

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 07/22/2024
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>38947</p> <p>Based on staff interviews and the review of clinical records, it was determined that the facility failed to ensure that the resident's clinical record included complete and accurate documentation that residents were provided with the right to participate in his/her care plan meetings for 6 out of 6 residents reviewed (Resident R63, R18, R30, R1 and R3).</p> <p>Findings include:</p> <p>During a resident group meeting on July 18, 2024, at 11:00 a.m. during a discussion about care plan meetings and a description of them, including what facility staff may have been present during them (e.g. social worker, nurse), Resident R63, R18, R30, R1 and R3 reported that they did not recall having attended a care plan meeting or having being invited to one.</p> <p>Review of the clinical record for Resident R63 indicated on a Care Plan Meeting Review document that her last care plan meeting was held on June 20, 2024.</p> <p>Review of the clinical record for Resident R18 indicated on a Care Plan Meeting Review document that his last care plan meeting was held on May 2, 2024.</p> <p>Review of the clinical record for Resident R30 indicated on a Care Plan Meeting Review document that her last care plan meeting was held on June 6, 2024.</p> <p>Review of the clinical record for Resident R1 indicated on a Care Plan Meeting Review document that his last care plan meeting was held on May 2, 2024.</p> <p>Review of the clinical record for Resident R3 indicated on a Care Plan Meeting Review document that her last care plan meeting was held on May 30, 2024.</p> <p>Review of the above identified resident's Care Plan Meeting Review document and review of the resident's clinical notes not include any information as to the time that the care plan meeting was scheduled, the date that the resident was notified of the June 20, 2024 care plan meeting, their response to the verbal or written invitation and if they requested that an outside attendee be invited as well (e.g. responsible party, friend, family member). Review of the multidisciplinary notes and the Care Plan Meeting Review, did not include any documentation as to what specifically discussed during the meeting.</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 07/22/2024
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Employee E14 (social worker) on July 22, 2024 at 9:00 a.m. Employee E14 reported that she notifies residents verbally regarding the date and time of their care plan meeting. Employee E14 reported that if the resident is not alert or oriented, she contacts the resident's family by phone to invite them. Employee E14 reported that she also provides letters to the resident and his/her family inviting them to the care plan meeting, but reported that she did not have a copy of any that she sent out. Reviewed the resident's Care Plan Meeting revealed no specific documentation in the multi disciplinary notes or on the Care Plan Meeting Review document to show evidence that the residents were provided with the right to participate in their care plan meetings.</p> <p>28 Pa. 211.5(f) Clinical records</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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 07/22/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on observation and resident and staff interviews, it was determined that the facility failed to maintain a safe, clean, comfortable and homelike environment for 8 out of 18 residents reviewed. (Residents R70, R87, R51, R65, R141, R75, R23 and R45).</p> <p>Findings Include:</p> <p>An initial tour of the facility was taken on July 16, 2024, at 10:15 a.m. of Upper Level North units revealed the following:</p> <p>Interview with Resident R70 revealed that she was unable to call her family stating that her phone has not been working since she was admitted on [DATE]. Observation of Resident R70's phone revealed that it was plugged into the wall, but did not have a dial tone or light up.</p> <p>Interview with Resident R87 revealed that her phone did not work either. Observation of Resident R70's phone revealed that it was plugged into the wall, but did not have a dial tone or light up.</p> <p>Interview with Resident R51 revealed that her phone did not work. Observation of Resident R51's phone revealed that it was plugged into the wall but did not have a dial tone or light up. Further observation revealed a portable air conditioning (A/C) unit vented out the window. Further interview with Resident R51 revealed that the built-in A/C unit was not working consistently, and when it got too hot her family complained and the facility installed the portable unit which she said worked well if she was sitting near it.</p> <p>Interview with Resident R65 revealed that the temperature in the room varied, and that he was often warm. Observation revealed that R65 shared a room with Resident R141, and that there was a portable A/C unit near Resident R141's bed. Interview with Resident R141 revealed that he was happy being near the portable A/C unit.</p> <p>Observation of Resident R75's phone revealed that it was plugged into the wall but did not have a dial tone or light up.</p> <p>Observation of Resident R23's phone revealed that it was plugged into the wall but did not have a dial tone or light up.</p> <p>Observation of Resident R45's phone revealed that it was plugged into the wall but did not have a dial tone or light up.</p> <p>Observation of the window at the end of the Upper Level North long hall revealed that the window on the right side did not close, and the screen only covered half of the window, and there was a wasp observed flying around this window.</p> <p>(continued on next page)</p>		

