

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 04/23/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on review of facility policies, review of facility documents, clinical record reviews, and interviews with residents and staff, it was determined that the facility failed to conduct a thorough investigation related to allegations of neglect for one of six residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating dated revised September 2022, revealed, All allegations are thoroughly investigated. Continued review revealed, The individual conducting the investigation as a minimum . interviews staff members (on all shifts) who have had contact with the resident during the period of the alleged incident.</p> <p>Review of Resident R1's care plan, dated initiated April 5, 2025, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including orthopedic aftercare following surgical amputation, muscle weakness and need for assistance with personal care. Continued review revealed that the resident had an ADL (Activities of Daily Living) self care performance deficit. Interventions included that the resident required staff assistance with grooming/personal hygiene and that the resident required one person staff assistance with toileting using bedside commode.</p> <p>Review of facility documentation submitted to the Pennsylvania Department of Health on April 9, 2025, at 12:33 p.m. revealed that Resident R1's representative alleged neglect after an incident that occurred on April 8, 2025, during the evening shift, when a nurse aide refused to assist the resident with hygiene after the resident used the toilet.</p> <p>Review of facility documentation, Grievance/Concern Form written by Resident R1, revealed, I needed help getting cleaned up from using the bathroom. The aide said to me you can't help yourself. I said if I could I would. The aide said I'm not cleaning you, you have to help yourself. There is nothing wrong with your upper body or arms. Then I explained my legs are swollen and can't clean myself correctly. The resident then told the aide to leave the room.</p> <p>Review of facility documentation related to the event revealed a written statement by Employee E12, nurse aide, dated April 8, 2025, which stated, I went to the patient's room to provide her care. She asked me to wipe her feces, I simply told her why, then I told her 'Okay could you get up so I can do it.' She said 'no' she doesn't need me anymore and that I leave the room. I went to report the incident to the charge nurse.</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: 395989	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on April 23, 2025, at 10:04 a.m. Resident R4 confirmed that she was Resident R1's roommate and present in the room at the time of the incident. Resident R4 stated that Resident R1 asked the nurse aide to clean her because she could not reach; the nurse aide asked Resident R1 if there was anything wrong with her arms or hands, Resident R1 replied no, the nurse aide told Resident R1 that she could wash herself, then Resident R1 replied that she was not able to. The nurse aide then left the room and a new nurse aide was assigned who provided care to Resident R1.</p> <p>Interview on April 23, 2025, at 12:22 p.m. with Employee E13, Social Services Director, revealed that she was informed that Resident R1 had reported a care concern and that she spoke with the resident to follow-up on her concerns. Employee E13, Social Services Director, stated that the resident reported that she had an uncomfortable incident with a nurse aide; the resident requested assistance with toileting hygiene and the nurse aide kept telling her to do it herself. The resident reported that she did not feel that she received the care that she needed and that she felt neglected.</p> <p>Interview on April 23, 2025, at 12:38 p.m. with Employee E11, Social Services Assistant, revealed that on the day of the incident, he was informed that Resident R1 had reported a care concern and he went to follow-up with the resident. Employee E11, Social Services Assistant, stated that he went into Resident R1's room, that he tried to figure out what happened, and then he reported the concern to the nursing supervisor for follow-up. Employee E11, Social Services Assistant, stated that he was not requested to provide a written statement of his interview with Resident R1 and confirmed that he did not write a statement.</p> <p>Interview on April 23, 2025, at 1:46 p.m. with Employee E6, licensed nurse, revealed that on the day of the incident she entered Resident R1's room and noticed that the resident was upset. She asked the resident if she was ok, the resident explained that the nurse aide did not want to wipe her bottom. Employee E6, licensed nurse, stated that she reported this to the supervisor who changed the staff assignment for the resident.</p> <p>Interview on April 23, 2025, at 2:47 p.m. Employee E14, licensed nurse supervisor, confirmed that he was the nursing supervisor on duty at the time of the incident. Employee E14, licensed nurse supervisor, stated that Employee E12, nurse aide, informed him that Resident R1 was angry with her and told her to leave the room. Employee E14, licensed nurse supervisor, spoke with the resident, who reported to him that she did not like Employee E12's interaction and approach. Employee E14, licensed nurse supervisor, stated that he assigned Employee E10, nurse aide, to provide care to Resident R1 for the remainder of the shift and that care was provided immediately.</p> <p>Continued interview with Employee E14, licensed nurse supervisor, revealed that he reported the incident to the Director of Nursing and requested written statements from staff at that time. Employee E14, licensed nurse supervisor, stated that he obtained statements from Employee E12, nurse aide; Resident R4 (roommate of Resident R1) and that Resident R1 declined to give a statement at that time. Employee E14, licensed nurse supervisor, stated that he assumed Employee E11, Social Services Assistant, would write a statement because he spoke with the resident at the time of the incident. Employee E14, licensed nurse supervisor, stated that he did not obtain a written statement from Employee E6, licensed nurse, because he did not think that the employee was aware of or involved in the incident. Employee E14, licensed nurse supervisor, also stated that he did not obtain a written statement from Employee E10, nurse aide, because she provided care after the incident occurred.</p> <p>(continued on next page)</p>		

