

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 08/08/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46508</p> <p>Based on review of clinical records and review of facility policy, it was determined that the facility failed to notify resident representatives of a resident's change in condition related to dislodged nephrostomy tube for one of 37 residents reviewed. (Resident R378)</p> <p>Findings include:</p> <p>Review of facility policy on the nephrostomy and cystostomy tube care and maintenance revealed that under section Policy, residents with nephrostomy or cystostomy tubes will receive care consistent with professional standards of practice, the comprehensive person centered care plan, and the residents goals and preferences.</p> <p>Review of Resident R378's clinical record revealed that Resident R378 was admitted to the facility on [DATE], with diagnoses of but not limited to hypertension (high blood pressure), hyperlipidemia (high cholesterol), Malignant neoplasm of Bronchus and Lung, Diabetes Type 2, Acute Respiratory Failure, Alzheimer's Diseases (brain disorder that causes problems with memory, thinking and behavior).</p> <p>Review of Resident R378's nursing note dated June 9, 2024, at 6:21 am, revealed that Resident R378 presented in bed in supine position with dislodged right side nephrotomy catheter, resident aaox2-3 (alert and oriented person, time and place) baseline confusion, no s/s (sign and symptoms) distress noted, no c/o (complaint) discomfort, Physician's answering service notified.</p> <p>Further review of Resident R378's clinical record revealed no documented evidence that Resident R378's next of kin was notified that the right-side nephrostomy tube was dislodged.</p> <p>28 Pa. Code 201.29(a) Resident rights</p> <p>28 Pa. Code 211.12(d)(3) Nursing 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
---	-------	-----------

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 08/08/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of facility documentation, review of clinical records, and staff and resident interviews, it was determined that the facility failed to ensure the resident environment remained free of accident hazards related to falls for three of six residents reviewed (Resident R65, R100, and R380). This failure resulted in actual harm for Resident R65 who sustained a fall out of bed and a laceration to the head requiring staples.</p> <p>Findings Include:</p> <p>Review of Resident R65's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated June 1, 2024, revealed the resident was cognitively intact.</p> <p>Review of Resident R65's comprehensive care plan dated August 31, 2023, revealed the resident was at risk for falls related to poor safety awareness, weakness, and deconditioning.</p> <p>Review of Resident R65's March 2024 physician order summary revealed an order dated March 5, 2024, for bilateral floor mats to be on floor next to bed when resident is in bed.</p> <p>Review of Resident R65's clinical record revealed a nurse's note dated April 8, 2024, that Resident R65 was found on the ground next to bed with a laceration on top of the forehead.</p> <p>Review of facility documentation revealed an incident report dated April 8, 2024, completed by Registered Nurse Supervisor, Employee E8, which revealed Resident R65 sustained an unwitnessed fall on April 8, 2024, at approximately 3:15 a.m. Per the incident report, Resident R65 was found on the ground next to her bed. Resident R65 subsequently sustained a laceration to top of the forehead measuring 2 cm (centimeters) (length) x 1.5 cm (width) x 0.2 cm (depth) and was transferred to the hospital for evaluation. Further review of the incident report revealed the fall mat was not present on the floor at the time of the fall.</p> <p>Review of Resident R65's clinical record revealed Resident R65 was seen by psychiatry on April 8, 2024, where the resident reported she fell out of bed when she was reaching for her call bell.</p> <p>Review of Resident R65's clinical record revealed a skin and wound note dated April 9, 2024, by Nurse Practitioner, Employee E9, which revealed the resident's laceration was treated with four staples during her hospitalization on [DATE].</p> <p>During an interview with Resident R65 on August 8, 2024, at 10:41 a.m. the resident confirmed hitting her head on the floor after falling out of bed on April 8, 2024.</p> <p>Resident R65 was in bed during the interview on August 8, 2024, at 10:41 a.m. and observations revealed fall mat was not on floor next to Resident R65's bed per physician orders.</p> <p>Interview on August 8, 2024, at 10:45 a.m. with Licensed Nurse, Employee E9, confirmed fall mat was not next to Resident R65's bed.</p> <p>(continued on next page)</p>		

