

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Care Pavilion Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 Walnut Street Philadelphia, PA 19139	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on clinical record review, interviews with staff and reviews of policies and procedures, it was determined that the facility failed to develop and implement a comprehensive person center care plan for respiratory care for one of ten residents reviewed. (Resident R1)</p> <p>Findings include:</p> <p>Review of the policy and procedure titled Baseline care plan, comprehensive care plan and ongoing care plan updated dated April 1, 2022, revealed that a comprehensive care plan was to be developed and implemented by the interdisciplinary care team for each resident. The care plan was required to include measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs. The policy indicated that the services provided by the interdisciplinary care team were required to meet professional standards of quality and provided by qualified persons.</p> <p>Review of Resident R1's comprehensive assessment (MDS--an assessment of care needs) dated September 17, 2024, indicated that this resident was admitted to the facility on [DATE] with diagnoses the diagnoses of obstructive pulmonary disease (lung and airway disease that restrict breathing), chronic kidney disease with heart failure and coronary artery disease.</p> <p>Clinical record review revealed a nurse practitioner progress note dated September 7, 2024, that indicated that the care plan for Resident R1 was to continue medications (albuterol and fluticasone -salmeterol) bronchodilators and a steroid for chronic obstructive pulmonary disease and that Resident R1's respiratory function was to be monitored.</p> <p>Clinical record review revealed a physician progress note for September 8, 2024, that indicated Resident R1 care plan was to continue physical therapy, occupational therapy and that the resident's respiratory function was to be monitored for a diagnosis of chronic obstructive pulmonary disease.</p> <p>Clinical record review revealed a nurse practitioner progress note dated September 13, 2024, that indicated that the care planning for Resident R1 for the diagnosis of chronic obstructive pulmonary disease was to use a pulse oximeter (a test for precise measurement of oxygen levels in the blood) before, during and after therapy, breathing treatments and use of oxygen to augment, as needed therapy outcomes.</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: 395893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/30/2024
NAME OF PROVIDER OR SUPPLIER Care Pavilion Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 Walnut Street Philadelphia, PA 19139	
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>Clinical record review revealed a care plan for Resident R1 that indicated that the nursing staff were to assess Resident R1 for shortness of breath (dyspnea) and cyanosis every shift. There was no documentation to indicate that this was being completed on each tour of duty, by the nursing staff for September 8, 2024 through September 16, 2024.</p> <p>Clinical record review revealed that there was no care plan developed and implemented for the diagnosis of chronic obstructive pulmonary disease and the use of a pulse oximeter (a test for precise measurement of oxygen levels in the blood) before, during and after therapy, after breathing treatments and when oxygen was used to augment therapy outcomes.</p> <p>Interview with the registered nurse, Employee E2 at 1:30 p.m., on September 30, 2024 who was familiar with the care plan and treatment of Resident R1, revealed that neither the nursing staff nor the physical therapist, Employee E6 nor the occupational therapist, Employee E5 were performing and documenting blood oxygen levels using the pulse oximeter for Resident R1 for September 8, 2024 through September 16, 2024 in accordance with the nurse practitioner and the physician's assessment and treatment plans of chronic obstructive pulmonary disease.</p> <p>28 Pa. Code 211.10(a)(b)(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(3)(5) Nursing services</p> <p>28 Pa. Code 201.21(c) Use of outside resources</p>		