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 04/23/2025
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Employee E10, nurse aide, was attempted during the survey, however, the employee was not available and did not respond to the request for interview.</p> <p>Interview on April 23, 2025, at 3:31 p.m. the Director of Nursing revealed that Resident R1 contacted him with her concerns at the time the incident occurred on April 8, 2025, and that the resident was angry because the nurse aide would not help her with toileting hygiene. The Director of Nursing stated that the next day, on April 9, 2025, at 12:00 p.m. that the resident's representative reported an allegation of neglect to the facility. The Director of Nursing stated that an investigation was initiated immediately when the allegation was received.</p> <p>Continued interview with the Director of Nursing revealed that the facility's investigation process includes obtaining witness statements from residents, staff, visitors and anyone who may have witnessed the event. The Director of Nursing was not able to recall if statements were obtained from Employee E6, licensed nurse, or Employee E10, nurse aide.</p> <p>Interview on April 23, 2025, at 3:57 p.m. the Nursing Home Administrator stated that an investigation to rule out neglect for Resident R1 was immediately initiated as soon as the allegation was received by the facility. The Nursing Home Administrator stated that the facility's investigation process includes obtaining witness statements from the nursing supervisor, nurse aides, licensed nurses, residents, roommates, family and anyone who could have been witness to the event. The Nursing Home Administrator confirmed that statements were not obtained from Employee E11, Social Services Assistant; Employee E6, licensed nurse; or Employee E10, nurse aide, as part of the facility's investigation. The Nursing Home Administrator stated that the above employees should have provided written statements as part of the facility's investigation since they were involved in the resident's care at time of the incident.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>28 Pa Code 211.12(c) Nursing services</p>		

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 04/23/2025
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to ensure that intravenous (IV) devices were maintained in accordance with professional standards of practice for one of six residents reviewed (Resident R2).</p> <p>Findings include:</p> <p>Review of facility policy, Central Venous Catheter Care and Dressing Changes dated revised March 2022, revealed, The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. Continued review revealed, Perform site care and dressing change at established intervals or immediately if the integrity of the dressing is compromised. Further review revealed that central venous access devices should be assessed for signs of complications, including inspection of the site, measurement of the length of the external catheter and measurement of the arm circumference.</p> <p>Review of Resident R2's Admission Assessment, dated April 21, 2025, revealed that the resident was admitted to the facility on [DATE], at 6:30 p.m. and that the resident had a PICC line (Peripherally Inserted Central Line Catheter - a thin soft tube inserted in a vein in the arm with the tip of the tube positioned in a large vein that carries blood to the heart) in her right upper arm at the time of her admission. Continued review revealed that no measurements, such as the total catheter length, external catheter length or arm circumference, were recorded on the assessment.</p> <p>Interview on April 23, 2025, at 9:45 a.m. Resident R2 stated that she receives antibiotic medication through her PICC line and that the PICC line was inserted at the hospital prior to her admission to the facility. Resident R2 stated that the pump that administers the medication through her PICC line often alarmed and that she was concerned that it was not working properly. Observation, at the time of the interview, revealed that Resident R2's PICC line dressing was dated April 17, 2025, and that the dressing was peeling away from the resident's skin.</p> <p>Review of physician's orders for Resident R2 revealed an order, dated April 21, 2025, to change the transparent dressing of the PICC line on admission and then every seven days. Continued review revealed additional physician orders, dated April 21, 2025, related to Resident R2's PICC line care, including to document the baseline external length of the catheter and check the external length with each dressing change; to document the baseline total length of the catheter; and to document the baseline mid-upper arm circumference and check arm circumference every seven days.</p> <p>Review of Resident R2's Medication Administration Records revealed that there was no documentation of the PICC line external catheter length, no documentation of the resident's upper arm circumference, and no documentation of the baseline total catheter length.</p> <p>(continued on next page)</p>		