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 08/08/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on August 8, 2024, at 11:00 a.m. with Licensed Nurse, Employee E11, confirmed Resident R65 hit her head on the floor after falling out of bed on April 8, 2024.</p> <p>The facility failed to ensure that a physician's order for bilateral floor mats were in place while Resident R65 was in bed. This failure resulted in actual harm to Resident R65 who fell from the bed, sustained a laceration to the head and required four sutures.</p> <p>Review of Resident R100's physician orders revealed an order dated June 10, 2024, for bilateral floor mats to be on the floor next to bed when resident is in bed.</p> <p>Review of Resident 100's admission MDS dated [DATE], revealed the resident was cognitively intact and had diagnoses of muscle weakness and lack of coordination.</p> <p>Review of Resident R100's comprehensive care plan dated July 25, 2024, revealed the resident was at risk for falls related to new and unfamiliar environment and sustained a fall on July 24, 2024.</p> <p>Observations on August 6, 2024, at 10:15 a.m. revealed Resident R100 was lying in bed and did not have bilateral floor mats on the floor next to the bed.</p> <p>Follow-up observations on August 6, 2024, at 12:12 p.m. revealed Resident R100 was still in bed and bilateral floor mats were still not in place.</p> <p>Interview on August 6, 2024, at 12:13 p.m. with Licensed Nurse, Employee E12, confirmed Resident R100 did not have bilateral floor mats while the resident was in bed. Observations with Licensed Nurse, Employee E12, revealed no floor mats were available in the resident's room.</p> <p>Clinical record review revealed Resident R380 was readmitted to the facility July 30, 2024 with a diagnosis that included but not limited to Asthma (a condition that affects your airways and makes breathing difficult), Repeated falls, Syncope and collapse (fainting), and Muscle weakness.</p> <p>Further review of clinical records revealed Resident R380 had a significant history of falls, which included two falls in the facility on January 15, 2024 and January 20, 2024.</p> <p>Review of Resident R380's physician orders revealed an order dated July 31, 2024, for bilateral floor mats to be placed on the floor next to bed when resident is in bed.</p> <p>Observations on August 6, 2024, at 10:47 a.m., revealed Resident R380 was lying in bed and did not have bilateral floor mats on the floor next to the bed.</p> <p>Follow-up observation on August 7, at 9:15 am, revealed Resident R380 was lying in bed and bilateral floor mats were still not in place.</p> <p>Interview on August 7, 2024, at 9:27 a.m., with Employee E13, Unit Clerk, confirmed Resident R380 did not have the required bilateral floor mats while the resident was in bed.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code 211.10 (d) Resident Care Policies</p> <p>(continued on next page)</p>		

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 08/08/2024
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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	28 Pa. Code 211.12 (d)(5) Nursing Services.

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 08/08/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to monitor and modify interventions consistent with the resident's needs to maintain acceptable parameters of nutritional status for four of eight residents reviewed for nutrition (Resident R65, Resident R100, Resident R114, and Resident R69).</p> <p>Findings Include:</p> <p>Review of facility policy Nutrition effective December 2018 revealed resident weights will be obtained to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident. The Dietitian/designee will reassess the nutritional needs and intakes of any resident with a significant weight changed as defined by the Minimum Data Set (MDS - federally mandated resident assessment and care screening). Interventions will be evaluated, documentation made in the electronic medical record, and the resident's plan of care updated.</p> <p>Further review of the facility policy revealed each resident will be weighed upon admission and weekly for 4-weeks during the resident's stay. Each resident will be weighed monthly or more frequently as deemed necessary.</p> <p>Review of Resident R65's Quarterly MDS dated [DATE], revealed the resident was admitted to the facility on [DATE], was cognitively intact, and had a diagnosis of malnutrition (lack of sufficient nutrients in the body).</p> <p>Further review Resident R65's MDS dated [DATE], revealed the resident had a weight loss of 5% or more in the last month or loss of 10% or more in the last six months and was not on a physician prescribed weight loss regimen.</p> <p>Review of Resident R65's comprehensive care plan dated September 14, 2023, revealed the resident was at nutrition/hydration risk. Interventions dated September 14, 2024, included to monitor/record/report signs and symptoms of malnutrition such as muscle wasting and significant weight loss: 3 pounds in 1 week, greater than 5% in one month, greater than 7.5% in 3 months, and greater than 10% in 6 months.</p> <p>Review of Resident R65's nutrition quarterly assessment dated [DATE], revealed the resident was ordered oral nutrition supplements to promote weight gain. Goals for Resident R65 was for no weight loss through the next review.</p> <p>Review of Resident R65's weight history revealed the resident weighed 95 pounds on March 7, 2024, and 89 pounds on April 15, 2024, reflecting a 6-pound and 6.32% significant weight loss in one month.</p> <p>(continued on next page)</p>		

