

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 09/23/2024
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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>39344</p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges for four of six residents reviewed (Residents R2, R3, R4 and R6).</p> <p>Findings include:</p> <p>Clinical record review for Resident R2 revealed a cardiologist note, dated April 16, 2024, at 10:59 p.m. which indicated that the resident was having a change in mental status. The cardiologist consulted with the resident's attending physician and ordered for the resident to be transferred to a local hospital for evaluation. The resident did not return and was ultimately discharged from the facility.</p> <p>Clinical record review for Resident R3 revealed a nurse's note, dated May 1, 2024, at 10:03 a.m. which indicated that the resident had elevated blood pressure, was not opening her eyes or responding to staff. The resident was subsequently transferred to a local hospital for evaluation.</p> <p>Clinical record review for Resident R4 revealed a nurse's note, dated June 2, 2024, at 9:26 a.m. which indicated that the resident had low blood sugar as well as swelling to his face, lip and tongue and was unable to swallow. The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Clinical record review for Resident R6 revealed a nurse's note, dated June 3, 3034, at 5:16 p.m. which indicated that the resident was having difficulty breathing, using her accessory muscles and had low oxygen levels. The resident was subsequently transferred to a local hospital for evaluation. The resident did not return and was ultimately discharged from the facility.</p> <p>Further record reviews for Residents R2, R3, R4 and R6 revealed that no documentation was available for review at the time of the survey to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharges.</p> <p>Interview on September 23, 2024, at 12:50 p.m. the Director of Nursing confirmed that no documentation was available for review to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharges for Residents R2, R3, R4 and R6.</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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F 0623 Level of Harm - Potential for minimal harm Residents Affected - Some	28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(2) Management