2024.</p> <p>Interview held with the Director of Nursing Employee E2 was interviewed on October 25, 2024 at 10:35 a.m. and confirmed there has been no process in place for current Medication Regimen Reviews. The only months provided were July completed on 7/5/24 and August completed on 8/2/24.</p> <p>Resident R24's chart was reviewed for 6 months of Medication Regimen Reviews. The months requested were April, May, June, July, August, and September 2024.</p> <p>Interview held with the Director of Nursing Employee E2 on October 25, 2024 on 10:35 a.m. revealed that there were no medication regimen reviews completed for the 6 months requested for Resident R24.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident R110's record was reviewed for 6 months of medication regimen reviews. The months requested were April, May, June, July, August, and September 2024.</p> <p>Interview held with the Director of Nursing Employee E2 on October 25, 2024 on 10:35 a.m. revealed that there were no medication regimen reviews completed for 5 of the months requested. There was one medication regimen review completed for the month of August completed on 8/2/24. The Medication Regimen Review was not complete due to it not being signed off by the physician. The Medication Regimen Review recommendation was not addressed until 10/24/24 by the CRNP.</p> <p>Resident R130's record was reviewed for 6 months of medication regimen reviews. The months requested were April, May, June, July, August, and September 2024.</p> <p>Interview held with the Director of Nursing Employee E2 on October 25, 2024 on 10:35 a.m. revealed that there were no medication regimen reviews completed for 5 of the months requested. The facility was able to provide one medication regimen review from the month of July 2024 completed on July 3, 2024. The medication regimen review was not complete due to it not being signed off by the physician.</p> <p>28 Pa. Code 211.9 (a)Pharmacy Services</p> <p>28 Pa. Code 2112.12(c) Nursing services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>36609</p> <p>Based on observation and review of clinical records and facility policies, it was determined that the facility failed to ensure that residents' medication included the date that the medication was opened in accordance with currently accepted professional principles two of four residents' medication administration observed. (Resident R26 and R136).</p> <p>Findings include:</p> <p>Review of the facility's policy titles, Administering Medications revised April 2019, indicates the expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container</p> <p>On October 24, 2024, at 9:00 a.m. surveyor observed Licensed Practical Nurse (LPN) Employee E13 administering 2 units from an opened vile Aspart (insulin) to Resident R26. Further observation revealed the medication did not include the date when it was originally opened.</p> <p>On October 28, 2024, at 11:53 a.m. surveyor observed LPN, Employee E10 administering aspirin to Resident R136. Further observation revealed the medication did not include the date when it was originally opened.</p> <p>28 Pa Code 211.9 (a)Pharmacy Services</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>36609</p> <p>Based on review of facility policy and interviews with staff, it was determined that the facility failed to maintain an effective, comprehensive, data-driven quality assurance and performance improvement program (QAPI) that focuses on indicators of the outcomes of care and quality of life as required.</p> <p>Findings include:</p> <p>Review facility policy titled, Quality Assurance and Performance Improvement (QAPI) Program -Governance and Leadership states the QAPI program is overseen and implemented by the QAPI committee, which reports its findings actions and results to the administration and governing body. The administration whether a member of the QAPI committee or not is ultimately responsible for the QAPI program and for interpreting its results and findings to the governing body. The governing body is responsible for ensuring that the QUAPI program is implemented and maintained to address identified priorities, is sustained through transition of leadership and staffing is adequately resourced and funded sufficient to conduct the activities of the program, is based on data, resident and staff input and other information that measures performance and focuses on problems and opportunities that reflect processes functions and services provided to the residents. The responsibility of the QAPI committee are to collect and analyze performance indicators, identify evaluate monitor and improve facility systems and processes that support the delivery and care and services identify and help resolve negative outcomes utilizes root cause analysis to help identify underlying systematic problems. The policy states the following individuals serve on the committee ,administrator or designee who is in a leadership role, Director of Nursing, Medical Director, Infection Preventionist and Representatives of the following departments as requested by the administrator: Pharmacy, Social Services, Activity Services, Environmental Services, Human Resources and Medical records. The policy further states the committee meets quarterly.</p> <p>An interview with the Nursing Home Administrator on October 28, 2024 at 12:30 p.m. stated was not able to demonstrate evidence of an Quality Assurance and Performance Improvement (QAPI) Program.