

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>38947</p> <p>Based on staff interviews, review of facility policy and the review of clinical records, it was determined that the facility failed to ensure that residents and /or their responsible parties were provided with the opportunity to participate in their care plan meetings for 4 out of 27 residents reviewed (Residents R64, R54, R85 and R69).</p> <p>Findings include:</p> <p>Review of the policy, Resident/patient/Family Care Plan Conferences, with a revision date of August 2023, indicated that it was the policy of the facility to ensure that the resident and his/her family and legal representative are part of the interdisciplinary team and participate in the development and ongoing review of the interdisciplinary plan of care. The policy also indicated that the resident/responsible party will be notified of the care plan conference and that that the method of documentation will be documented in the medical record.</p> <p>Review of the clinical record for Resident R64 indicated that he resident's last care plan meeting was on held on February 13, 2023.</p> <p>Review of the clinical record for Resident R54 indicated that the resident's last care plan meeting was held on April 20, 2023.</p> <p>Review of the clinical record for Resident R85 indicated that the resident's last care plan meeting was held on December 20, 2023.</p> <p>Review of the clinical record for Resident R69 indicated that the resident's last care plan meeting as held on December 13, 2023.</p> <p>Review of the clinical record for above referenced resident provided no evidence that the residents received written or verbal notification of the meeting by facility staff, and no evidence that the resident and/or their responsible party participated in one since the above referenced date. That they were provided a copy of the plan to ensure that the resident and his/her responsible party were aware of the plan of care that was developed, participated in its development, and were included decisions related to their care, services, treatments, and discharge planning.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During and interview with the social worker (Employee E14) on June 3, 2024 at 1:46 p.m., it was confirmed that no documentation could be produced to show evidence that the facility ensured that residents and/or their responsible party received notification of a care plan meeting, were provide with the opportunity to participate, and received a copy of their plan of care as required.</p> <p>28 Pa. 211.5(f) Clinical ecords</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	

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>38947</p> <p>Based on staff interviews, review of facility policy and the review of the clinical record, it was determined that the facility failed to ensure that a physician was notified of a resident's refusal to take prescribed medication for 1 out of 27 residents reviewed (Resident R39).</p> <p>Findings include:</p> <p>Review of the facility's undated policy, Medication/Order Availability indicated that it was written to ensure that all residents have medications/orders administered as ordered. The policy also indicated that medications/orders are to be administered by physician order.</p> <p>Review of the physician orders for Resident R39 included the diagnoses of history of falling; hypertension (high blood pressure); seizures (sudden, uncontrolled electrical disturbance in the brain which can cause changes in an individual's behavior, movements, feelings, and consciousness). and diabetes (a chronic condition that happens when you have persistently high blood sugar levels).</p> <p>Review of Resident R39's May 2024 physician orders included a physician's order for the medication, Lantus (a medication prescribed for the management of the resident's diabetes). The order indicated that the resident will be administered 12 units that will be injected subcutaneously (use of a short needle to inject medication beneath the skin) at bedtime.</p> <p>Review of the resident's Medication Administration Record (MAR) indicated that that the time of the administration of the medication was 9:00 p.m. Review of MAR's for the months of March 2024 April 2024 and May 2024 indicated that the resident continuously refused to have the injection administered to him.</p> <p>Review of the resident's clinical records and physician notes did not indicate that the physician was aware that the resident continuously refused his Lantus and only administered 8 dose of the medication for all three months combined.</p> <p>Review of the physician's progress note dated March 27, 2024 at 10:41 a.m. indicated that he resident was seen by the physician on the above referenced date for his monthly visit. Continued review of the note indicated that the resident's diabetes was being controlled with Lantus insulin and glipizide.</p> <p>Review of the MAR for March 2024 indicated that Resident R39 refused 28 out of 31 injections of Lantus scheduled to be administered to him. The MAR for refusals was coded with the 2 which indicated drug refused. Review of the corresponding nursing notes for the 28 days indicated that the resident refused when an attempt was made to administer it.</p> <p>Review of the physician's progress note dated April 25, 2024 at 10:07 a.m. indicated that the resident was seen by the physician on the above referenced date for his monthly check up. Continued review of the note indicated that the resident's diabetes was being controlled with Lantus insulin and glipizide.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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>Review of the MAR for April 2024 indicated that Resident R39 refused 28 out of 30 injections of Lantus scheduled to be administered to him. The MAR for refusals was coded with 2 which indicated drug refused. Review of the corresponding nursing notes for the 28 days indicated that the resident refused when an attempt was made to administer it.