

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/18/2024
NAME OF PROVIDER OR SUPPLIER Providence Rehab and Hlthcare Ctratmercyfitzgerald		STREET ADDRESS, CITY, STATE, ZIP CODE 600 South Wycombe Ave Yeadon, PA 19050	

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** 46508</p> <p>Based on review of facility policy, review of clinical records, interview with staff and residents, it was determined the facility failed to ensure that Resident records were complete and accurately documented regarding wound care treatments for one resident reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review facility policy on Wound Care reveals that under section Purpose: The purpose of this procedure is to provide guidelines for the care of wounds to promote healing. Under section Documentation: The following information should be recorded in the residence medical record #1. the type of wound care given #2. date and time that wouldn't care was given #3. Position in which the resident was placed #4. The name and title of the individual performing the wound care #5. Any changes in residence condition #6. All assessment data (example wound bed collar size, drainage, etc.) obtained with inspecting the wound. #7. How the resident tolerated the procedure #8. and the problems are complaints made by the resident related to the procedure #9. If the resident refused the treatment and the reason why #10. Signature and title of the person recording the data.</p> <p>Review of Resident's clinical r cord revealed that resident was admitted to the facility on [DATE], with diagnoses of but not limited to Adult Failure to Thrive, Chronic Kidney Disease stage IV, Essential hypertension, muscle wasting and muscle weakness.</p> <p>Review of physician's orders revealed an order for the following:</p> <p>-Sacrum: cleanse sight with NSS (normal saline solution), pat dry, apply Desitin and foam dressing 2x daily every day and evening shift for wound care AND as needed for soiled/falling off. ordered December 15, 2023, and discontinued on December 27, 2023.</p> <p>-Dakins (1/4 strength) External Solution 0.125 % (Sodium Hypochlorite) Apply to sacrum topically every day and evening shift for wound care Cleanse area with NSS, Pack with 1/4 strength Dakins soaked gauze, Cover with CDD (clean dry dressing) AND Apply to sacrum topically as needed for soiling or falling off Cleanse area with NSS, Pack with Dakins soaked gauze,-ordered December 28, 2023 and was discontinued on January 1, 2024.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R1's TAR (treatment administration record) for Sacrum: cleanse sight with NSS, pat dry, apply Desitin and foam dressing 2x daily every day and evening shift for wound care and as needed for soiled/falling off revealed that there was no nurse's initial entered on the TAR box for December 15, 2023, evening shift and December 22, 2023 evening shift revealed that there was no nurse's initial entered on the TAR box for December 15, 2023 evening shift and December 22, 2023 evening shift indicating that the treatment was not completed.</p> <p>Review of Resident R1's TAR (treatment administration record) for Dakins (1/4 strength) External Solution 0.125 % (Sodium Hypochlorite) Apply to sacrum topically every day and evening shift for wound care Cleanse area with NSS, Pack with 1/4 strength Dakins soaked gauze, Cover with CDD AND Apply to sacrum topically as needed for soiling or falling off Cleanse area with NSS, Pack with Dakins soaked gauze revealed that there was no nurse's initial entered on the TAR box for December 28, 2023 evening shift indicating that the treatment was not completed.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		