

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on review of facility policy, review of clinical records, and staff and resident interviews, it was determined that the facility failed to provide necessary services to maintain adequate grooming for dependent residents for three of 13 residents reviewed (Resident R11, R22 and R95).</p> <p>Findings include:</p> <p>A review of the Bath(Bed/Shower) policy last updated November 30, 2018, indicated A bath is given to cleanse the skin and refresh the patient. Use whatever bath method is suitable to each patient, however, a bed bath is to be used only if it is impossible to bathe the patient in the tub or shower.</p> <p>Review of admission record indicated Resident R11 was admitted to the facility on [DATE], with a diagnosis of fracture of lower end of right femur, fracture of upper end of right tibia, aftercare following joint surgery, difficulty in walking , presence of right artificial knee joints.</p> <p>Review of Resident R11's Admission Minimum Data Set (MDS - a periodic assessment of care needs) dated September 5, 2024, revealed the resident required assistance with personal hygiene with substantial/maximal assistance.</p> <p>A review of Resident R11s care plan dated August 30, 2024, revealed the resident requires the assistance with activity of daily living (ADL), functions-partial/moderate assist with UB self-care, maximal to total assist with LB self-care and toileting of one staff with bathing/showering and dressing.</p> <p>Observations on September 10 , 2024, at 2:48 p.m., revealed Resident R11 had long facial hair on her chin, cheeks, and long nails. When asked if Resident R11 desires to be shaved the reply indicated I feel like people think I'm a man and I would love to get a shave and cut my nails. This observation was confirmed by the Director of Nursing, Employee E2.</p> <p>Review of admission record indicated Resident R95 was admitted to the facility on [DATE], with a diagnosis of difficulty in walking, reduced mobility, chronic obstructive pulmonary disease (progressive lung disease that makes it difficult to breath).</p> <p>A review of Resident R95s care plan dated September 4, 2024, revealed the resident requires the limited assistance with activity of daily living (ADL), set up/supervision with UB self-care.</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:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on September 10, 2024, at 11:59 a.m., revealed that Resident R95 had long nails, facial hair, and had not received a shower since his admission. The resident expressed a desire to be shaved, and it was noted that his scheduled shower days were Tuesday and Friday. Resident R95 should have received a shower on Friday, September 6, 2024. A review of the shower task records showed no indication of whether the shower was provided or if Resident R95 had refused it. Director of Nursing, Employee E3 confirmed the observations.</p> <p>Review of admission record indicated Resident R22 was admitted to the facility on [DATE], with a diagnosis of sequelae of cerebral infarction (long term effects after a stroke), muscle weakness, difficulty in walking, need for assistance with personal care, muscle wasting and atrophy.</p> <p>A review of Resident R22s care plan dated July 19, 2024, revealed the resident requires the assistance with activity of daily living (ADL).</p> <p>Review of Resident 22's Admission Minimum Data Set (MDS) - a periodic assessment of care needs) dated August 5, 2024, revealed the resident is dependent for with personal hygiene, showers, toileting with substantial/maximal assistance.</p> <p>Observations on September 10, 2024, at 02:28 p.m., revealed that Resident R22 had long nails, facial hair and wanted to them to be cut and be shaved. Nursing aid, Employee E12 confirmed the observations.</p> <p>28 Pa. Code 211.12 (d)(1) (5) Nursing Services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>43923</p> <p>Based on review of personnel files, facility documentation, policy review and interviews with staff, it was determined that the facility failed to ensure that nursing staff possessed the required skills to properly care for residents' needs for three of three personnel files reviewed related to skills competencies evaluations (Employees E8, E9, E10).</p> <p>Findings include:</p> <p>The facility policy titled Staff Training Policy last updated January 2024, revealed The facility is committed to providing high-quality care and services to its residents. To achieve this goal, the facility recognizes the importance of ongoing staff training and development. It further stated Competency Validation: Employees will be assessed for competency in their specific job duties and responsibilities.</p> <p>Review of Employee E8's personnel file revealed that the employee was agency employee worked on June 28, 2024, hired, as a registered licensed nurse.</p> <p>Review of Employee E9's personnel file revealed that the employee was agency employee worked on August 26, 2024, hired, as a nursing aid licensed nurse.