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 08/08/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R65's entire clinical record revealed no documented evidence the Registered Dietitian was made aware. Further review of the clinical record revealed no documented evidence the Registered Dietitian addressed Resident R65's significant weight loss and reviewed, and modified interventions consistent with the resident needs.</p> <p>Continued review of Resident R65's weight history revealed the resident's weight continued to trend down to 74-pounds on May 20, 2024, reflecting a 15-pound and 16.8% weight loss in one month.</p> <p>Review of Resident R65's entire clinical record revealed no documented evidence the Registered Dietitian was made aware. Further review of the clinical record revealed no documented evidence the Registered Dietitian addressed Resident R65's significant weight loss and reviewed, and modified interventions consistent with the resident needs.</p> <p>Further review of Resident 65's weight history revealed the resident's weight continued to trend down to 71-pounds on June 3, 2024.</p> <p>Review of Resident R65's entire clinical record revealed the Dietitian did not address the resident's weight loss starting from March 7, 2024, until June 18, 2024.</p> <p>Further review of Resident R65's clinical record revealed the resident continued to have a weight loss trend to 67-pounds on July 4, 2024, reflecting a 4-pound and 5.6% significant weight loss in one month.</p> <p>Review of Resident R100's admission MDS dated [DATE], revealed the resident was admitted to the facility on [DATE], was cognitively intact, and had a diagnosis of Type 2 Diabetes Mellitus (the body's inability to produce sufficient insulin, a hormone that helps the body use glucose for energy and manage blood sugar levels, causing high blood sugars).</p> <p>Review of Resident R100's comprehensive care plan dated June 17, 2024, revealed the resident was at potential nutrition risk related to history of weight loss. Interventions dated June 17, 2024, included to monitor/record/report signs and symptoms of malnutrition such as muscle wasting and significant weight loss.</p> <p>Review of Resident R100's comprehensive nutrition assessment dated [DATE], revealed the resident was at risk for malnutrition and had inadequate oral intake due to food insecurity prior to admission as evidenced by underweight body mass index (BMI - medical screening tool that measures the ratio of your height to your weight to estimate the amount of body fat you have) and resident reported weight loss. Nutrition goals set for Resident R100 included PO (by mouth) intakes greater than 50%.</p> <p>Interview on August 6, 2024, at 10:15 a.m. Resident R100 reported poor meal intakes due to difficulties chewing and swallowing.</p> <p>Review of Resident R100's weight history revealed the resident was weighed at 127.4-pounds on June 10, 2024. Further review of the resident's clinical record revealed no documented evidence a July 2024 weight was obtained.</p> <p>Interview on August 6, 2024, at 10:58 a.m. with Licensed Nurse, Employee E23, confirmed no July weight was available for Resident R100.</p> <p>(continued on next page)</p>

