STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396070	A. Building B. Wing	12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pines at Philadelphia Rehab and Healthcare Ctr	8410 Roosevelt Blvd Philadelphia, PA 19152

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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 43923 Based on review of clinical records, review of facility policy and procedure, review of facility documentation and interviews with staff, it was determined that the facility failed to conduct a complete and thorough injury of unknown origin investigation regarding a hip fracture for one of 3 residents reviewed. (Resident CL1). Findings include: Review of facility policy, Abuse Prevention, date last revised February 25, 2022, revealed that It is the policy of Pines of Philadelphia does not tolerate any form of resident abuse, neglect , or exploitation by staff members, volunteers, visitors or family members, or by another resident. The facility will have an abuse prevention program that protects residents from physical and mental abuse, neglect, exploitation, misappropriation of property, and injuries of unknown origin in compliance with State and Federal regulations and the mission and philosophy of this facility. Review of facility policy, Incident and accident , dated last approved March 2019, revealed under Protocol .2. A thorough investigation and follow-up will be completed within five working days. A summary of the accident/incident will be documented. 3.The event may be an accident or a situation that could result in an accident. Accidents/incident may include, but are not limited to, the following: fall/suspected falls, explained or unexplained bruises/skin tears, medication errors, elopement, resident/patient to resident/patient abuse, self-inflicted injury, injuries of unknown origin, injury to resident/patient during handling. 4.All accidents/incidents, where there is suspected mistreatment, neglect, abuse, or injuries of unknown origin will be reported to the Administrator and Director of Nursing immediately. Reports to other officials will be made in accordance with the Elder Justice Act and applicable state law. Follow Abuse Policy and Procedure. A review of clinical record of Resident CL1 revealed admission on November 3, 2023 with the following diagnosis: rhabdomyolysis (a rare muscle injury where muscles break down and release toxic components into your blood and kidneys), dementia, hyperlipidemia, disorder of the skin and subcutaneous tissue, difficulty in walking, muscle wasting and atrophy, muscle weakness, lack of coordination, history of falling. Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions: (continued on next page)

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	13-15: cognitively intact 8-12: moderately impaired 0-7: severe impairment Review of the Resident CL1's admission Minimum Data Set Assessment (MDS- a periodic assessment of a resident's needs) dated November 9, 2023, indicated a BIMS (Brief Interview of Mental Status) severe impaired. Review of clinical record indicated Resident CL1 had an unwitnessed fall on November 4, 2023 with nursing assessment dated , November 4, 2023 indicating complain of pain level 2 progress note on November 4, 2023 at 11:41 p.m. revealed pt complaint of pain from lower left portion of back, 4x4 bruise noted .MD contacted and acknowledged. Neuro checks were initiated and completed and Resident CL1 had no further pain documented. Further review of the record indicated CL1 started complaining of pain on: November 12, 2023, at 8:53 PM for pain level of 5 Acetaminophen administered with being ineffective November 13, 2023 at 1:42 AM for pain level of 7 Acetaminophen administered with being ineffective November 13, 2023 at 8:37 AM for pain level of 10 Acetaminophen administered with being effective November 13, 2023 at 4:14 PM for pain level 8 Acetaminophen administered with being effective November 13, 2023 at 8:49 PM for pain level 6 Acetaminophen administered with being effective November 14, 2023 at 9:00 a.m. pain level 5 MeloxiCNA 7.5 mg table was administered November 14, 2023 at 8:53 p.m. for pain level 4 Acetaminophen administered with being unknown result of effectiveness Based on the CL1 interview which occurred on November 14, 2023, at 11:59 a.m. CL1 had a pain level 10. There was no documented evidence that CL1 was assessed and treated for pain management on November 14, 2023, from 9:00 a.m. to 8:53 p.m. Based on the nursing progress notes dated November 14, 2023, at approximately 16:30 p.m. it noted patient presented in bed on left side at start of shift x-tray tech arrived approx. 16:30 to obtain Xray of back but patient refused. Another nurse from C- unit arrived to help with interpretation, patient was agreeable but then patient refused while yelling no while guarding left side. Patient yelled each time attempt was made to reposition him off his left side. An interview with the Director of Nursing on December 12, 2023, at approximately 10:00 a.m. confirmed that CL1 was without pain medication for a period of approximately 12 hours before being transfer to the local hospital for evaluation and was diagnosed with a hip fracture. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On December 12, 2023, at 10:30 a.m. an interview with the Director of Nursing, Employee E2 revealed that facility did not interview the following Certified Nurse Assistant, (CNA), and License Practice Nurse (LPN)s for the days when CL1 started experiencing pain based on the assignment sheets: 11/12/23 shift 7-3 CNA, Employee E5 was not interviewed. 11/12/23 shift 3-11 CNA, Employee E6 was not interviewed. 11/12/23 shift 11-7 CNA Employee E6 was not interviewed 11/12/23 shift 11-7 LPN Employee E4 was not interviewed. 11/13/23 shift 7-3 CNA Employee E3 was not interviewed. 11/13/23 shift 3-11 CNA Employee E6 , CNA and LPN, Employee E8 were not interviewed. 11/13/23 shift 11-7 CNA, Employee E9 and LPN, Employee E4 were not interviewed. 11/14/23 shift 7-3 CNA Employee E9 was not interviewed. 11/14/23 shift 3-11 CNA Employee E10 was not interviewed. 11/14/23 shift 11-7 CNA Employee E10 and LPN Employee E11 were not interviewed. It was further revealed that facility did not conclude the investigation with the decision which was documented as they were waiting for the resident to return to the facility. Facility did not review the cameras to determine if CL1 could have experience any unwitnessed fall between November 12, 2023 and November 14, 2023 when he was transferred to the hospital. On December 12, 2023, at 2:30 p.m. an interview was held with Administrator, Employee E1 and the Director of Nursing, Employee E2 confirming that facility did not conduct complete and thorough injury of unknown origin investigation for CL1 which resulted in hip fracture. 28 Pa Code 211.10(c) Patient care policies 28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services