</p> <p>Review of Employee E10's personnel file revealed that the employee was agency employee worked on September 9, 2024, hired, as a licensed nurse.</p> <p>On September 12, 2024, at 10:41 a.m. an interview with Human Resource Director, Employee E4 and Director of Nursing, Employee E2 confirmed that agency staff including registered nurse, Employee E8, nursing aid licensed nurse, Employee E9, and license nurse, Employee E10 are not being evaluated on their competency to ensure nursing employees possess the required skills to properly care for resident's needs and are oriented to the facility practices.</p> <p>28 Pa. Code 201.19(7) Personnel records</p> <p>28 Pa. Code 201.20(b) Staff development</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on observations, clinical record review and staff interviews, it was determined that the facility failed to ensure each resident timely received the necessary behavioral health care to attain or maintain the highest practicable mental and psychosocial well-being for one of 13 residents sampled (Resident 38).</p> <p>Findings include:</p> <p>Review of admission record indicated Resident R38 admitted to the facility on [DATE].with diagnoses including anxiety.</p> <p>The Social Service assessment dated [DATE], revealed that Resident R28 had been experiencing feelings of being down, depressed, or hopeless for 7 to 11 days, which accounts for half or more of the days during that period.</p> <p>Resident 38's clinical record indicated a progress noted documented by the physician on August 22, 2024, that resident R38 has a diagnosis of anxiety.</p> <p>A further progress note, documented by Psychologist Employee E4 on August 27, 2024, revealed that Resident R38 exhibited anxiety about the future of her marriage.</p> <p>On September 10, 2024, at 12:18 p.m., an interview was conducted with Resident R38, who was observed crying. The resident shared, I have really bad anxiety, and changing roommates has made it worse. My first roommate was coughing and had COVID, so I was exposed and had to change rooms. My second roommate didn't like that I needed my TV and light on because that's the only way I can fall asleep. Now my current roommate is moving out today, and I don't want to deal with another roommate.</p> <p>On September 12, 2024, at 10:17 a.m. a telephone interview was held with nurse practitioner, Employee E11 who prescribed Mirtazapine 7.5 mg give one table by mouth at bedtime for insomnia on September 4, 2024. It was confirmed that there was no treatment provided to address anxiety during the day.</p> <p>On September 12, 2024, at 10:32 p.m., Resident R38 was interviewed regarding her new roommate. During the interview, Resident R38 shared that when she experiences anxiety, she becomes aware of it through symptoms of trichotillomania, a mental health condition characterized by the recurrent, irresistible urge to pull out hair from the scalp, eyebrows, eyelashes, or other parts of the body. R38 pointed to her head, where a large portion of hair was missing from the top. She further reported that coloring helps her calm down.</p> <p>Further record review did not indicate any intervention that were develop to help the resident to cope with anxiety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing and the Nursing Home Administrator on September 12, 2024, at approximately 4:15 p.m., they were unable to provide evidence that Resident R38 had received any interventions to address her anxiety needs. Additionally, no documentation was available regarding services provided to manage the resident's behaviors or to promote her highest practicable physical, mental, and psychosocial well-being.</p> <p>28 Pa. Code: 201.29 (a)(b)(c) Resident Rights</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on observations, review of facility policy and interviews with staff, it was determined that the facility did not ensure that food stored in the refrigerator, freezer and resident's room was stored by professional standards for food service safety.</p> <p>Findings include:</p> <p>Review of facility policy Labeling and Dating System Protocol undated, revealed that All fresh and frozen foods must be dated with the date it was received into the kitchen, unless it has Purveyor shipping label of it. Make sure to not date over or cover up the manufacture's expiration date on the product. It further, specifies Refrigerated items opened: mayo, garlic, dressings, salsa 30 days; cheese sliced or shredded opened 1 week from open date; Deli Meat opened unsliced 7 days; Deli meat opened sliced 3 days; Beef , Pork Poultry raw 3 days.</p> <p>An initial tour of the Food Service Department conducted on [DATE], at 10:35 a.m. with Food Service Director, Employee E6, revealed the following:</p> <p>Observation in the main walking refrigerator had open catchup expired [DATE], 2 cheeses without labels one was shredded bag of open cheese and the second was block of open cheese, pastrami, opened beef bologna labeled, opened Italian sausages labeled as received date of [DATE] no expiration date. Opened raw pork lion with expiration date of [DATE], with no label. In the main freezer opened home fries not labeled, veggies burgers opened not labeled.