</p> <p>Review of the physician's progress note dated May 28, 2024 at 10:43 a.m. indicated that the resident was seen by the physician on the above referenced date for his monthly checkup. Continued review of the note indicated that the resident's diabetes was being controlled with Lantus insulin and glipizide.</p> <p>Review of the MAR for May 2024 indicated that Resident R39 refused 28 out of 31 injections of Lantus scheduled to be administered to him. The MAR for refusals was coded with 2 which indicated drug refused. Review of the corresponding nursing notes for the 28 days indicated that the resident refused the medication when an attempt was made to administer it.</p> <p>During an interview with the Unit Manager (Employee E11) on June 3, 2024, at 1:00 p.m. it was discussed that the resident had been refusing the medication Lantus for at least 3 months, and that the physician is writing monthly progress notes and documenting that the resident's diabetes is being controlled by Lantus insulin, despite the refusals. Employee E11 also confirmed that there was no information to produce to show evidence that nursing staff notified the physician that the resident was refusing to take the Lantus insulin that was prescribed to him.</p> <p>28 Pa Code 211.10 (c) Resident care policies</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947</p> <p>Based on interviews, review of facility policy, review of clinical records and facility reports, it was determined that the facility failed to ensure a complete and through investigation for bruises of unknown origin for 1 out of 27 residents reviewed (Resident R69).</p> <p>Findings include:</p> <p>Review of the facility Abuse, Neglect and Exploitation, policy with a review date of March 2024 indicated that the facility will consider factors indicating possible abuse, neglect, and/or exploitation of residents including, but not limited to: resident staff or family report of physical abuse; resident report of theft of property or missing property; psychological abuse of the resident observed, physical injury of a resident, of an unknown source.</p> <p>Review of Resident R69's May 2024 physician orders revealed the diagnoses of pain; delusional disorder (the individual has firmly held false beliefs); hypertension (high blood pressure) and peripheral vascular disease (a common condition in which narrowed arteries reduce the blood flow to the arms or legs).</p> <p>Review of the resident's quarterly Minimum Data Set (MDS- a periodic assessment of a resident's needs) dated November 27, 2023 indicated that the resident was cognitively impaired. Review of a quarterly MDS dated [DATE] also indicated that the resident was cognitively impaired.</p> <p>Review of a nursing note dated December 25, 2024 at 10:00 p.m. indicated that the resident was observed by the nurse with purplish colored areas Resident observed with purple colored area n[sic] left hand towards wrist while in hallway. vitals were assessed, supervisor immediately notified. Resident placed onto 24 hours report monitoring. Resident currently under therapy services for Upper extremities. + ROM (range of motion).</p> <p>Review of the facility investigation regarding the incident indicated that the resident reported to the nurse that the physical therapist came into her room yesterday (April 30, 2024) and that the therapist had her do exercises using her hands. The resident also reported that today (May 1, 2024) that she noticed that she was black, blue and swollen. The resident's Injury type on the investigation was noted as bruises.</p> <p>During an interview with the Director of Rehabilitation (Employee E15) on June 3, 2024 at 2:27 p.m. the incident, in addition to the resident's statement regarding having physical therapy the day prior to when her bruise was reviewed with the Director of Rehabilitation. The Director of Rehabilitation reported that the resident was not in therapy when the incident occurred, and that the resident was discharged from therapy on December 19, 2023. Employee E15 reported that restorative therapy plan for the resident when therapy ended included exercises for both of her arms.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the investigation regarding the resident's bruising indicated that the resident was the only person interviewed and that the investigation did not show evidence that it was a complete and through investigation that ruled out abuse/neglect. Continued review of facility documentation also did not show evidence of any interviews with staff who worked the shift on which the bruises were discovered or any interviews with staff who worked any previous shifts and who may have provided care to the resident (e.g., nurses, nursing assistants) or may have witnessed interactions with the resident or could provided insight/information as to how the resident sustained bruises of unknown origin. Review of the investigation also did not show evidence that the facility confirmed that a physical therapist or anyone was in her room providing services to her the day before the bruising was found (December 24, 2023), and if so, with who, in addition to other missing pertinent information to rule out neglect/abuse.</p> <p>During a discussion with the Director of Nursing on June 3, 2024, at 3:30 p.m. it was discussed that no additional information could be found in the investigation to show evidence that the facility conducted a complete and through investigation to ensure abuse/neglect was ruled out for the resident's bruises of unknown origin.</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 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>39344</p> <p>Based on review of facility documentation, clinical record reviews, and interviews with staff, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers as required for four of four records reviewed related to hospital transfers (Residents R86, R23, R83 and R92).