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 201.18 (b)(1) Management</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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29720</p> <p>Based on observation, review of facility policies and procedures and interviews with staff and residents, it was determined that the facility failed to implement an effective infection prevention and control program related to enhanced barrier precautions, personal protective equipment and catheter care for three of three floors reviewed. (First, Second, and Third floors).</p> <p>Findings include:</p> <p>Review of facility policy, Enhanced Barrier Precautions, dated April 2024, revealed, Enhanced barrier precautions (EBP) are an infection control intervention used in conjunction with Standard Precautions expanding the use of Personal Protective Equipment (PPE) during high contact resident care activities to reduce the risk of transmission of multidrug-resistant organisms (MDROs) when contact precautions do not otherwise apply.</p> <p>Further review revealed, Enhanced barrier precautions are indicated for residents with any of the following wherever they reside in the facility: Wounds and /or indwelling medical devices, regardless of multidrug-resistant organisms infection or colonization status.</p> <p>Review of Resident R37's clinical health record revealed diagnoses including ileostomy (a surgical procedure that creates an opening in the abdominal wall to divert the small intestine and allow waste to leave the body) and wounds.</p> <p>Obsevation on October 22, 2024 at 10:00 a.m. revealed signage on Resident R37's door indicating enhanced barrier precautions required.</p> <p>Observation on October 25, 2024 at 11:00 a.m. of wound care for Resident R37 revealed, the wound nurse, failed to don personal protective equipment (gown) prior to beginning treatment, as required.</p> <p>Interview on October 25, 2024 at 11:15 a.m. with Employee E2, Director of Nursing, confirmed Employee EX should have donned PPE (gown).</p> <p>Observation of the third-floor unit revealed the facility failed to maintain a process for infection prevention and control.</p> <p>Observation on October 22, 2024 at 10:12 a.m. revealed Resident R130 was on enhanced barrier droplet precautions due to being diagnosed with COVID19. Observation of the exterior of the resident's room revealed there was no PPE cart of PPE available for staff or visitors to put on prior to going into the resident's room. The only sign outside of the resident room posted stated- Enhanced barrier droplet precaution thank you.</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>Observation on October 22, 2024 at 10:20 a.m. revealed Resident R84 was on enhanced barrier droplet precautions due to being diagnosed with COVID19. Observation of the exterior of the resident's room revealed there was no PPE cart of PPE available for staff or visitors to put on prior to going into the resident's room. The only sign outside of the resident room posted stated- Enhanced barrier droplet precaution thank you.</p> <p>Interview on October 22, 2024 at 10:53 a.m. with licensed nurse Employee E4 confirmed there were currently no PPE carts outside of the enhanced barrier precaution rooms on the unit. Employee E4 stated that they were currently being stocked with supplies and would be placed outside the rooms necessary. Employee E4 stated that the unit did have residents with cognitive issues who could have pushed the carts away from the rooms they were needed.</p> <p>Review of Resident R97's clinical record revealed Resident R97 was admitted to the facility on [DATE] with a diagnosis of benign prostatic hyperplasia (condition in which flow of urine is blocked due to the enlargement of prostate), chronic obstructive pulmonary disease (condition that prevents airflow to the lungs, causing breathing problems), and malignant neoplasm of left eye (cancerous tumor).</p> <p>Observation of Resident R97 on October 22, 2024 at 10:38 a.m. revealed Resident R97 had a super pubic urinary catheter in place. Further observation revealed Resident R97's catheter bag was on the floor.</p> <p>Review of Resident R97's clinical records revealed Resident R97 had an order for Enhanced Barrier Precautions.</p> <p>Observation on October 22, 2024 at 10:40 a.m. revealed signage on Resident R97's door indicating enhanced barrier precautions required. Further observation revealed no PPE outside resident R97's door and no appropriate waste containers nearby to dispose of PPE.</p> <p>Interview on October 22, 2024 at 10:40 a.m. with Employee E22, Licensed Practical Nurse, confirmed Resident R97's catheter bag was on the floor and no PPE or waste containers nearby.</p> <p>28 PA code 201.14(a) Responsibility of Licensee</p> <p>28 PA Code 211 (d) (1)(5) Nursing Services</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>51165</p> <p>Based on a review of facility documentation, facility policies and staff interviews, it was determined that the facility failed to maintain an effective antibiotic stewardship program that includes antibiotic use protocols and a system to effectively monitor antibiotic usage for eight of ten months of antibiotic stewardship program data reviewed. (January 2024 through October 2024).