

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  05/10/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</b></p> <p>Based on the observation, review of clinical records, and staff interviews, it was determined that the facility failed to ensure that nursing services met professional standards of quality according to the Pennsylvania Code Title 49, Professional and Vocational Standards, by documenting on the Medication Administration Record that medications were administered to a resident who was at dialysis treatment for one of 5 clinical records reviewed. (Resident R2).</p> <p>Findings include:</p> <p>According to the Pennsylvania Code Title 49, Professional and Vocational Standards Department of State, Chapter 21 State Board of Nursing, Chapter 21.145 Functions of the LPN (Licensed Practical Nurse) requires the following: (a) The LPN is prepared to function as a member of the health care team by exercising sound nursing judgement based on preparations, knowledge, skills, understandings, and past experiences in nursing situations. The LPN participates in the planning, implementation, and evaluation of nursing care in settings where nursing takes place. (b) The LPN administers medication and carries out the therapeutic treatment ordered for the patient in accordance with the following: (d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.</p> <p>Review of Resident R2's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses of protein-calorie malnutrition, immunodeficiency due to conditions classified elsewhere, hypertension, dependence on supplemental oxygen, heart failure, dependence on renal dialysis, chronic respiratory failure with hypoxia, and muscle wasting and atrophy.</p> <p>Observation conducted on May 10, 2024, at 9:35 a.m. of Resident's R2 room revealed that there were two medication cups left on top of the tray table in the room. One with red liquid filling a quarter of its volume, while the other contained orange syrup halfway of the cup. Resident R2 was not in the room.</p> <p>On May 10, 2024, at 9:36 a.m. an interview was held with the license nurse, Employee E3 who did confirm that Resident's R2's medication cups were on the tray table. When questioned what type of medications they were, Employee E3 responded that she did not know since none of the medications were given to Resident R2 during her shift as the Resident R2 was at dialysis.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident's R2's May 2024 Medication Administration Record (MAR) with Licensed nurse, Employee E3 revealed that the orange syrup was Liquid protein 30ml. Further investigation revealed the red syrup which was found on the Resident's R2's tray table was Cinacalcet 120 milligrams given by dialysis registered nurse, Employee E4.</p> <p>Continued review of Resident R2's MAR revealed that the following medications were signed out as given to Resident R2 on May 10, 2024, at 8:25 a.m. Liquid protein 30 ml, Loratadine table 10 mg, Calcitriol Capsule . 25mcg capsule, Cholecalciferol oral tablet 100 mcg, Cholecalciferol Oral Tablet 100 MCG (4000 UT), Vitamin D and Booster breeze one time a day 8 oz.</p> <p>On May 10, 2024, at 10:17 a.m. Director of Nursing, Employee E2 confirmed with Employee E3 that she signed out Resident's R2 medications; however, those medications were not given to Resident R2 as the resident was receiving dialysis treatment.</p> <p>On May 10, 2024, at 10:17 a.m. Director of Nursing, Employee E2 confirmed that no medicine cups with a medication should have been left behind and Employee E3 should have never signed out the medication without first giving to the Resident R2.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(2)(5) Nursing services</p> <p>28 Pa. Code: 211.12(d)(3) Nursing services.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on review of facility policies, clinical record review and interviews with staff, it was determined that the facility failed [NAME] ensure that medications were administered at the correct time as ordered by the physician for one of 5 residents reviewed (Residents R1).</p> <p>Findings include:</p> <p>Facility's policy titled Administering Medication last revised April 2019 revealed under bulletin #7. Medication is administered within one (1) hour of their prescribed time, unless otherwise specified (for example before and after meal orders).</p> <p>Review of the Resident R1's clinical record revealed that the resident was admitted of April 19, 2024, with the diagnoses of disorders of the brain, malignant neoplasm of brain, hemiplegia and hemiparesis, severe protein-calorie malnutrition.</p> <p>Interview conducted on May 10, 2024, at 11:41 a.m. with Director of Nursing, Employee E2 confirmed that the facility policy for medication administration was according to the physician order one hour prior or after.</p> <p>Review of Resident R1's May 2024 physician orders revealed an order for Carboxymethylcellulose Sodium Pphalmic Gel 1% schedule for every 4 hours for dry eyes.</p> <p>Review of Resident R1's May 2024 Medication Administration Record revealed the following:</p> <p>On May 6, 2024 Sodium Pphalmic Gel 1% schedule for 8:00 a.m. and it was administered at 10:01 a.m.</p> <p>On May 6, 2024 Sodium Pphalmic Gel 1% schedule for 12:00 p.m. and it was administered at 1:32 p.m.</p> <p>On May 6, 2024 Sodium Pphalmic Gel 1% schedule for 4:00 p.m. and it was administered at 9:13 p.m.</p> <p>On May 5, 2024 Sodium Pphalmic Gel 1% schedule for 8:00 a.m. and it was administered at 10:50 a.m.</p> <p>On May 5, 2024 Sodium Pphalmic Gel 1% schedule for 12:00 p.m. and it was administered at 2:31 p.m.</p> <p>On May 5, 2024 Sodium Pphalmic Gel 1% schedule for 4:00 p.m. and it was administered at 7:48 p.m.</p> <p>On May 4, 2024 Sodium Pphalmic Gel 1% schedule for 8:00 a.m. and it was administered at 11:12 a.m.</p> <p>On May 3, 2024 Sodium Pphalmic Gel 1% schedule for 8:00 a.m. and it was administered at 10:07 a.m.</p> <p>On May 2, 2024 Sodium Pphalmic Gel 1% schedule for 12:00 p.m. and it was administered at 4:36 p.m.</p> <p>On May 2, 2024 Sodium Pphalmic Gel 1% schedule for 4:00 p.m. and it was administered at 6:53 p.m.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On May 1, 2024 Sodium Pphalmic Gel 1% schedule for 4:00 p.m. and it was administered at 6:18 p.m.</p> <p>Continued review of the physician order indicated that Resident R1 was prescribed Gabapentin Oral Capsule 100 milligrams twice a day and Medline Active liquid protein one a day.</p> <p>Review of Resident R1's May 2024 Medication Administration Record revealed the following:</p> <p>On May 9, 2024, Gabapentin Oral Capsule was scheduled for 8:00 a.m. and it was administered at 10:56 a.m.</p> <p>On May 8, 2024, Gabapentin Oral Capsule was scheduled for 8:00 a.m. and it was administered at 10:24 a.m.</p> <p>On May 5, 2024, Medline Active Liquid was scheduled at 9:00 a.m. and it was administered at 11:01 a.m.</p> <p>On May 4, 2024, Medline Active Liquid was scheduled at 9:00 a.m. and it was administered at 11:12 a.m.</p> <p>On May 1, 2024, Medline Active Liquid was scheduled at 9:00 a.m. and it was administered at 1:23 p.m.</p> <p>On May 10, 2024, at 12:12 p.m. the Director of Nursing, Employee E2 confirmed the above findings.</p> <p>28 Pa Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>