STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395983	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kearsley Rehabilitation and Nursing Center	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923 Based on review of facility policies, clinical record review, and staff interview, it was determined that the facility failed to ensure that Resident R1 was free of neglect during a transfer via mechanical lift which resulted in actual harm to Resident R1 who was transfered with the assistance of one staff member, the tightening of the sling pad and sustaining a fracture of the fourth lumbar vertebra, compresion fracture of the second lumbar vertebra, multiple fracture of ribs to the left side, and compression fracture of the third vertebra for one of three residents reviewed. (Resident R1) This deficiency was cited as past non-compliance. Findings include: Review of the facility policy, Safe Lifting and Movement of Residents dated 2001, indicated Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents 'needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Under item 9 it [NAME] Enough slings, in the sizes required by residents in need, will be available at all times. As an alternative resident with lifting and movement needs will be provided with single-resident use disposable slings. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with a diagnosis of Occlusion and Stenosis of Right Carotid Artery, Osteoarthritis (is a degenerative joint disease characterized by the breakdown of cartilage-the protective tissue that cushions the ends of bones), Polyosteoarthritis (is a form of osteoarthritis that affects multiple joints simultaneously), Hemothorax (typically caused by trauma to the chest, such as a rib fracture or injury from a car accident, but it can also occur due to complications from surgery, tumors, or certain medical conditions), Other intervertebral disc degeneration, lumbar region, (refers to the breakdown of the intervertebral discs located in the lower back (lumbar spine). These discs, which act as cushions between the bones (vertebrae) of the spine, can deteriorate due to aging, wear and tear, or other factors), Nontraumatic subdural hemorrhage, absolute glaucoma, bilateral (advanced, end-stage form of glaucoma where there is total and irreversible vision loss due to severe damage to the optic nerve). Based on the hospital record following the discharge on September 18, 2024, it was also noted that Resident R1 does have a diagnosis of osteopenia (condition characterized by lower-than-normal bone mineral density, but not low enough to be classified as osteoporosis. It occurs when bones lose minerals, such as calcium, faster than the body can replace them, making them weaker and more likely to fracture compared to healthy bone). (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Kearsley Rehabilitation and Nursing Center	2100 North 49th Street Philadelphia, PA 19131

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated September 9, 2024, revealed a Brief Interview for Mental Status (BIMS) not recorded which means the resident was unable to participate in the assessment due to severe cognitive impairment. The MDS's Functional Abilities and Goals revealed that Resident R1's upper (shoulder, elbow wrist, hand) and lower (hip, knee, ankle, foot) extremities have impairment on both sides. Review of facility documentation submitted to the State Survey Agency dated 9/13/24, revealed that , [Resident R1] was assessed today by CRNP (Certified Registered Nurse Practitioner) after brusing was discovered on his stomach. Area was tender to touch. Resident has no known falls or incidents. Resident is not a reliable historian and is rarely understood. [Resident R1] send to emergency department for Evaluation. Resident admitted to hospital with fractured ribs. Facility investigation initiated immediately. Update: 9/16/2024 Facility investigation concluded that CNA (nurse aide) used mechanical lift by herself on 9/11/2024 when injures occurred Facility investigation concluded that injuries occurred during transfer, caused by the tightening of the sling. These injuries occurred due to his osteopenic bones. The resident will be reassessed for transfers when returns. Our investigation unsubstantiated neglect. The aid has been reeducated on ensuring 2 license staff assist with mechanical lift transfers. Injuries sustained are not consistent with a fall. Review of an employee statement written by nurse aide, Employee E3 dated September 16, 2024, indicated, I was the CNA assigned to Resident R1 on 7-3, 9/9/ through 9/12. I wash and dressed him, I used a hoyer lift to transfer him. I do not remember who helped me with the hoyer lift on each of those days. There were no unusual events that happened. When I was helping nursing aid, [Employee E4] transfer [Resident R1] on 9/12 during the 3-11 shift, [Employee E4] and I saw that [Resident R1] had reddened spots on his left side. We reported this to license nurse, Employee E9. Employee E4 reported that he was in pain. During the time that I had him, Resident R1 did not have any incidents, accidents or complaints. On Thursday morning I transferred to him with