

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 07/03/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>27155</p> <p>Based on review of clinical records and interviews with staff, it was determined that the facility failed to ensure that medication administration records were complete for one of five residents reviewed. (Resident R2)</p> <p>(Resident R2)</p> <p>Findings include:</p> <p>A review of Resident R2's March 2024 physician orders revealed orders for Atorvastatin (40mg) to be administered daily for high cholesterol; Diazepam (2mg) to be administered daily for anxiety; Hydroxychloroquine (200mg) an antiviral agent to be administered daily to treat an infection; and Pantoprazole (40mg) to be administered daily to treat gastroesophageal reflux disease (GERD).</p> <p>A review of the medication administration record (MAR) for resident R2 dated March 2024 revealed the following: no documentation in the MAR that resident R2 had received the scheduled dose of atorvastatin on March 20, 2024; no documentation in the MAR that resident R2 had received the scheduled doses of diazepam on March 16, 17, and 20, 2024; no documentation in the MAR that resident R2 had received the scheduled dose of Hydroxychloroquine on March 20, 2024; and no documentation that resident R2 had received the scheduled dose of pantoprazole on March 18, 2024.</p> <p>An interview was conducted with the Director of Nursing (DON) on July 3, 2024, at 1:00 p.m. The DON confirmed that documentation was absent from the medication administration record for Resident R2.</p> <p>28 Pa. Code 211.12 (c), (d) (5) Nursing Services</p> <p>28 Pa.Code 211.9 (d) Pharmacy Services</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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