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 08/08/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R100's meal intakes from July 8, 2024, through August 5, 2024, revealed the resident ate 50% or less of 18 meals and refused 10 meals.</p> <p>Continued review of Resident R100's electronic medical record revealed no documented evidence that an August weight was yet available as of August 6, 2024.</p> <p>Interview on August 6, 2024, at 10:55 a.m. Licensed Nurse, Employee E11, provided state surveyor with a paper copy of Weights Worksheet dated August 2024. Review of the weight's worksheet revealed Resident R100 was weighed at 105.6 pounds reflecting a 21.8-pound and 17% significant weight loss since June 10, 2024.</p> <p>Review of Resident R100's electronic medical record revealed the resident was re-weighed on August 7, 2024, at 106-pounds confirming the significant weight loss.</p> <p>Review of Resident R100's entire clinical record revealed no documented evidence the Dietitian was made aware of the resident's poor to variable intakes. Further review of the clinical record revealed no documented evidence the Registered Dietitian monitored and modified interventions consistent with the resident's assessed needs to maintain acceptable parameters of nutritional status.</p> <p>Review of Resident R114's comprehensive MDS dated [DATE], revealed the resident was admitted to the facility on [DATE], had moderate cognitive impairment, and had a diagnosis of psychotic disorder.</p> <p>Review of Resident R114's comprehensive care plan dated April 10, 2020, revealed the resident was at potential nutrition risk related to dysphagia (difficulty swallowing) and weight loss.</p> <p>Review of Resident R114's comprehensive nutrition assessment dated [DATE], revealed the resident was at risk for malnutrition. Interventions included to monitor monthly weights and follow-up and reassess as needed.</p> <p>Review of Resident R114's weight history revealed no documented evidence a June 2024 weight was obtained for the resident.</p> <p>Interview on August 8, 2024, at 10:38 a.m. with the Registered Dietitian, Employee E5, confirmed no further information was available regarding Resident R65, R100, and R114.</p> <p>Observation of Resident R69's room conducted on August 6, 2024, at 9:35 am, revealed 2 unopened containers of ensure and one opened container of Ensure half full, on top of Resident R69's overhead table.</p> <p>Follow-up observation of Resident R69's room conducted on August 7, 2024, at 11:27 am, revealed 2 unopened containers of Ensure on top of Resident R69's overhead table.</p> <p>Review of Resident R69's weight record revealed that on July 16, 2024, the weight was 136.4 lbs. (pounds), on June 6, 2024, the weight was 134.8 lbs., March 12, 2024, the weight was 148.1 lbs., a 8.98% in 3 months (from June 6, 2024 to March 12, 2024)</p> <p>(continued on next page)</p>		

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 08/08/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident R69's care plan revealed that Resident R69 has nutritional problem or potential nutritional problem related to weight loss, fair intake, low BMI, compromised skin, dependent for feeding. Intervention was as follow: Monitor/record/report to MD as needed any signs and symptoms of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3lbs in 1 week, more than 5% in 1 month, more than 7.5% in 3 months, more than 10% in 6 months.</p> <p>Further review of Resident R69's clinical record reveled that there was no documented evidence that the weight loss was addressed, review of clinical record revealed that there was no nutrition assessment completed during the time of weight loss</p> <p>Interview with Dietitian Employee E5 conducted on August 7, 2024, at 1:24pm, confirmed that Resident R69 had more than 7.5% weight loss in three months from (from June 6, 2024, to March 12, 2024).</p> <p>Further interview with Employee E5 confirmed that there was no documented evidence in Resident R69's clinical record that Resident R69's weight loss was addressed.</p> <p>28 Pa. Code 211.10 (c) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(3) Nursing services</p>		