Employee E4, [Resident R1] did not have any wincing or seemed not to have any pain'. Review of an employee statement written by nurse aide Employee E4 dated September 16, 2024, indicated, I was CNA assigned to [Resident R1] on 9/12 3-11. I transferred him back to bed with [nurse aide, Employee E3] using hoyer lift with no incident. On 9/12, after dinner, I transferred him with [nurse aide, Employee E3] using the hoyer. When he was in bed, I started to change his brief, I noticed a discolored area on the left chest. [Resident R1] was acting like his usual, self and did not seem to be in pain. I told [license nurse, Employee E9] about the discoloration; I saw [licensed nurse, Employee E9] go into his room. I have no knowledge of him failing or having any incident. Review of an employee statement written by Nurse aide Employee E11, dated September 16, 2024, indicated, I routinely have [Resident R1] on my assignment. On 9/11, I have him a bed bath. As I was washing him, I noticed a redden area on his abdomen, I did not think it was out of the ordinary because [Resident R1] routinely has temporary redden areas after bathing. I have no knowledge of him having any recent falls. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	On October 1, 2024, at 11: 47 a.m. a telephone interview was conducted with nurse aide, Employee E3, who confirmed that Resident R1 was under her care during the day shift (7 a.m. to 3 p.m.) from Monday, September 9, 2024, to Thursday, September 12, 2024. On Wednesday, September 11, 2024, at approximately 10:30 a.m., Employee E3 transferred Resident R1 from bed to a Gerry chair using a full-body sling pad with a Hoyer mechanical lift, performing the transfer by herself because she didn't see anyone in the hallway. Employee E3 admitted , 'I'm at fault for using the Hoyer lift by myself. Resident R1 did not display any signs of pain before or after the transfer. Employee E3 stated that she has transferred residents 'numerous times' using the mechanical Hoyer lift by herself, despite the facility's policy requiring two people for such transfers. The interview further revealed on Thursday, September 12, 2024, nursse aide Employee E3, along with another nurse aide, Employee E4, assisted in transferring Resident R1 from bed to a chair. However, Employee E3 noted that this transfer differed from previous ones because a split Hoyer pad was used instead of a full-body pad to position the resident before attaching him to the Hoyer lift. Employee E3 explained that the full-body pad was unavailable, and only a split pad could be found, even though each resident who uses a Hoyer lift is supposed to have their own designated pad. After locating the split pad, Employee E3 crossed its ends and positioned it under Resident R1's body, including his legs. Employee E3 stated I placed his legs inside the pad. Normally, with the full-body pad, the resident's legs would remain outside the pad, but in this case, Resident R1's legs had to stay inside to ensure he remained securely in the split pad. On October 1, 2024, at 12:40 p.m. a telephone attempt was made to interview nurse aide, Employee E4; however, there was no response or returned call back. Clinical record was reviewed, and it was revealed that Resident R1 was admitted to the hospital on September 13, 2024, with the following diagnosis, fracture of fourth lumbar vertebra, Wedge compression fracture of second lumbar vertebra, Multiple fractures of Ribs left side, Wedge compression fracture of third lumbar vertra, Multiple fractures of ribs unspecify side initial encounter for closed fracture. This deficiency was identified as actual harm past non-compliance for failure to ensure that Resident R1 was free of neglect during a transfer via mechanical lift which resulted in actual harm to Resident R1 who was transfered with the assistance of one staff member, the tightening of the sling pad as concluded by the facility and sustaining a fracture of the fourth lumbar vertebra, compresion fracture of the second lumbar vertebra, multiple fracture of ribs to the left side, and compression fracture of the third vertebra. On October 1, 2024, the Nursing Home Administrator presented documentation, indicating that the facility initiated a plan of correction on September 13, 2024. The facility plan of correction included the following: -Conduct competencies for using mechanical lifts with nursing staff. -Interview residents who require full mechanical lifts about feeling safe and confirming 2 staff perform transfer. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	-Interview nursing staff to ensure they are comfortable in reporting abuse or neglect and if they have any knowledge of an incident or accident not being reported. -Educate staff on reporting abuse and neglect and following plan of care. The facility alleged compliance with their plan of correction as of September 18, 2024. Facility education records and competency records verified for completion. Nursing staff was interviewed on October 1, 2024 verified education related to abuse and neglect. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.29(a) Resident rights 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa Code 211.12(d)(1)(2)(5) Nursing services