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 07/22/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with Employee E10, Maintenance Director, confirmed the above observations and stated that the phone system has been a problem, and he is working with corporate to get approval to replace the system.</p> <p>28 Pa Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1) Management</p>		

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 07/22/2024
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 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** 38947</p> <p>Based on staff interviews, review of facility policy and the review of clinical records, it was determined that the facility failed to ensure that physician orders were followed for the administration of pain medication for one out of 21 residents records reviewed (Resident R5).</p> <p>Findings include:</p> <p>Review of the facility's undated Pharmacy Services Overview, indicated that the facility shall contract with a licensed consultant pharmacist to help it obtain and maintain timely and appropriate pharmacy services that support residents' needs, are consistent with current standards of practice, and meet state and federal requirements. The policy also indicated that pharmacy services are available to residents 24 hours a day and 7 days a week. The policy also stated that residents will have sufficient supply of their prescribed medications and receive medications (routine, emergency or as needed) in a timely manner. Continued review of the policy indicated that nursing staff will communicate prescriber orders to the pharmacy and are responsible for contacting the pharmacy if a resident's medication is not available for administration.</p> <p>Review of the July 2024 physician orders for Resident R5 indicated that the resident was admitted into the facility on [DATE] with diagnosis that included the following: malnutrition; cerebral infarction (a stroke); depression; post-traumatic stress disorder, cervical disc disorder, spinal stenosis, and other chronic pain.</p> <p>During an interview with the resident on July 15, 2024 at 10:30 a.m. Resident R5 reported that her medicine, Oxycodone (an opioid medication that treats severe pain), is always not available for her to take because nursing staff is not notifying the physician in a timely manner that a new prescription is needed. Resident R5 reported that she is scheduled for surgery on her spine soon and stated, I should not have to be in pain like this.</p> <p>Review of the resident's July 2024 physician orders included physician orders for the following:</p> <p>An order dated June 22, 2024 and monthly thereafter for the resident to have 1-10 milligram tablet of Oxycodone administered every 12 hours, as an abuse deterrent (to prevent altered routes of administration of the medication such as crushing for snorting or dissolving for injection), at 9:00 a.m. and 9:00 p.m. for pain related to the resident's diagnosis of cervical disc disorder.</p> <p>An order dated June 22, 2024 and monthly thereafter for the resident to have 1-10 milligram Oxycodone tablet, PRN (as needed) administered to her every 4 hours as needed for severe pain.</p> <p>An order dated June 22, 2024 and monthly thereafter for the resident to have 1-5milligram Oxycodone tablet administered 4 hours as needed for severe pain levels (7-10) that are not relieved with the 1-10 milligram tablet of oxycodone. The order indicated that the 1-5 milligram tablet should be administered to the resident after 30 minutes of receiving the 10 milligram tablet.</p> <p>(continued on next page)</p>		

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 07/22/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a nursing note on June 23, 2024 at 1:44 p.m. the nursing note indicated that the pharmacy is awaiting the script from the physician to send the resident's 10 milligram tablets of Oxycodone to the facility that the resident is prescribed to be administered every 12 hours. Review of the Resident R5's Medication Administration Record (MAR) revealed that the pain medication Oxycodone was not administered to the resident as indicated on June 23, 2024 at the 9:00 a.m. and the 9:00 p.m.</p> <p>Review of a nursing note dated June 24, 2024 at 11:35 a.m. documented that the resident's 9:00 a.m. dose of 1-10 milligram tablet of oxycodone administered every 12 hours was not administered. The nursing note stated that the nurse practitioner signed the script that was referenced in the June 23, 2024 nursing note that was needed by the pharmacy in order for the medication to be sent to the facility. Review of the MAR for June 23, 2024 indicated that the 9:00 a.m. dose was not administered to the resident as ordered.</p> <p>During an interview with the Director of Nursing (DON) on July 19, 2024 at 9:30 a.m. it was confirmed that the resident was not administered the above reference doses of her medication as ordered by the physician, because a script was not obtained from the physician in a timely manner.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12 (c)(d)(5) Nursing services</p>		

