

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 05/06/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47973</p> <p>Based on review of clinical records, interviews with staff, facility documentation and policy, it was determined that the facility failed to implement fall interventions for one of two residents reviewed for falls. (Resident CL1)</p> <p>Findings include:</p> <p>Review of Resident CL1's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses including cerebral palsy (group of neurological disorders that affect movement), muscle weakness, need for assistance with personal care, and abnormalities of gait and mobility. Resident CL1 had a Brief Interview for Mental Status score of 15, indicating intact cognitive function.</p> <p>Review of Resident CL1's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening), dated April 13, 2025, indicated that the resident had an upper extremity impairment on one side, and lower extremity impairment on both sides. The resident utilized wheelchair for mobility and required substantial/maximal assistance with showers; and extensive assistance with bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed.)</p> <p>Review of Resident CL1's current care plan revealed a care plan for falls related to deconditioning, date-initiated January 5, 2025. Interventions included low bed in lowest position at all times, except during care.</p> <p>Continued review of Resident CL1's clinical records revealed a nursing note dated April 28, 2025, which indicated, resident fell at 10:15 p.m. and complained of pain on the head. The resident hit her face on the nightstand.</p> <p>Review of facility fall investigation dated April 28, 2025, revealed that the resident fell at 10:15 p.m. and hit her head on the nightstand. Review of resident statement revealed, I slid off the bed while on my side.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing, conducted on May 5, 2025, at 10:52 a.m. revealed, the aid was bathing the resident on the air mattress. The resident was on her side, on the bed and lying on the middle of the bed. The Nurse Assistant, Employee E5, noted redness on her bottom and went to the door to ask for some cream and the resident had fallen.</p> <p>Interview with the Nurse Assistant, Employee E5, conducted on May 5, 2025, at 12:10 p.m. revealed that the resident was positioned in the middle of the bed, on her right side facing the door; and the bed was in the average position at the hips when I went up to the door to ask for cream. Further interview confirmed that Employee E5 had not placed the bed in the lowest position and on the back side, prior to leaving the resident unattended.</p> <p>Follow-up interview with the Director of Nursing, conducted on May 5, 2025, at approximately 1:30 p.m. confirmed that the resident's bed should have been lowered before the Nurse aide, Employee E5 walked away from the resident to request the cream because she was no longer providing direct care.</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services</p>