

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 10/22/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on clinical record reviews and interviews with residents and staff, it was determined that the facility failed to ensure that a resident received appropriate care to a surgical wound, for one of seven residents reviewed (Resident R2).</p> <p>Findings include:</p> <p>Interview on October 22, 2024, at 10:25 a.m. Resident R2 stated that she had a wound vac (device that decreases air pressure on a wound, helping the wound to heal more quickly) upon her admission to the facility to her surgical wound and that she did not receive any wound care or dressing changes to the wound vac device for a week.</p> <p>Review of Resident R2's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated October 2, 2024, revealed that the resident was admitted to the facility on [DATE], with diagnoses including cellulitis (bacterial skin infection) of the right axilla (armpit). Continued review revealed that the resident had a surgical wound.</p> <p>Review of Resident R2's care plan, dated initiated October 2, 2024, revealed that the resident had a right axilla wound, with interventions including to provide wound consults and treatments as ordered.</p> <p>Review of Resident R2's hospital discharge documentation, dated October 1, 2024, revealed that the resident had a wound vac with instructions to change the dressing every Monday, Wednesday and Friday and for the pressure to be set at 125 mmHg (millimeters of mercury - unit of pressure used to measure blood pressure and other fluids).</p> <p>Review of Resident R2's wound consultant notes, dated October 2, 2024, revealed that the resident's wound was evaluated and to provide wound vac dressing changes every Monday, Wednesday and Friday.</p> <p>Continued review of Resident R2's wound consultant notes, dated October 9, 2024, revealed that the resident's wound was evaluated and to provide wound vac dressing changes every Monday, Wednesday and Friday.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of progress notes for Resident R2 revealed a nurses note, dated October 16, 2024, at 12:00 p.m. which indicated that the resident returned from a post-operative physician's appointment, that the wound vac was removed, that no new orders were prescribed by the physician and that the resident did not require any follow-up care.</p> <p>Review of Resident R2's Medication and Treatment Records for October 2024, revealed that there were no treatment orders noted or documentation of any wound treatments or wound vac care from her admission on October 1, 2024, through October 16, 2024, when the resident's wound vac was removed.</p> <p>Interview on October 22, 2024, at 4:08 p.m. the Director of Nursing confirmed that there were no treatment orders noted on Resident R2's Medication and Treatment Records from October 1, 2024, through October 16, 2024, and no evidence of any wound treatments or wound vac care provided during that time.</p> <p>28 Pa Code 211.5(f)(viii) Medical records</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		