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 07/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947</p> <p>Based on clinical record review, review of facility policy and staff interviews, it was determined that the facility failed to accurately record resident's weight, and failed to monitor, assess and implement interventions in a timely manner for a resident with significant weight loss for 1 of 21 records reviewed. (Resident R76)</p> <p>Findings include:</p> <p>Review of the facility policy, Weight Assessment and Interventions, with a revision dated of March 2022 indicate that residents are weighed upon admission and at intervals established by the interdisciplinary team and/or as ordered by the physician. The policy also indicated that any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation and nursing will immediately notify the dietitian in writing.</p> <p>Review of the July 2024 physician orders for Resident R76 indicated that the resident was admitted into the facility on [DATE] with the following diagnosis: failure thrive (insufficient weight gain); dysphagia (difficulty swallowing); abnormal weight loss; chronic kidney disease (gradual loss of kidney function that can lead to kidney failure); depression (a mood disorder that causes persistent sadness and loss of interest) and adjustment disorder (involves emotional or behavioral problems that occur after a stressful event).</p> <p>Continued review of the resident's July 2024 physician orders included a physician's order for the resident to have her weight taken weekly every Wednesday morning starting May 29, 2024 and monthly thereafter.</p> <p>Review of the weight history for Resident R76 included the following:</p> <p>May 22, 2024 at 3:54 p.m. weight recorded as 125.6 lbs. (pounds)</p> <p>June 5, 2024 at 2:16 p.m. weight recorded as 112.6 lbs.</p> <p>June 17, 2024 at 8:21 a.m. weight recorded as 109.8 lbs.</p> <p>June 26, 2024 at 11:49 a.m. weight recorded as 94.2 lbs.</p> <p>July 10, 2024 at 12:34 p.m. weight recorded as 106.2 lbs.</p> <p>July 14, 2024 at 10:02 a.m. weight recorded as 105.6 lbs.</p> <p>Review of a nursing note dated June 5, 2024 at 2:34 p.m. indicated that the residents weights were taken and recorded as 112.6lbs. at 2:16 p.m.</p> <p>Review of the resident's weight on June 5, 2024 when compared to the resident's admission weight on May 22, 2024 indicated a 13 lbs. weight loss and a -10.4% weight loss.</p> <p>(continued on next page)</p>		

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 07/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the registered dietician's notes indicated that the above referenced significant weight loss was not addressed by the dietician until 6 days after the significant weight loss was recorded by the facility. The significant weight loss was not addressed with the resident, and her responsible party until 7 days after the significant weight loss was recorded by the facility.</p> <p>Review of a progress notes dated June 11, 2024 at 3:03 p.m. (6 days after the resident's June 5, 2024 weight was recorded by the facility staff and identified as a significant weight loss), indicated that the resident had a significant weight loss and that the weight loss was unplanned. The registered dietician (Employee E12) indicated in her progress notes that she will continue the resident's current nutritional plan of care, monitor for a hospice evaluation, and that she will notify the nurse practitioner.</p> <p>Continued review of the resident's progress notes, indicated that on June 12, 2024 at 10:55 a.m. the registered dietician met with Resident R76 on the above referenced date (7 days after the resident's June 5, 2024 weight was taken by nursing staff and indicated a significant weight loss) to notify the resident of significant weight loss. Continued review of the progress notes indicated that the resident was receptive to adding a protein supplement to her diet which would be an 8-ounce drink that she would be given each morning, with encouragement from the registered dietician to sip on the drink throughout the day.</p> <p>Continued review of the resident's clinical record indicated that on June 17, 2024 at 8:21 a.m. the resident's weight was recorded by nursing staff as 109.8 lbs which was a 2.8 lbs weight loss since the last weight of June 5, 2024. Continued review of the resident's weight indicated that the resident's weight continued to trend downward and on June 26, 2024, the resident's weight was recorded as being 94.2 lbs on June 26, 2024 at 11:49 a.m.</p> <p>Continued review of the resident's clinical record indicated that on June 26, 2024 at 11:49 a.m. the resident's weight was recorded as 94.2 lbs with a -25% significant weight loss over the last month (since May 22, 2024 weight of 125.6) with a total of 31.4 lbs. loss by the resident since her admission of May 22, 2024.</p> <p>Continued review of the multidisciplinary notes did not show evidence that the significant weight loss recorded by the facility on June 26, 2024 was monitored for a resident with impaired nutrition and new interventions developed and implemented in a timely manner, in order to stabilize or improve the resident's nutritional status.</p> <p>The significant weight loss was not addressed by the dietician until 5 days after the significant weight loss was recorded by the facility. The significant weight loss was not addressed with the resident, and her responsible party until 6 days after the significant weight loss was recorded by the facility.</p> <p>Review of a progress notes dated July 1, 2024 at 10:25 a.m. (5 days after the resident's June 26, 2024 weight was taken by nursing staff and indicated a significant weight loss), indicated that the resident had a significant weight loss, and that the weight loss was unplanned. The registered dietician (Employee E12) adjusted the resident's current tube feeding due to the significant weight loss.</p> <p>(continued on next page)</p>		

