

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 03/28/2025
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.

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<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>47973</p> <p>Based on staff interview and review of clinical records, it was determined that the facility failed to ensure that care plan meetings were held for one of 24 residents reviewed. (Resident R55)</p> <p>Findings include:</p> <p>Review of Resident R55's person-centered plan of care indicated that the resident exhibited a decline in communication due to hearing deficit and impaired cognition and thought process related to diagnoses of dementia.</p> <p>Review of Resident R55's clinical records revealed a nursing note dated June 3, 2024, which indicated, care conference meeting was held and that the resident's daughter in law attended via phone. Further review failed no documented evidence of care conference meetings occurred after June 2024.</p> <p>Interview with the facility Administrator and Social Worker, Employee E8, conducted on March 27, 2025, at 10:55 a.m. confirmed that the last care conference was conducted in June 2024 with resident and their representative.</p> <p>Further interview confirmed that the facility failed to conduct a care conference meeting with Resident R55 and their representative in September 2024 and December 2024.</p> <p>28 Pa. Code 201.29(c.3)(1) Resident rights</p> <p>28 Pa Code 211.11(d) Resident care plan</p> <p>28 Pa. Code 211.12(c(1))Nursing services</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) 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
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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>46106</p> <p>Based on the review of clinical records and interview with staff, it was determined that the facility failed to notify the resident and the resident's representative(s) of the transfer to the hospital and the reasons for the transfer to the hospital in a timely manner, in writing and in a language and manner they understood for two of 24 residents reviewed for hospitalization s (Residents R31 and R102).</p> <p>Findings Include:</p> <p>Review of nursing notes for Resident R31 dated November 20, 2024, at 11 p.m. revealed that the resident was admitted to the hospital with diagnosis of hematoma of the left kidney and abdominal pain.</p> <p>Further review revealed a note, dated on October 25, 2024, at 2:42 p.m. revealed that Resident R31 was discharged home.</p> <p>Review of nursing notes for Residents R102 dated March 20, 2025, at 4:35 p.m. revealed that resident was transfer to hospital for evaluation of gastro intestinal bleed.</p> <p>Review of clinical record revealed no evidence that Residents R31, R102, R27 and R99 representatives were notified of the transfer to the hospital and the reasons for the transfer in writing, and in a language and manner they understood.</p> <p>Interview with the Nursing Home Administrator, Director of Nursing, on March 26, 2025, at 10:30 a.m. confirmed that the residents' representatives were not notified of the hospital transfers and the reasons for the transfers in writing, and in a language and manner they understood. Further interview confirmed that there was no system in place regarding notifying the residents representatives, in writing, including the reasons, prior to resident transfer or discharge.</p> <p>28 Pa. Code 201.14(a) Responsibility of license</p> <p>28 Pa. Code 201.29(a) Resident rights</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39343</p> <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to implement treatment and services for incontinence management for one of 24 residents reviewed.(Resident R11).</p> <p>Findings include:</p> <p>Review of physician order for Resident R11, dated March 24, 2025, indicated an order to change urinary Foley Catheter with size 16fr/10ml; change monthly, and as needed, based on clinical indications such as infection, obstruction, or when the closed system is compromised, every night shift, every 4 weeks on Tuesdays, and as needed.</p> <p>On March 27, 2025, at 1:00 p.m., it was observed that Resident R11 had a Foley Catheter of 16fr/5ml Balloon, instead of the physician ordered size of 16fr/10ml Balloon. At the time of the finding, confirmed the same with a Licensed Nurse, Employee E5.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47973</p> <p>Based on review of facility policy, review of clinical record, and staff interview, it was determined that the facility failed to monitor and modify interventions consistent with the resident's assessed needs to maintain acceptable parameters of nutritional status for two of four residents reviewed for nutrition (Resident R35).</p> <p>Findings Include:</p> <p>Review of facility policy titled, Weight Loss indicated that any resident displaying a significant change in weight of greater than or equal to 5% gain/loss in one month will be reweighed.</p> <p>Review of facility policy Supplementation dated January 2025 indicated that if an increase in caloric or protein needs are identified, the Dietitian will determine which supplements are appropriate to meet the specific resident's needs. Further review indicated that Residents may benefit from a therapeutic supplement if the present with decreased PO intakes and unplanned weight loss.</p> <p>Review of Resident R251's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated March 4, 2025, revealed that the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R35's Admission Nutrition assessment dated [DATE], revealed that Resident R35 was admitted to the facility with diagnoses including muscle wasting and atrophy, high blood pressure, hyperlipidemia (high levels of lipids), depression, and dysphasia (a language disorder). Further review revealed Resident R35 had poor appetite and swallowing difficulty.</p> <p>Review of Resident R35's weights revealed a documented weight of 183.8 pounds on January 8, 2025, and 172.2 pounds on February 12, 2025, indicating clinically significant weight loss of 6.3% in one month. Further review of Resident R35's clinical record failed to reveal a documented reweight per policy.</p> <p>Continued review of Resident R35's clinical record failed to reveal documented evidence indicating that Resident R25 was evaluated by the physician to address medical and nutrition issues related to significant weight loss.</p> <p>Continued review of Resident R35's clinical record failed to reveal documented evidence of nutrition interventions by the Registered Dietitian to address Resident R35's significant weight loss; no documented evidence of nutritional supplements offered to Resident R35 was noted.</p> <p>Review of facility documentation and interview with the Registered Dietitian, Employee E9, conducted on March 26, 2025, at 1:51 p.m. revealed that the Dietitian had notified the Food Service Director (FSD), a non-medical professional, regarding Resident R35's significant weight loss. Further interview revealed that nutritional interventions dated February 13, 2025, included resident was put on select menu and preferences were updated. Continued interview confirmed that there is no documented evidence that timely implementation and monitoring of a nutrition therapeutic supplement to address Resident R35's impaired nutrition and clinically significant weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Physician, Employee E10, conducted on March 28, 2025, at 10:20 a.m. revealed that upon identifying Resident R35's significant weight loss on January 8, 2025, the resident was really sick and didn't want to eat and that his mouth was dry, and he didn't have appetite. Employee E10 acknowledged that the foods first or food only approach was not an appropriate nutrition intervention for Resident R35's significant weight loss at that time.</p> <p>On March 27, 2025, at 10:00 a.m., the facility provided documentation of a progress note, written on March 26, 2026, at 5:22 p.m. which indicated that Resident R35 was evaluated for weight loss on March 3, 2025.</p> <p>28 Pa. Code 211.10 (d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services.</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46106</p> <p>Based on clinical record review, staff interview and review of facility policy, it was determined that the facility failed to develop and implement an individualized person-centered care plan to address a resident's dementia care needs for one of 24 residents reviewed (Resident R84).</p> <p>Findings Include:</p> <p>Reviewed facility dementia policy title Care Plan dated in September 2024 states that the plan of care shall be individualized to and based upon, the assessment and diagnosis of a resident.</p> <p>Review of the admission sheet of Resident R84, revealed that Resident R84 was admitted to the facility on [DATE], with the diagnosis of Dementia (Dementia is not a specific disease but is rather a general term for the impaired ability to remember think, or make decisions that interferes with doing everyday activities).</p> <p>Review the care plan dated April 21, 2022, revealed that of Resident 84's care plan revealed no care plan with measurable goals and interventions to address the care and treatment need related with dementia care of Resident R46.</p> <p>During an interview on March 27, 2025, at 12 p.m., the Director of Nursing (DON), confirmed that residents with diagnosis Dementia should be care planned.</p> <p>28 Pa Code 211.11(d) Resident care plan</p> <p>28 Pa Code 211.12 (d)(1)(3)(5) Nursing service</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47973</p> <p>Based on observations, interviews with staff, and a review of facility procedures, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Review of facility policy, Food Storage undated, revealed, Food items will be stored, thawed, and prepared in accordance with good sanitary practice. Continued review revealed, All products shall be dated upon receipt or when they are prepared. Use Date shall be marked on all food containers . and all cooked meat shall be used within 3-4 days.</p> <p>A tour of the main kitchen was conducted with the Food Service Director (FSD), Employee E6, on March 25, 2025, at 10:05 a.m.</p> <p>Observations in the main refrigerator revealed two 10-pound ground beef links were unlabeled and undated; opened ham deli meat was dated March 10, 2025; two 10-pound ready to eat roast beef labeled with a received date March 17, 2025; and opened mozzarella cheese labeled with a received date December 10, 2024.</p> <p>Observations of the three-compartment sink revealed Dietary Aid, Employee E7, was manually washing pots and pans. Upon pH test of the sanitation solution (pH test determines how acidic or basic substance is) at approximately 10:15 a.m. revealed no change in pH test strip, indicating the sanitizer being tested was outside the pH range. Follow-up interview with the FSD confirmed this finding.</p> <p>Interview with the FSD during the kitchen tour confirmed the above-mentioned findings.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>47973</p> <p>Based on observations and an interview with staff it was determined that the facility did not ensure that garbage and refuse was disposed of properly.</p> <p>Findings include:</p> <p>A tour of the main kitchen was conducted with the Food Service Director (FSD), Employee E6, on March 25, 2025, at 10:05 a.m. revealed the following:</p> <p>Observations of the receiving area and loading dock, that are used by the facility to transport clean food, revealed hundreds of cigarette buds. Further observations revealed the garbage was not covered.</p> <p>Interview with Food Service Director, Employee E6 along duration of the tour confirmed observations of the receiving and dumpster area.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p>