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923 Based on review of facility policies and documents, clinical record review, and staff interview, it was determined that the facility failed to ensure the proper transfer of Resident R1 via mechanical lift with the assistance of two staff, which resulted in actual harm to Resident R1 with the tightening of the sling pad, sustaining fracture of the fourth lumbar vertebra, compresion fracture of the second lumbar vertebra, multiple fracture of ribs to the left side, and a compression fracture of the third vertebra. (Resident R1) This deficiency is cited as past non-compliance. Findings include: Review of the facility policy, Safe Lifting and Movement of Residents dated 2001, indicated Nursing staff, in conjunction with the rehabilitation staff, shall assess individual residents 'needs for transfer assistance on an ongoing basis. Staff will document resident transferring and lifting needs in the care plan. Under item 9 it [NAME] Enough slings, in the sizes required by residents in need, will be available at all times. As an alternative resident with lifting and movement needs will be provided with single-resident use disposable slings. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with a diagnosis of Occlusion and Stenosis of Right Carotid Artery, Osteoarthritis (is a degenerative joint disease characterized by the breakdown of cartilage-the protective tissue that cushions the ends of bones), Polyosteoarthritis (is a form of osteoarthritis that affects multiple joints simultaneously), Hemothorax (typically caused by trauma to the chest, such as a rib fracture or injury from a car accident, but it can also occur due to complications from surgery, tumors, or certain medical conditions), Other intervertebral disc degeneration, lumbar region, (refers to the breakdown of the intervertebral discs located in the lower back (lumbar spine). These discs, which act as cushions between the bones (vertebrae) of the spine, can deteriorate due to aging, wear and tear, or other factors), Nontraumatic subdural hemorrhage, absolute glaucoma, bilateral (advanced, end-stage form of glaucoma where there is total and irreversible vision loss due to severe damage to the optic nerve). Based on the hospital record following the discharge on September 18, 2024, it was also noted that Resident R1 does have a diagnosis of osteopenia (condition characterized by lower-than-normal bone mineral density, but not low enough to be classified as osteoporosis. It occurs when bones lose minerals, such as calcium, faster than the body can replace them, making them weaker and more likely to fracture compared to healthy bone). Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated September 9, 2024, revealed a Brief Interview for Mental Status (BIMS) not recorded which means the resident was unable to participate in the assessment due to severe cognitive impairment. The MDS's Functional Abilities and Goals revealed that resident R1's upper (shoulder, elbow wrist, hand) and lower (hip, knee, ankle, foot) extremities are impairment on both sides. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of facility documentation submitted to the State Survey Agency dated 9/13/24, revealed that , [Resident R1] was assessed today by CRNP (Certified Registered Nurse Practitioner) after brusing was discovered on his stomach. Area was tender to touch. Resident has no known falls or incidents. Resident is not a reliable historian and is rarely understood. [Resident R1[send to emergency department for Evaluation. Resident admitted to hospital with fractured ribs. Facility investigation initiated immediately. Update: 9/16/2024 Facility investigation concluded that CNA (nurse aide) used mechanical lift by herself on 9/11/2024 when injures occurred Facility investigation concluded that injuries occurred during transfer, caused by the tightening of the sling. These injuries occurred due to his osteopenic bones. The resident will be reassessed for transfers when returns. Our investigation unsubstantiated neglect. The aid has been reeducated on ensuring 2 license staff assist with mechanical lift transfers. Injuries sustained are not consistent with a fall. Review of an employee statement written by nursing aide, Employee E3 dated September 16, 2024, indicated, I was the CNA assigned to Resident R1 on 7-3, 9/9/ through 9/12. I wash and dressed him, I used a hoyer lift to transfer him. I do not remember who helped me with the hoyer lift on each of those days. There were no unusual events that happened. When I was helping nursing aid, [Employee E4] transfer [Resident R1] on 9/12 during the 3-11 shift, [Employee E4] and I saw that [Resident R1] had reddened spots on his left side. We reported this to license nurse, Employee E9. Employee E4 reported that he was in pain. During the time that I had him, Resident R 1 did not have any incidents, accidents or complaints. On Thursday morning I transferred to him with Employee E4, [Resident R1] did not have any wincing or seemed not to have any pain'. Review of an employee statement written by nursing aide Employee E4 dated September 