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 07/22/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of the resident's progress notes, indicated that on July 2, 2024 at 7:21 a.m. the registered dietician met with Resident R76 on the above referenced date (6 days after the resident's June 5, 2024 weight was taken by nursing staff and indicated a significant weight loss) to notify the resident of significant weight loss and what her recommendations were for the resident.</p> <p>Continued review of the resident's weight record revealed that resident's weights were not being accurately recorded and monitored by the registered dietician with a weight being deleted by the registered dietician over two weeks.</p> <p>Continued review of the resident's weight records indicated that on July 16, 2024, the resident's weight of 94.2 lbs, this weight record was struck-out by the registered dietician (Employee E12) on July 16, 2024, 20 days after it was recorded, and considered a weight that was no longer valid for Resident R76. Review of the dietician's note dated July 16, 2024 at 10:49 a.m. documented the following in regards to the weight of 94.2 lbs that was recorded as a significant weight loss by the dietician on June 26, 2024:</p> <p>. Suspect 6/26 weight of 94.2# is outlier considering rt has had multiple weights over the past month that are ~105-110#.</p> <p>Review of the resident's weights recorded after the resident's recorded weight of 94.2 lbs on June 26, 2024, and the implementation of interventions used to promote weight gain (e.g. increase in the resident's tube feeding volume) were recorded as being a weight increase for the resident.</p> <p>July 10, 2024 at 12:34 p.m. weight recorded as 106.2 lbs</p> <p>July 14, 2024 at 10:02 a.m. weight recorded as 105.6 lbs</p> <p>During an interview with Employee E12 and Employee E13 (Regional Dietician) on July 19, 2024 at 11:00 a. m. it was discussed with Employee E12 (facility dietician) and Employee E13 (Regional registered dietician) that the resident's significant weight loss was not addressed in a timely manner. When asked what their department's procedures was in in regard to the time frame of addressing a resident's significant weight loss, no time frame as to when a significant weight loss is expected to be addressed by the registered dietician was provided during the interview. Employee E12 reported that she has a number of residents to see so things have to be prioritized. The regional dietician asked during the interview, what is considered a timely manner?</p> <p>Continued interview with Employee E12 discussed resident's weight of 94.2 lbs being identified as an outlier, 20 days after she identified as a significant weight loss, and interventions were identified and implemented as a result of that weight. Employee E12 reported that she did not think that it was an accurate weight when compared to the resident's other weights.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 211.12(d)(1)(3) Nursing services</p>		

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 07/22/2024
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>38735</p> <p>Based on a review of facility documentation and interviews with staff, it was determined that the facility failed to complete performance reviews of nurse aides as required.</p> <p>Findings include:</p> <p>Review of facility documentation on July 19, 2024, at 12:55 p.m., with the Director of Nursing, related to staff education and in-service records, orientation trainings and personnel files, revealed that no documentation was available for review at the time of the survey related to performance reviews for facility staff.</p> <p>Interview, on July 7, 2023, at 1:20 p.m. the Administrator confirmed that the DON, who was responsible for annual performance reviews and nursing staff training, was not able to find any documentation of performance reviews for any staff, including the selected nurse aides. The Administrator revealed that the nursing department had no process in place at the facility to ensure that performance reviews are being completed and used to guide training. The Administrator further stated that training is guided by events at the facility and not based on needs identified by staff evaluation.</p> <p>28 Pa. Code 201.19(2) Personnel policies and procedure</p> <p>28 Pa. Code: 201.20(a) Staff development</p>		

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 07/22/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>38735</p> <p>Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>The November 2022, policy Food Receiving and Storage states, All food stored in the refrigerator and freezer are covered, dates and labeled.</p> <p>An initial tour of the Food Service Department was conducted on July 16, 2024, at 9:50 a.m. with Employee E3, Food Service Director (FSD), which revealed the following:</p> <p>Observations in the dry storage room revealed that the white tile floor had dark colored path of dirt leading through the entrance into the room and there were multiple ceiling tiles that had brown stains on them.</p> <p>Observation in the walk-in refrigerator revealed a pan of thick red sauce with no label or date.</p> <p>Observation in the walk-in freezer revealed a pan of chicken that was partially covered with thin plastic wrap which was torn in one corner exposing the food to circulating air. Further observation revealed frozen icicles hanging from both sides of the condenser and from the black foam covered drainpipe and dripping down the shelving unit below it onto the floor where there was a patch of ice.</p> <p>Observation in the corner of the kitchen near the three-compartment sink revealed a hand sink that had water squirting from the drainpipe onto the wall and floor.</p> <p>Interview with the FSD 10:00 a.m. on July 16, 2024, confirmed the above findings.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>