</p> <p>Findings Include:</p> <p>Facility policy titled Antibiotic Stewardship (revised 2016), indicated that Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotics Stewardship Program. The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents.</p> <p>Review of facility policy titled Antibiotic Stewardship- Review and Surveillance of Antibiotic Use and Outcomes (revised 2016), indicated that Antibiotic usage and outcome data will be collected and documented using a facility-approved antibiotic surveillance tracking form. The data will be used to guide decisions for improvement of individual resident antibiotic prescribing practices and facility-wide antibiotic stewardship. Further review of policy revealed part of the facility Antibiotic Stewardship Program, all clinical infections treated with antibiotics will undergo review by the Infection Preventionist (IP), or designee. The IP, or designee, will review antibiotic utilization as part of the antibiotic stewardship program and identify specific situations that are not consistent with the appropriate use of antibiotics. All resident antibiotic regimens will be documented on the facility-approved antibiotic surveillance tracking forms.</p> <p>Review of facility documentation for the months of January 2024 through October 2024 revealed January 2024 and February 2024 were the only months that antibiotic use was being monitored.</p> <p>Further review of facility documentation for the months of March 2024 through October 2024 revealed there was no documentation for antibiotic use protocols and a system to monitor antibiotic use.</p> <p>During an interview on October 28, 2024 at 1:55 p.m., Director of Nursing, Employee E2, confirmed the facility failed to implement an antibiotic stewardship program for eight of 10 months.</p> <p>During an interview on October 28, 2024 at 1:35 p.m., Infection Preventionist, Employee E12, stated she has not been in the facility since June 2024 and antibiotic usage has not been documented since February 2024.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(d) Management</p> <p>28 Pa. Code 211.12(c) Nursing services</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>51165</p> <p>Based on review of facility policies and staff interviews, it was determined that the facility failed to have an Infection Preventionist (IP) that worked at least part time at the facility.</p> <p>Findings include:</p> <p>Review of facility policy, Infection Preventionist (revised 2016), revealed the infection preventionist is responsible for coordinating the implementation and updating of our established infection prevention and control policies and practices.</p> <p>Review of facility documentation for the months of January 2024 through October 2024 revealed January 2024 and February 2024 were the only months that infections and antibiotic use was being monitored.</p> <p>During a phone interview on October 28, 2024 at 1:35 p.m., Infection Preventionist, Employee E12, stated she is still employed at the facility, but has not been in the facility since June 2024.</p> <p>Interview with Director of Nursing, Employee E2, on October 28, 2024 at 1:55 p.m. confirmed the facility failed to designate a part time infection preventionist.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>47975</p> <p>Based on clinical record review, interview with residents and staff interview, it was determined that the facility failed to ensure residents received and were offered pneumococcal vaccines for one of 33 residents reviewed. (Resident R22)</p> <p>Findings Include:</p> <p>Interview held with Resident R22 on October 22, 2024 at 1:11 p.m. revealed the resident wanted to have the pneumococcal vaccine but had not yet been offered it by the facility. Review of the resident's clinical record revealed no information regarding the resident being educated on or offered the vaccination over the past year.</p> <p>On October 24, 2024 at 3:15 p.m. and interview with was held with the Director of Nursing Employee E2 and she confirmed that the facility had not yet offered pneumococcal vaccines to this resident or to any other resident in the facility. Employee E2 revealed that an issue she found after becoming employed this year with the facility is that the facility had no practice in place for offering residents on a yearly basis. Employee E2 revealed that the facility was currently working without an Infection Preventionist who had not been at the facility since July 2024.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>		

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<p>F 0907</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough space and equipment to meet each resident's needs</p> <p>47975</p> <p>Based on review of facility policy, observations, and interviews with staff, it was determined that the facility to provide sufficient space in relation to dining and recreation services for one of three floor reviewed. (third floor).</p> <p>Findings include:</p> <p>Review of facility policy, Resident Rights, revised February 2021, revealed, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a dignified existence.</p> <p>Review of facility policy, Dignity, reviewed February 2021, revealed, Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life and feelings of self-worth and self-esteem. When assisting with care, residents are supported in exercising their rights. For example, residents are provided with a dignified dining experience.