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 04/23/2025
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident R2's clinical record, including progress notes, evaluations and care plan, revealed that there was no documentation available for review at the time of the survey that the PICC line catheter length or arm circumference were measured at any time since the resident was admitted to the facility.</p> <p>Observation with the Director of Nursing on April 23, 2025, at 6:23 p.m. confirmed that Resident R2's PICC line dressing was dated April 17, 2025, and that the dressing was not changed at any time since the resident was admitted to the facility.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.10(c)(d) Resident care policies</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		

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 04/23/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39344</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related to transmission-based precautions and air mattresses, for two of six residents reviewed (Residents R3 and R5).</p> <p>Findings include:</p> <p>Review of facility policy, Enhanced Barrier Precautions dated revised March 2024, revealed, Enhanced barrier precautions (EBPs) are utilized to reduce the transmission of multi-drug resistant organisms (MDROs) to residents. Continued review revealed, EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities . Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: . transferring.</p> <p>Review of facility policy, Isolation - Categories of Transmission-Based Precautions dated revised September 2022, revealed, Contact precautions are implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Continued review revealed, Staff and visitors wear gloves when entering the room . Staff and visitors wear a disposable gown upon entering the room and remove before leaving the room and avoid touching potentially contaminated surfaces with clothing after gown is removed.</p> <p>Review of Resident R3's care plan, dated initiated February 20, 2025, revealed that the resident was colonized with the multi-drug resistant organism CRE (Carbapenem-resistant Enterobacterales - a bacterial infection that is difficult to treat) and to use isolation precautions per policy.</p> <p>Review of Resident R3's active physician orders revealed an order dated January 22, 2025, for Enhanced Barrier Precautions. Continued review revealed another physician's order, dated January 23, 2025, for Contact Precautions.</p> <p>Observation on April 23, 2025, at 10:02 a.m. revealed signage posted outside of Resident R3's room indicating that the resident required Enhanced Barrier and Special Contact Precautions. The signage specified that surgical masks, eye protection, gowns and gloves were required while providing care. Interview, at the time of the observation, Employee E5, licensed nurse, stated that PPE (Personal Protective Equipment - such as masks, gowns, gloves and eye protection) were needed when providing care for Resident R3 and were located in the resident's room.</p> <p>Continued observation on April 23, 2025, between 10:05 a.m. and 10:15 a.m. revealed Employee E6, licensed nurse, and Employee E8, nurse aide, entered Resident R3's room and transferred the resident using a hoier lift from the bed to the wheelchair. The staff stated that they were getting the resident ready to go to dialysis. Both employees were observed only wearing gloves while providing care to Resident R3.</p> <p>(continued on next page)</p>		

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 04/23/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on April 23, 2025, at 10:22 a.m. Employee E8, nurse aide, stated that Resident R3 was on isolation precautions due to a surgical incision, that staff were supposed to wear gowns while providing care to the resident and confirmed that only gloves were worn.</p> <p>Review of Resident R5's care plan, dated initiated April 17, 2025, revealed that the resident had impaired skin integrity with interventions including pressure reducing mattress to bed.</p> <p>Review of Resident R5's wound evaluations, dated April 23, 2025, revealed that the resident had pressure wounds on his right gluteus (buttock), sacrum, right dorsum (back of foot), right heel and left heel with recommendations to utilize a mattress with a pump (air mattress).</p> <p>Observation on April 23, 2025, at 10:37 a.m. revealed that an air mattress was laying directly on the floor in front of Resident R5's bed. There were no protective coverings on the mattress to keep it clean or free from dirt and debris. Interview, at the time of the observation, Employee E7, licensed nurse, confirmed that the air mattress was laying directly on the floor and stated that the mattress was being inflated so that it could be switched out with the resident's current mattress.</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		