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 07/22/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on a review of clinical records, review of facility policy and staff interviews, it was determined that the facility did not maintain complete and accurate clinical records related to enteral feeding volume documentation for 2 of 21 records reviewed (Resident R64 and Resident R191).</p> <p>Findings include:</p> <p>Review of the facility's policy, Charting and Documentation, with a revision date of July 2017 indicated that documentation in the resident's medical record will be objective, complete and accurate. Continued review of the policy indicated that documentation of procedures and treatment will include care specific details that include, but not limited to:</p> <p>Documentation of procedures and treatments will include care-specific details, including, but not limited to:</p> <ul style="list-style-type: none"> -the date and time the procedure/treatment was provided -how the resident tolerated the procedure/treatment -whether the resident refused the procedure/treatment -notification of family, physician or other staff, if indicated <p>Review of Resident R64's clinical record revealed the resident was admitted to the facility on [DATE], with diagnosis to include but not limited to dysphagia, oropharyngeal phase (difficulty transferring food from the mouth into the pharynx (part of the throat behind the mouth and nasal cavity) and esophagus (food tube connecting pharynx to stomach) to initiate the involuntary swallowing process).</p> <p>Further review of Resident R64's clinical record revealed physician orders dated June 29, 2024, enteral feed order four times a day one carton of Jevity 1.5 = 355 ml via PEG daily.</p> <p>Review of Resident R64's medication administration record (MAR) revealed that most shifts it was documented that 355 ml's of formula were administered from July 1, 2024, to July 15, 2024, when the order was changed. The new enteral feeding order on July 15, 2024, was four times a day, five cartons of Jevity 1.5 via PEG daily.</p> <p>Further review of Resident R64's MAR revealed that on July 17, 2024, all four feeding were documented as 770 ml.</p> <p>(continued on next page)</p>		

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 07/22/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Employee E11, LPN, on July 18, 2024, at 10:50 a.m. revealed that one carton of Jevity 1.5 was 237 ml, or roughly 240 ml, and not 355 ml as was charted from July 1, 2024, through July 15, 2024. Observation of a carton of Jevity 1.5 provided by Employee E11, revealed that the carton was 237 ml, and contained 355 calories. Employee E11 indicated that the order which stated one carton provided 355 ml was not accurate, and that staff, including her, should have documented 237 or 240 ml for each feeding that was one carton.</p> <p>Interview with the Director of Nursing on July 18, 2024, at 11:15 a.m. confirmed that the June 29, 2024, enteral feeding order had the wrong volume for a carton of Jevity 1.5 which was 240 ml, not 355 ml, and that most of the volumes listed on the July MAR for Resident R64 were not documented accurately.</p> <p>Interview with Employee E12, Registered Dietitian on July 19, 2024 at 10:55 a.m., revealed that she had documented in a June 25, 2024, nutrition progress note in Resident R64's record that a carton of Jevity was 355 ml, which was the caloric value and not the volume. She indicated that the error on her June 25, 2024, recommendation may have caused the error on the June 29, 2024, enteral feeding order.</p> <p>Review of the February 2024 physician orders for Resident R191 included the following diagnosis: atrial fibrillation (irregular and often very rapid heartbeat); hypertension (high blood pressure), and heart failure (a condition in which the heart cannot pump blood as well as it should causing an individual to have fluid buildup and shortness of breath).</p> <p>Resident R191 was admitted into the facility on [DATE], and discharged home on February 20,2024 with his daughter.</p> <p>During an interview with Resident R191 on July 15, 2024, at 2:20 p.m. reported that the cardiologist who visit him at the facility changed his dosage of his Lasix (a diuretic that treats fluid retention and high blood pressure) shortly after he arrived at the facility for care in October 2024, and did not tell him about this.</p> <p>Review of a note from the Cardiologist on October 20, 2023, at 12:38 p.m. indicated that the resident was seen by the cardiologist on the referenced date and that the dosage of his Lasix was decreased to from 60 milligrams a day to 40 milligrams a day. Review of the note did not show evidence that the resident was notified of the change in the dosage of the Lasix that the cardiologist was recommending.</p> <p>During an interview with the Director of Nursing (DON) on June 22, 2024 at 11:00 a.m. the DON reported that she accompanies the cardiologist around the facility when he meets with residents and notifies them verbally of any changes that he will make regarding their care. During the above referenced interview, the DON acknowledged that there was no documentation during the October 20, 2024 visit indicating that the resident was notified about the recommended changes from the cardiologist.</p> <p>28 Pa Code: 211.5(f) Clinical records.</p> <p>28 Pa Code: 211.12(d)(1)(5) Nursing services.</p>		

