

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395819	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Caring Heart Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6445 Germantown Avenue Philadelphia, PA 19119	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</p> <p>Based on observations, review of facility policy, and interviews with staff, it was determined that the facility failed to maintain a clean, comfortable, and homelike environment for three of three floors reviewed. (Second floor, Third floor, Fifth Floor)</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Routine Cleaning and Disinfection undated states, Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge. 2. Staff will look for precautions signage prior to entering resident's room. 3. Cleaning considerations include, but are not limited to, the following: <ol style="list-style-type: none"> a. Dry clean procedures will be conducted before wet procedures. b. Clean from areas that are visibly clean and least likely to be contaminated to areas usually visibly dirty. c. Clean from top to bottom (bring dirt from high levels down to floor levels). d. Clean from back to front areas. <p>Observations during the initial tour at the facility on May 7, 2024 revealed the following concerns:</p> <p>Observation of the fifth-floor unit conducted at 10:05 a.m. and revealed Resident R7 had a fall mat that was soiled with feces.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of the second floor on May 7, 2024 at 10:40 a.m. revealed the following concerns:</p> <p>Resident R2's room was observed at 10:50 a.m. The resident's bed had trash under it including plastic cups, a dirty slipper, a half-eaten moldy sandwich, paper, and food particles. In the same room Resident R3 had trash under the bed as well including plastic cups, paper trash, and food particles.</p> <p>Resident R4's room was observed at 11:02 a.m. which revealed a soiled tray table and trash under the bed including medicine cups, food particles, and bags.</p> <p>Further observation of the second-floor unit revealed a heavy smell of urine outside of room [ROOM NUMBER].</p> <p>Further observation of the second-floor unit revealed a hand sanitizer out outside of room [ROOM NUMBER] that was empty and a broken hand sanitizer behind by the nurse's station.</p> <p>Resident R5's room was observed at 10:55 a.m. with a heavy smell of urine.</p> <p>Interview held with the head of housekeeping Employee E7 at 11:00 a.m. confirmed the above findings. Employee E7 stated that housekeeping is to clean the rooms every day and he also have rooms of a target list that are supposed to be cleaned 2-3 times a day.</p> <p>Further observation of the second-floor unit at 11:07 a.m. revealed a small white pill with 216 written on it is blue on the floor outside 201. This finding was confirmed by the Director of Nursing Employee E2 at 11:08 a.m.</p> <p>Observation at 11:11 a.m. of Resident R6's room revealed trash under the resident's bed including plastic easter eggs, plastic cups, and paper trash. The toilet in the resident's room was also dirty with smeared feces on the toilet seat.</p> <p>Further observation of the second-floor nursing unit revealed no sanitizer unit outside room [ROOM NUMBER] which was broken off the wall. There was also no sanitizer unit which was broken off the wall outside nurse's station.</p> <p>Observation on May 7, 2024 at 11:15 a.m. of the third floor nursing unit revealed the following concerns:</p> <p>Observation of Resident R8's room at 11:17 a.m. revealed a heavy smell of urine.</p> <p>Observation of Resident R9's room at 11:19 a.m. revealed a housekeeping staff, Employee E5 sitting in a chair right texting on the phone just inside the resident's room. The surveyor walked down the hall, Employee E5 got up and got something off the housekeeping cart and went back into the room. At 11:20 a.m. the surveyor walked back down the hall outside of Resident R9's room and Employee E5 was again sitting in the chair right inside of Resident R9's room texting on the phone. Observation was made of Resident R9's room and the floor was sticky.</p> <p>Observation of Resident R10's room at 11:24 a.m. revealed five water-stained tiles above the resident's bed.</p> <p>(continued on next page)</p>		