16, 2024, indicated, I was CNA assigned to [Resident R1] on 9/12 3-11. I transferred him back to bed with [nurse aide, Employee E3] using hoyer lift with no incident. On 9/12, after dinner, I transferred him with [nurse aide, Employee E3] using the hoyer. When he was in bed, I started to change his brief, I noticed a discolored area on the left chest. [Resident R1] was acting like his usual, self and did not seem to be in pain. I told [license nurse, Employee E9] about the discoloration; I saw [licensed nurse, Employee E9] go into his room. I have no knowledge of him failing or having any incident. Review of an employee statement written by Nurse aide Employee E11, dated September 16, 2024, indicated, I routinely have [Resident R1] on my assignment. On 9/11, I have him a bed bath. As I was washing him, I noticed a redden area on his abdomen, I did not think it was out of the ordinary because [Resident R1] routinely has temporary redden areas after bathing. I have no knowledge of him having any recent falls. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	On October 1, 2024, at 11: 47 a.m. a telephone interview was conducted with nursing aide, Employee E3, who confirmed that Resident R1 was under her care during the day shift (7 a.m. to 3 p.m.) from Monday, September 9, 2024, to Thursday, September 12, 2024. On Wednesday, September 11, 2024, at approximately 10:30 a.m., Employee E3 transferred Resident R1 from bed to a Gerry chair using a full-body sling pad with a Hoyer mechanical lift, performing the transfer by herself because she didn't see anyone in the hallway. Employee E3 admitted , 'I'm at fault for using the Hoyer lift by myself. Resident R1 did not display any signs of pain before or after the transfer. Employee E3 stated that she has transferred residents 'numerous times' using the mechanical Hoyer lift by herself, despite the facility's policy requiring two people for such transfers. The interview further revealed On Thursday, September 12, 2024, nurse aide Employee E3, along with another nurse aide, Employee E4, assisted in transferring Resident R1 from bed to a chair. However, Employee E3 noted that this transfer differed from previous ones because a split Hoyer pad was used instead of a full-body pad to position the resident before attaching him to the Hoyer lift. Employee E3 explained that the full-body pad was unavailable, and only a split pad could be found, even though each resident who uses a Hoyer lift is supposed to have their own designated pad. After locating the split pad, Employee E3 crossed its ends and positioned it under Resident R1's body, including his legs. Employee E3 stated I placed his legs inside the pad. Normally, with the full-body pad, the resident's legs would remain outside the pad, but in this case, Resident R1's legs had to stay inside to ensure he remained securely in the split pad. On October 1, 2024, at 12:40 p.m. an telephone attempt was made to interview nurse aide, Employee E4; however, there was no response or returned call back. Clinical record was reviewed, and it was revealed that Resident R1 was admitted to the hospital on September 13, 2024, with the following diagnosis, fracture of fourth lumbar vertebra, Wedge compression fracture of second lumbar vertebra, Multiple fractures of Ribs left side, Wedge compression fracture of third lumbar vertra, Multiple fractures of ribs unspecify side initial encounter for closed fracture. This deficiency was identified as actual harm past non-compliance for failure to ensure that Resident R1 was transfer safely via mechanical lift into a chair with the assistance of two staff, tightening of the sling pad as concluded by the facility which resulted in actual harm to Resident R1 who sustained a fracture of the fourth lumbar vertebra, compresion fracture of the second lumbar vertebra, multiple fracture of ribs to the left side, and a compression fracture of the third vertebra. On October 1, 2024, the Nursing Home Administrator presented documentation, indicating that the facility initiated a plan of correction on September 13, 2024, to address the proper staff assistance via transfer of a resident using a mechanical lift. The facility plan of correction included the following: -Conduct competencies for using mechanical lifts with nursing staff. -Interview residents who require full mechanical lifts about feeling safe and confirming 2 staff perform transfer. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	-Interview nursing staff to ensure they are comfortable in reporting abuse or neglect and if they have any knowledge of an incident or accident not being reported. -Educate staff on reporting abuse and neglect and following plan of care. The facility alleged compliance with their plan of correction as of September 18, 2024. Facility education records and competency records verified for completion. Nursing staff was interviewed on October 1, 2024 to verify education related to the use of mechanical lifts requiring 2 person assist during resident transfer. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.29(a) Resident rights 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa Code 211.12(d)(1)(2)(5) Nursing services