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 07/22/2024
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>38947</p> <p>Based on staff interviews, the review of the clinical record and facility documentation, it was determined that the facility failed to ensure that a communication process was utilized for communication between the facility and the hospice care agencies for 1 out of 1 resident review receiving hospice care (Resident R41).</p> <p>Findings include:</p> <p>Review of the facility's Hospice Program policy with a revision date of July 2017 indicated that it is the hospice agency to manage the resident's care as it relates to the terminal illness and related conditions. The policy also indicated that the Social Services Director or designee was responsible for coordinating care provided to the resident by the facility and hospice staff, which included, but not limited to: collaborating hospice staff and coordinating facility staff participation in the hospice care planning process for residents receiving hospice services; communicating with hospice representatives and other health care providers participating in the resident's care in addition to ensuring that the facility communicates with hospice care medical director and other care providers to coordinate the resident's hospice care with other care provided by physicians.</p> <p>Review of the July 2024 physician orders for Resident R41 included the following diagnosis: dementia (a group of symptoms affecting an individual's memory, thinking, and social abilities); anxiety (a extensive, excessive and persistent worry and fear about everyday situations);diabetes (a disease characterized by elevated levels of blood sugar); acute kidney failure (a condition in which one or both of your kidneys no longer work on their own), and dysphagia (difficulty swallowing).</p> <p>Review of the resident's July 2024 included a physician's order dated January 20, 2024 and monthly thereafter, for the resident to receive hospice care in the facility from an outside agency.</p> <p>Review of the facility's hospice communication log (a communication book for hospice providers to utilize when they enter the facility by ensuring that the provide a summary to the facility of what services they provided to the resident) indicated that Resident R41 from June 18, 2024 through July 17, 2024: June 18, 23, 26 and 28th and July 2, 3, 5, 9, 10, 11,12,14, 16 and 17, was visited by licensed nurses, nurse aide and other hospice staff (e.g. Chaplin and social services). The hospice communication log included a section for the name of the nurse and nurse aides, in addition to the date of their visit with Resident R41. The hospice log also included a section for hospice staff to write who they provided a report to regarding their visit, when they left. The communication log also included a section where licensed nursing staff can leave a written summary of their visit with the resident. Continued review of the hospice communication log did not include any information as to what occurred during the visits that were logged in the book by the hospice staff who visits Resident R41 (e.g. licensed nurse, nurse aides) to ensure ongoing communication between the facility and hospice agency what services and care was provided to the resident.</p> <p>Review of the hospice log did not provide any documented information to the facility on what services the hospice nurse and/or nurse aide provided to the resident.</p> <p>(continued on next page)</p>		

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 07/22/2024
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of the hospice log indicated that the hospice agency was in the building on a specified day to see Resident R41 with no information related to what specific care, services, and/or other details were provided.</p> <p>Review of nursing note on June 18, 2024 at 1:07 p.m. documented hospice resident care given by hospice.</p> <p>Review of nursing note on June 23, 2024 at 3:35 p.m. documented resident seen by rn from hospice.</p> <p>Review of nursing note on July 9, 2024 at 2:58 p.m. documented that the resident received adl care by the hospice nurse aid and that the resident was seen by the hospice nurse.</p> <p>Review of nursing note on July 11, 2024 at 2:02 p.m. documented that the resident was seen by the hospice chaplain.</p> <p>During an interview with Employee E14 (licensed nurse) on July 22, 2024 at 12:00 p.m. the hospice book was reviewed and Employee E14 that she speaks with hospice staff when they come to see Resident R41, but could not provide any evidence that hospice is documenting for facility staff the care and services that they are providing to the resident, in addition to any other relevant information that the facility should be aware of.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.5(f)Clinical records</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		