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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>Further observation of the third-floor nursing unit revealed a sanitizer unit broken and not filled outside room [ROOM NUMBER].</p> <p>Observation of Resident R11's room at 11:30 a.m. revealed trash under the bed including plastic cups, clothing, paper. There was also a heavy smell of urine in the room.</p> <p>28 Pa Code 201.14 (a) Responsibility of licensee</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</p> <p>Based on review of clinical records and review of facility policy, it was determined that the facility failed to revise/update a care plan to include a new intervention related to refusals for one of 14 resident records reviewed. (Resident R12).</p> <p>Findings Include:</p> <p>Review of the facility policy titled Care Plans with a revision date of 6/2018 states, To foster the philosophy of Caring Heart Rehabilitation and Nursing Center, in compliance with Federal and State Regulations and in accordance with HIPPA Regulations, it is the Policy of Caring Heart Rehabilitation and Nursing Center to develop a comprehensive individualized care plan for each resident.</p> <p>Review of the clinical record for Resident R12 revealed the resident was admitted on [DATE] with several wounds including the following areas: bilateral breasts, left buttocks, right buttocks, and the sacrum.</p> <p>Resident R12 had orders in place starting December 1, 2024 to care for the specified wounds including the following:</p> <p>Under Bilateral Breasts: Cleanse with NSS (normal saline solution), apply Santyl nickel thick to wound bed, apply calcium alginate, cover with ABD pad then secure with tape every evening shift for wound care AND as needed for soiled or dislodged.</p> <p>Left Lower Buttocks: Cleanse with NSS, apply Santyl nickel thick to wound bed, cover with bordered foam dressing every evening shift for wound care AND as needed for soiled or dislodged.</p> <p>Sacrum: Cleanse with Dakins 0.125% solution, apply Santyl nickel thick to wound bed, pack with Dakins moistened gauze, cover with bordered foam every evening shift for wound care AND as needed for soiled or dislodged.</p> <p>Review of the resident's progress notes revealed Resident R12 was refusing treatments including necessary blood draws and wound care.</p> <p>Nursing progress note from December 5, 2023, revealed that the resident refused to receive incontinent care and wound dressing change at start of shift due to pain.</p> <p>Nursing progress note from December 8, 2023, revealed that the the resident refused breast treatment to be done.</p> <p>Nursing progress note from December 10, 2023, revealed that the resident refused care and wound treatment.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nursing progress note from December 12, 2023, revealed that the resident refused labs from lab tech. Nurse went to educate resident on not obtaining labs and making her aware that labs have not been done since she was admitted to the facility. The nurse spoke with Nurse Practitioner about resident refusals.</p> <p>Review of skin/wound nursing note from December 12, 2023 revealed Patient seen during wound rounds this morning with responsible party present. Patient is resistant to activities of daily living and wound care. Patient became physically combative with this author during wound care, punching and digging her nails into my arm. Patient and responsible party educated on importance of the wound care and need for/ importance of incontinent care and repositioning to promote healing. Responsible party verbalized an understanding of teaching, patient states she just wants to be left alone.</p> <p>Review of Resident R12's care plan revealed the facility did not update Resident R12's care plan to include refusals or care and include interventions for refusals until December 13, 2023.</p> <p>28 Pa Code 211.10 Care Plan Policies</p> <p>28 Pa Code 211.12 (d)(1) Nursing Services</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47975</p> <p>Based on observation, review of facility policy, and interviews with staff, it was determined that the facility failed to maintain an environment free of hazards related to smoking supervision for one of eleven residents reviewed. (Resident R5)</p> <p>Findings Include:</p> <p>Review of the facility policy titled Smoking Policy with a revision date of 9/2022 states, To foster the Philosophy of Caring Heart Rehabilitation and Nursing Center, in compliance with Federal and State Regulations and in accordance with HIPPA Regulations, it is the Policy of Caring Heart Rehabilitation and Nursing Center to provide a safe environment for our residents, staff and visitors by defining and enforcing smoking practices.</p> <p>Caring Heart Rehabilitation and Nursing Center does not permit smoking inside the facility. Smoking will be permitted in an outside designated area. Facility will be responsible for the following:</p> <ol style="list-style-type: none"> 1. A covered smoking area with some protection against in-climate weather. 2. Supervision of all smokers. 3. Offer aprons, fire blankets etc. 4. A smoking assessment with periodic review by the IDT. 5. Offer and support of a smoking cessation program. 6. Appropriate ash trays to handle ash and cigarette butts. 7. Minimize secondhand smoke to families, staff, and other residents. 8. A fire extinguisher in the designated smoking area. 9. Keeping smoking materials for residents in a safe and secure area. <p>Procedure:</p> <ol style="list-style-type: none"> 3. The facility will develop a care plan for those patients that desire to smoke. Patients and/or responsible parties will be included in the process of developing the care plan. Families will be informed of the patient's care plan should they choose not the attend the care plan meeting. After each quarterly review nursing will report to the rest of the team if the Patient Smoking Assessment is still reflective of the patient or if it needs to be updated at that time. Updates to the care plan will also be completed if needed. 8. Smoking times and smoking supervisors have been established and are as follows: <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7:30 a.m.</p> <p>10:30 a.m.</p> <p>1:30 p.m.</p> <p>4:30 p.m.</p> <p>7:00 p.m.</p> <p>Observation on May 7, 2024 at 10:41a.m. of the smoking area outside for a period of ten minutes, revealed one staff member Employee E10 was in the corner of the smoking area outside sitting down in a chair looking down at her phone the entire time, while ten residents were smoking. Two residents were observed sharing a lighter back a fourth.</p> <p>Observation of Resident R5's room at 10:55 a.m. revealed a lighter on top of the resident's bedside table to the right of the bed. Licensed nurse, Employee E8 was called to the room at 10:57 a.m. and confirmed the lighter was at bedside. Licensed nurse, Employee E8 reminded Resident R5 of the smoking policy and asked Resident R5 if the lighter could be placed back in Resident R5's lock box. Resident R5 agreed to have the lighter locked up.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 201.18 (b)(1)(3) Management</p>

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>47975</p> <p>Based on observation and staff interview, it was determined that the facility failed to accurately display facility daily nurse staff hours as required.</p> <p>Findings Include:</p> <p>On May 7, 2024 at 9:04 a.m. observations at the front lobby area revealed staffing was posted from April 3, 2024. Further observation of three of five floors (Second, Third, and Fifth) revealed there was no other staffing posted throughout the building.</p> <p>Interview with the Director of Nursing, Employee E2 on May 7, 2024 at 1:02 p.m. revealed the staffing coordinator, Employee E11 confirmed the staffing was not up to date. The staffing coordinator stated that the staffing posted in the lobby was also inaccurate as it was actually the staffing from April 10, 2024.</p> <p>The Director of Nursing, confirmed on May 7, 2024 at 1:05 p.m. there was a failure to keep the staffing posting current to date.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(4) Nursing Services</p>