</p> <p>Findings include:</p> <p>Review of facility documentation, Hospital Tracking Portal received June 3, 2024, revealed that 21 residents were transferred to the hospital during February 2024, 18 residents were transferred to the hospital during March 2024, and 17 residents were transferred to the hospital during April 2024.</p> <p>Review of progress notes for Resident R86 revealed a note, dated February 11, 2024, at 6:48 a.m. which indicated that the resident was transferred to a local hospital emergency department via 911 due to a swollen tongue.</p> <p>Review of progress notes for Resident R23 revealed a note, dated March 20, 2024, at 10:43 p.m. which indicated that the resident had low blood sugar and was ordered by the physician to be transferred to a local hospital emergency department via 911 for further evaluation.</p> <p>Review of progress notes for Resident R83 revealed a note, dated February 18, 2024, at 12:25 p.m. which indicated that the resident had a change in condition, including signs of gastrointestinal bleeding, and was transferred to a local hospital emergency department for evaluation.</p> <p>Review of progress notes for Resident R92 revealed a note, dated March 19, 2024, at 10:15 p.m. which indicated that the resident had altered mental status and intractable pain, and was transferred to a local hospital emergency department for evaluation and treatment.</p> <p>Further review revealed that there was no indication that the Office of the State Long-Term Care Ombudsman was notified of the above facility-initiated emergency transfers for Residents R86, R23, R83 and R92.</p> <p>Interview on May 31, 2023, at 1:57 p.m. the Nursing Home Administrator confirmed that the Office of the State Long-Term Care Ombudsman was not notified in a timely manner as required of facility-initiated emergency transfers.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>36609</p> <p>Based on observation, staff interviews, review of resident records and facility policy, it was determined that the facility failed to ensure that a comprehensive, person-centered care plan was developed for three of 27 resident records reviewed (Residents R40, R62, and R65).</p> <p>Findings include</p> <p>Review of the facility's care plan policy reviewed January 2023 states, All residents admitted to the facility will have adequate person centered care plan that provide for all their needs in a timely manner.</p> <p>Review of Resident R40's physician order dated December 11, 2023, instructed to administer oxygen at 2 liters a minute via nasal cannula as needed for shortness of breath. Further orders instructed to clean the O2 (oxygen) concentrator filters on Thursdays during the 11-7 shift and as needed.</p> <p>Review of Resident R62's physician order dated April 30, 2024, instructed to administer oxygen at 2 liters a minute via nasal cannula continuously for shortness of breath. Further orders instructed to clean the O2 concentrator filters on Thursdays during the 11-7 shift and as needed.</p> <p>Review of Resident R65 physician orders dated August 6, 2021, instructed to administer oxygen at 2 liters a minute via nasal cannula continuously for shortness of breath. Further orders instructed to clean the O2 concentrator filters on Thursdays during the 11-7 shift.</p> <p>On May 29, 2024, at approximately 12:10 p.m. it was observed and confirmed with Registered Nurse Employee E7 that Residents R40, R62 and R65 O2 concentrator filters were covered with thick dust and had not been cleaned.</p> <p>Further review of the above residents' clinical records revealed no plan of care was developed for the residents use and maintenance of oxygen.</p> <p>Interview with Unit Manager Employee E29 on June 3, 2024 at 2:00 p.m. confirmed no care plan was developed for Residents R40, R62 and R65 related to their use of oxygen</p> <p>28 Pa. Code 211.12 (d)(3) Nursing Services</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 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>36609</p> <p>Based on observations, review of clinical records, and staff interviews, it was determined that the facility failed to ensure a physician order for neurology was followed for one of 27 residents reviewed (Resident R62).</p> <p>Findings include:</p> <p>Review of Resident R62 clinical records revealed the resident was transferred to the hospital for right arm weakness.</p> <p>Review of the hospital discharge instructions dated April 30, 2024, indicated a follow up with neurology was to be made in two weeks.</p> <p>Further review of the resident's clinical record revealed no documented evidence the neurology appointment was scheduled.</p> <p>This finding was confirmed with the Unit Manager on June 3, 2024, at approximately 2:15 p.m.</p> <p>28 Pa. Code 211.10 (d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>36609</p> <p>Based on review of facility policy, observations, record review, and staff interviews, it was determined that the facility failed to provide respiratory care services consistent with professional standards of practice for three of 27 residents reviewed, (Residents R40, Resident R62, Resident R65).</p> <p>Findings Include:</p> <p>Review of facility policy for Oxygen Administration revised in January 2024 indicates the purpose of this policy it to safely administer oxygen to the resident. Nursing staff will be responsible the correct administration of oxygen. The same policy states when a concentrator is used to wash the filter weekly.</p> <p>Review of Resident R40's physician order dated December 11, 2023, instructed to administer oxygen at 2 liters a minute via nasal cannula as needed for shortness of breath. Further orders instructed to clean the O2 concentrator filters on Thursdays during the 11-7 shift and as needed.