</p> <p>Review of facility policy, Dining Room Audits, revised October 2017, revealed, Our facility audits the food and nutrition services department regularly to ensure that resident needs are met and that dining is a safe and pleasant experience for residents. The dietician, food and nutrition services manager and /or dietary supervisor will make scheduled daily meal rounds to every dining room at all meal times to audit the dining room and food service to the residents. The auditor will assess dining room ambience (heat, noise levels, appropriate music , cleanliness and any environmental issues affecting the dining experience.)</p> <p>Interview on October 22, 2024 at 9:10 a.m. with Employee E1, Nursing Home Administrator, revealed that the Third floor dining room was utilized as a conference room and not a dining room.</p> <p>Further observation on October 22, 2024 at 11:50 revealed five residents (Residents R17, R24, R56, R85, and R128) seated in their wheelchairs across from the nurses station. Staff were observed entering resident rooms and retrieving three overbed tables. There were two small tables in front of the nurses station. Meal trays were placed in front of the five residents and three residents were fed by staff. Two other residents ate their meals independently. All other residents on the Third floor were served their meal trays in their bedrooms.</p> <p>Residents (R17, R24 , R56, R85 , R128) who were seated in the hall were unable to participate in an interview based on diagnosis of dementia.</p> <p>Interview on October 22, 2024 at 12:30 p.m. with Employee E4, third floor unit manager, revealed, Yes, residents eat all of their meals here in the hall. Other residents eat their meals in their rooms. We have several residents who wear a wanderguard. We have a few alert and oriented residents that independently go to the first floor dining room.</p> <p>28 Pa Code 201.18(b)(3)(e)(1)(2.1) Management</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>47975</p> <p>Based on observation and interview with staff, it was determined that the facility failed to ensure that essential dining equipment in the dining room pantries and essential resident equipment was maintained in proper working order for three of three floors reviewed. (First, second, and third floors).</p> <p>Findings Include:</p> <p>Observation on October 23, 2024 of the dining room on the second floor at 12:02 p.m. revealed black mold under sink in the serving pantry area. Further observation revealed a cabinet was broken on bottom under steam table.</p> <p>Observation on October 23, 2024 of the dining room on the first floor at 12:10 p.m. revealed a dining room pantry area with an ice machine with an out of order not currently working. The hand sink was dirty with dirt residue in the sink and around the water handles and spout of the sink. Under the hand sink the cabinet had black mold. There was a double fridge that was not working, the inside and outside of it was dirty with liquid residue. There was a display refrigerator that was not turned on. In the pantry area there was a refrigerator with a with cutting board top turned on but dirty inside with brown paper towels, trash, and two half used water and soda bottles. There was a clear display fridge off and not working.</p> <p>Interview held with dietary staff Employee E5 revealed the equipment had not been working for around a year.</p> <p>Observation of both dining rooms with the regional director of maintenance Employee E20 was conducted on October 25, 2024 at 11:15 a.m. Observation was made in the second-floor dining room at with Employee E20, he stated that he plugged in all the equipment earlier this morning to see if it was working and holding appropriate cool temperatures. The observation revealed the second-floor double refrigerator was not working and was taken out of the pantry. The prep refrigerator was plugged in but was currently not working and blowing hot air. It was determined that it was not cooling, and it would be taken out of service. The clear display refrigerator was not working after it was plugged in. It does not cool and would be taken out of service.</p> <p>Observation was made in the first-floor dining room with Employee E20. He stated that he plugged in all the equipment earlier this morning to see if it was working and holding appropriate cool temperatures. The double refrigerator he stated was not working and was taken out of the pantry. The clear display refrigerator upon inspection was not working. It was determined it does not cool and was taken out of service. Employee E20 also confirmed that the ice machine was currently out of service due to not cooling and making ice.</p> <p>Interview with the facility dietician Employee E21 on October 24, 2024 at 11:22 a.m. regarding weights not completed for residents revealed that the facility has an issue with scales not calibrating and working at the facility. Employee E21 stated the facility was only able to currently utilize the scale on the second-floor nursing unit. Further interview with the dietician revealed the issue with the scales has been going on since June 2024.</p> <p>(continued on next page)</p>		

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  10/28/2024
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.			
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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>		