

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395852	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Cliveden Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6400 Greene Street 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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on the review of facility observations and interviews with resident and staff, it was determined that the facility failed to ensure a safe, functional, sanitary environment on three of three nursing units observed. (1st , 2nd, 3rd floor nursing units)</p> <p>Findings:</p> <p>On May 8, 2024, at 9:41 a.m. observation tour was conducted with the Administrator, Employee E1 and confirmed the followings:</p> <p>First floor nursing unit, room [ROOM NUMBER] bathroom had a detached heating baseboard, 4 basins stored on the top of the sink. room [ROOM NUMBER] baseboard behind the bed A was missing. room [ROOM NUMBER] & 113 had a detached heating baseboard. room [ROOM NUMBER] had a strong urine odor.</p> <p>Second floor room [ROOM NUMBER] had a hole in the wall above the B bed.</p> <p>Third floor room [ROOM NUMBER] bathroom was missing a cover to the toilet paper roll. Bed A had a dirty floor mat with large stain spots and each of the angle of the mat was ripped out. Resident R3 reported she just moved into the room and the floor mat doesn't below there. room [ROOM NUMBER] had brief laying on the bottom of the tray wheels. Basin on the top of the dresser.</p> <p>On May 8, 2004, at 11:20 an interview with the Housekeeping Director, Employee E3 revealed that he has a total of 17 housekeeping staff which included floor technicians and laundry staff. The housekeeping staff are responsible to spray the edges of the room, let it soak, wipe down the dust off the beside dressers, high dust and overhead lamps and wipe down the mirror, wipe down the blinds and widow stool molding. Then to mop the entire floor of the room.</p> <p>On May 8, 2004, at 11:27 a.m. observation tour took place on the 3rd floor with the Housekeeping Director, Employee E3 confirmed room [ROOM NUMBER] dresser had a layer of dust, there was a C-Pap machine which was dusty and unsanitary. Resident R9 reported that no one cleaned his dresser, and he uses the C-pap mashing every day. The A bed had a broken dresser 1st shelf. Bathrooms in room [ROOM NUMBER], 329, had dirty floor edges. Observation in room [ROOM NUMBER] found two basins in bathroom sink.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On May 8, 2024, during a 2:45 p.m. interview with the Director of Nursing, Employee E2 indicated that basins should be kept on the bottom shelf in the resident's room. It was confirmed that the basins were not being properly stored but instead left in various locations around the resident's room.</p> <p>28 Pa. Code. 207.2(a) Administrator's responsibility.</p>		