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p>47973</p> <p>Based on staff interviews and clinical record reviews, it was determined that the facility failed to ensure that mattresses and bed frames that were purchased separately were compatible with each other for one of 24 residents reviewed (Resident R99).</p> <p>Findings include:</p> <p>Observations of Resident R99's bed conducted on March 24, 2025, and March 25, 2025, revealed that the mattress appeared six inches smaller than the metal bed frame; the bedframe slats were exposed on each side. Increased entrapment concerns were observed.</p> <p>Review of the Admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 99, dated October 9, 2024, revealed that the resident was admitted to the facility with diagnoses including neurological conditions, cerebrovascular accident (stroke), cognitive communication deficit, muscle weakness and atrophy.</p> <p>Interview with the Nurse Assistant, Employee E4, conducted don March 24, 2025, at approximately 12:20 p. m. confirmed that Resident R99 had been utilizing the current bed frame and mattress since admission.</p> <p>Follow-up observation and interview with the facility administrator and Maintenance Director, Employee E3 conducted on March 25, 2025, at approximately 12:30 p.m. confirmed the above-mentioned finding. Further interview confirmed that the mattress applied on the bedframe is a 36-inch mattress and that the bed frame requires a 42-inch mattress.</p> <p>Follow-up interview with the maintenance director conducted on March 28, 2025, at approximately 10:00 a. m. revealed that bed audits were last conducted first week of February 2025. Further interview confirmed that mattresses are purchased separately from the bedframe. Further interview revealed, housekeeping must've removed the prior mattress and reapplied the incorrect size (36 inch).</p> <p>28 PA Code 201.18(b)(1) Management</p>		