

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2023
NAME OF PROVIDER OR SUPPLIER  Kearsley Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2100 North 49th Street Philadelphia, PA 19131	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>38947</p> <p>Based on the review of clinical records, review of facility policy and interviews with staff, it was determined that the facility failed to ensure that complete and accurate clinical records were maintained for one out of three residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility's policy, Charting and Documentation, with a revision date of July 2017 indicated that all services provided to the resident, progress toward the care plan goals, or any changes in their resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The policy also indicated that the medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.</p> <p>Continued review of the policy indicated that information that should be documented in the resident's medical record included: treatments or services performed; changes in the resident's condition and events, incidents or accidents involving the resident.</p> <p>Review of documentation from the facility's Nurse Practitioner, dated November 15, 2023, at 8:55 a.m. documented that the resident was admitted in the facility on November 10, 2023, after undergoing left hip replacement surgery at a local hospital.</p> <p>Review of the resident's November 2023, physician orders included the diagnosis of hypertension (high blood pressure); diabetes (a condition that happens when an individual's blood sugar is too high); chronic kidney disease (a condition characterized by a gradual loss of kidney function over time) and presence of left artificial hip.</p> <p>Review of information reported to the State Survey Agency on November 30, 2023, indicated that Resident R1 complained of having difficulty breathing on November 30, 2023, and went to the nursing station to notify staff at 5:30 a.m.</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:  395983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2023
NAME OF PROVIDER OR SUPPLIER  Kearsley Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2100 North 49th Street Philadelphia, PA 19131	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Employee E3 (licensed nursing staff) on December 6, 2023 at 11:21 a.m. Employee E3 reported that she was assigned to the resident on November 30, 2023, during the 11:00 p.m. through the 7:00 a.m. nursing shift that she worked. Employee E3 reported that the resident came to the nursing station at 5:30 a.m. and reported that he was having trouble breathing. Employee E3 reported that she assessed the resident by taking the resident's vital signs, and that everything was fine.</p> <p>Review of the resident's nursing notes from November 10, 2023 through November 30, 2023, did not show evidence of documentation of the resident reporting that he was having trouble breathing, and no evidence of documentation that the resident was assessed by Employee E3 when it was reported to her, and the results of the assessment to ensure continued appropriate care and services for Resident R1.</p> <p>Continued interview with Employee E3 (licensed nursing staff) and the Director of Nursing on December 6, 2023 at 11:47 a.m. confirmed that no documentation in the resident's clinical record could be produced to show evidence that nursing staff documented the resident's report of having trouble breathing, and no evidence of documentation of the resident's assessment that Employee E3 reported that she conducted on the resident.</p> <p>28 Pa. Code 211.5 (f) Medical records</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		