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 08/08/2024
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of facility documentation, review of clinical records, and resident interviews, it was determined that the facility failed to submit complete and accurate information to the State Survey Agency regarding a resident fall and subsequent transfer to the hospital for one of six residents reviewed for falls incidents (Resident R65).</p> <p>Findings Include:</p> <p>Review of Resident R65's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated June 1, 2024, revealed the resident was cognitively intact.</p> <p>Review of facility reported documentation submitted to the Department of Health on April 8, 2024, revealed that on April 8, 2024, Resident R65, had a fall in her room and sustained an open area to the forehead. Continued review of the facility reported documentation revealed safety measures were in place at the time of the fall. Resident R65 was transferred to the hospital for evaluation and returned. Per the facility reported documentation, the hospital computed tomography (CT - imaging test that helps healthcare providers detect injuries) scan of head and spine showed no acute findings.</p> <p>During an onsite review of the facility reported incident on August 8, 2024, the surveyor identified that the facility did not submit complete and accurate information regarding Resident R65's fall pn April 8, 2024.</p> <p>Review of Resident R65's physician order summary revealed an order dated March 5, 2024, for bilateral floor mats to be on floor next to bed when resident is in bed.</p> <p>Review of facility documentation revealed an incident report dated April 8, 2024, completed by Registered Nurse Supervisor, Employee E8, which revealed Resident R65 sustained an unwitnessed fall on April 8, 2024, at approximately 3:15 a.m. Resident R65 was found on the ground next to her bed. Resident R65 subsequently sustained a laceration to top of the forehead measuring 2 cm (centimeters) (length) x 1.5 cm (width) x 0.2 cm (depth) and was transferred to the hospital for evaluation. Further review of the incident report revealed the fall mat was not present on the floor at the time of the fall.</p> <p>Review of Resident R65's clinical record revealed Resident R65 was seen by psychiatry on April 8, 2024, where the resident reported she fell out of bed when she was reaching for her call bell.</p> <p>Review of Resident R65's clinical record revealed a skin and wound note dated April 9, 2024, by Nurse Practitioner, Employee E9, which revealed the resident's laceration was treated with four staples during her hospitalization on [DATE].</p> <p>During an interview with Resident R65 on August 8, 2024, at 10:41 a.m. the resident confirmed hitting her head on the floor after falling out of bed on April 8, 2024.</p> <p>(continued on next page)</p>		

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 08/08/2024
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility failed to include pertinent, detailed information to the State Survey Agency that contributed to Resident R65's injury at the time of the fall. Further, the facility failed to include that the laceration Resident R65 sustained to the head subsequently required staples.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (b)(1) Management.</p>		

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 08/08/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</p> <p>Based on observations, and interviews with residents, it was determined that the facility failed to maintain an effective pest control program in the resident care areas for two resident rooms units reviewed. (Second floor and third floor)</p> <p>Findings include:</p> <p>Observation of Resident room [ROOM NUMBER] on August 5, 2024, at 10:52 a.m. revealed that there was flies in the room. Interview with Employee E22, House keeping staff confirmed the finding.</p> <p>Observation of the first-floor conference room on August 6, 2024, at 2: 30 p.m. with facility administration including Administrator and Director of Nursing reveal ed that there was flies in the room.</p> <p>Observation of facility second floor nursing area revealed that there were flies in the hall way.</p> <p>Review of the pest control log dated July 10, 2024 reealed that there was flies reported in room [ROOM NUMBER].</p> <p>Review of the pest control log dated July 16, 2024 reealed that there was fruit flies reported on 5th floor</p> <p>Review of the pest control log dated July 21, 2024 reealed that there was flies reported in room [ROOM NUMBER] A and B.</p> <p>Review of the pest control log dated July 21, 2024 reealed that there was flies reported in room [ROOM NUMBER].</p> <p>Review of the pest control log dated July 30, 2024 reealed that there was flies reported in room [ROOM NUMBER].</p> <p>Review of the pest control log dated July 31, 2024 reealed that there was flies reported in room [ROOM NUMBER].</p> <p>Review of weekly pest control company report dated July 8, 2024 reealed no evidence of fly sighting or treatment targeting flies. Report indicated Checked logbooks no reports.</p> <p>Review of weekly pest control company report dated July 15, 2024 reealed no evidence of fly sighting or treatment targeting flies.</p> <p>Review of weekly pest control company report dated July 22, 2024 reealed no evidence of fly sighting or treatment targeting flies.</p> <p>Review of weekly pest control company report dated July 29, 2024 reealed Checked logbooks no reports.</p> <p>(continued on next page)</p>		

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 08/08/2024
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations in the main kitchen on August 5, 2024, during the initial tour at 9:45 a.m. with the Food Service Director, Employee E4, revealed the following:</p> <p>Observations under the coffee machine revealed the shelves had multiple, brown coffee stains that were sticky to touch and a fruit fly present.</p> <p>Observations revealed a prep sink next to the stove that had broken tile beneath it and a pool of stagnant water.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		