</p> <p>Review of Resident R62's physician order dated April 30, 2024, instructed to administer oxygen at 2 liters a minute via nasal cannula continuously for shortness of breath. Further orders instructed to clean the O2 concentrator filters on Thursdays during the 11-7 shift and as needed.</p> <p>Review of Resident R65 physician orders dated August 6, 2021, instructed to administer oxygen at 2 liters a minute via nasal cannula continuously for shortness of breath. Further orders instructed to clean the O2 concentrator filters on Thursdays during the 11-7 shift.</p> <p>On May 29, 2024, at approximately 12:10 p.m. it was observed and confirmed with Registered Nurse Employee E7 that Residents R40, R62 and R65 O2 concentrator filters were covered with thick dust and had not been cleaned.</p> <p>28 Pa. Code 211.12 (d)(3) Nursing Services</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 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>**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 interviews, it was determined that the facility failed to ensure the accurate acquiring, receiving, and administration of medications to meet the needs of each resident for one of 27 residents reviewed (Resident R56).</p> <p>Findings Include:</p> <p>Review of facility policy Medication/Order Availability (undated) revealed all residents should have medications/orders administered as ordered. Per review of facility policy, in the case a medication/supply is not available, and to ensure comparable alternative is provided, staff should implement the following procedures:</p> <ol style="list-style-type: none"> 1. Medication/orders are to be administered per MD order 2. If medication/supply is not available in the facility, MD is to be notified 3. Resident's plan of care is to be reviewed and suggested alternative ordered and provided. 4. Order to be updated accordingly in PCC to reflect any change 5. Discuss any change in order with IDT involved in plan of care <p>Resident R31 was admitted to the facility on [DATE] for aftercare following a fracture left hip and malignant neoplasm of the endometrium.</p> <p>Review of Resident R31's physician order revealed Oxycodone HCL 5 mg was to be given every four hours as needed for moderate pain (4-6/10) to severe (7-10) pain and Methocarbamol (for pain relief) 500 mg tablets were to be given four times a day for the resident's fractured femur starting on April 11, 2024.</p> <p>Review of the nursing progress note dated April 11, 2023, indicated the resident complained of pain 7/10 and the oxycodone was not available to give, and the methocarbamol 500 mg tablets was not received from the pharmacy.</p> <p>Review of Resident R56's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated May 14, 2024, revealed the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R56's clinical record revealed a physician order with a start date of May 11, 2024, to apply Betamethasone Dipropionate Augmented (topical medication cream used to treat eczema) to the scalp every shift for eczema (skin condition characterized by red, itchy rashes).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R56's medication administration record (MAR) revealed nursing staff signed out the order for Betamethasone Dipropionate Augmented as a 9 on May 11, 12, 13, 14, and 15th, 2024. Per the chart codes on the [DATE] is code for Other / See Nurse Notes.</p> <p>Further review of Resident R56's clinical record revealed a nurses note dated May 11, 2024, by licensed nurse, Employee E10, that the facility was awaiting pharmacy delivery for Betamethasone Dipropionate Augmented.</p> <p>Continued review of Resident R56's clinical record revealed no corresponding nurses notes on May 12, 13, 14, or 15th, 2024, regarding the Betamethasone Dipropionate Augmented.</p> <p>Interview on June 3, 2024, at 10:30 a.m. with licensed nurse, Employee E10, confirmed Resident R56 did not receive the medication cream for eczema on the above dates because the facility was waiting on the pharmacy to deliver the medication. Further interview revealed the eczema cream ended up being on back order.</p> <p>28 Pa Code 211.10 (c) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER River's Edge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9501 State Road Philadelphia, PA 19114	
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on review of clinical records, and staff interview, it was determined that the facility failed to obtain laboratory services to meet the needs of one resident's digoxin levels per physician orders of 27 residents reviewed (Resident R55).</p> <p>Findings include:</p> <p>Review of Resident R55 clinical record revealed the resident was admitted to the facility on [DATE], diagnosed with Atrial Fibrillation (irregular often fast heartbeat). Review of physician orders revealed the resident was ordered the medication Digoxin to treat the resident's Atrial Fibrillation.</p> <p>Review of Resident R55 clinical record revealed a plan of care for Digoxin therapy that included goals that the resident would be free from discomfort or adverse reactions related to digoxin use. Interventions included serum digoxin levels monthly or as ordered by the physician and to report to the physician, suspect toxicity if anorexia, nausea, vomiting diarrhea and visual disturbances occur initiated in March 2020.</p> <p>Further review of Resident R55 physician orders dated October 2020 instructed to check the resident's digoxin levels every six months. The last documented digoxin serum levels were completed in April 2023. It was confirmed with the Unit Manager, Employee E29 on June 3, 2024, at approximately 2:00 p.m. that the facility did not obtain laboratory services for Resident R55's digoxin levels.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 211.12 (d)(3) Nursing Services</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services</p>		