</p> <p>At the serving table of the prep line the spices such as soy sauce-received date [DATE], syrup received date [DATE], teriyaki sauce received date [DATE] and no expiration dates. Vegetable oil opened not labeled, yellow food coloring received date [DATE], spices paprika, garlic received date [DATE], rosemary expired [DATE], paper, sesame, oregano only received date of [DATE].</p> <p>An interview on [DATE], at 10:35 a.m., with Food Service Director, Employee E21, confirmed the above findings.</p> <p>On [DATE], at 2:28, 2024 an interview was held with Resident R22 who had opened salsa, nacho cheese, ranch, two opened pickled pickles jar without labeling nor refrigeration. Nursing aid, Employee E12 confirmed the observations.</p> <p>28 Pa. Code 201.14 (a) Responsibility of Licensee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882</b></p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not ensure that physician orders were recorded completely and accurately for two of 16 records reviewed (Residents R96 and R145).</p> <p>Findings include:</p> <p>Review of clinical documentation for resident 96 revealed that he was admitted to the facility on [DATE]th, 2024 with diagnoses including, but not limited to, anemia, malnutrition, and dependence on renal dialysis. Continued review revealed an order for ProSource Nocarb 30mL two times a day for hemodialysis. No route of administration was recorded.</p> <p>Interview with employee E2, the director of nursing, on September 11, 2024, at 1:30 p.m. revealed that a complete physician order was to include the appropriate route of administration and confirmed the absence of such for this order.</p> <p>Review of clinical documentation for resident R145 revealed that he was admitted to the facility on [DATE], with diagnoses including, but not limited to, methicillin resistant staphylococcus aureus (MRSA, a bacteria which is resistant to treatment by penicillin and its derivatives), and long term use of antibiotics. Continued review revealed an order for Vancocycin HCL Intravenous Solution Reconstituted 1 GM .Use 1 gram intravenously two times a day for IV ABT (antibiotic), ordered on September 7, 2024.</p> <p>Interview with employee E2, the director of nursing, on September 10, 2024, at 11:20 a.m. revealed that a complete physician order was to include an appropriate diagnosis for the medication, and confirmed that IV ABT was the class of drug, not the reason for its use.</p> <p>28 Pa. Code 211.12(c) Nursing service</p> <p>28 Pa. Code 211.12(d)(1) Nursing service</p> <p>28 Pa. Code 211.12(d)(2) Nursing service</p> <p>28 Pa. Code 211.12 (d)(5) Nursing service</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on a review of facility documents and resident clinical records and interviews with staff and residents, it was determined that the facility failed to ensure that residents had the capacity to understand the terms of a binding arbitration agreement for two of two residents reviewed (Resident R11, and Resident R38).</p> <p>Findings include:</p> <p>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:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of admission record indicated Resident R11 was admitted to the facility on [DATE].</p> <p>Review of Resident R11's Admission Minimum Data Set (MDS - a periodic assessment of care needs) dated September 5, 2024, indicated the diagnoses of fracture and orthopedic aftercare and a BIMS score of 15 - cognition intact.</p> <p>Review of Resident R11's Binding Arbitration Agreement (a binding agreement by the parties to submit to arbitration all or certain disputes which have arisen or may arise between them in respect of a defined legal relationship, whether contractual or not. The decision is final, can be enforced by a court, and can only be appealed on very narrow grounds) indicated that she signed the document on admission on August 30, 2024.</p> <p>Review of admission record indicated Resident R38 admitted to the facility on [DATE].</p> <p>Review of Resident R38's Admission Minimum Data Set (MDS - a periodic assessment of care needs) dated August 26, 2024, indicated a BIMS score of 15 - cognition intact.</p> <p>Review of Resident R38's Binding Arbitration Agreement indicated she signed it on admission on August 26, 2024.</p> <p>Interview on September 12, 2024, at 9:15 a.m. with the Nursing Home Administrator confirmed that that The Arbitration Agreement was found to limit all residents to a 10-day period to revoke the agreement, instead of the standard 30 days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Philadelphia Rehab and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on September 12, 2024, at 12:49 p.m., Resident R11 revealed that they were unaware of the arbitration agreement. When asked if they understood the procedures, Resident R11 responded, I have never heard anything about it; I don't know what it is.</p> <p>During an interview on September 12, 2024, at 12:55 p.m., Resident R38 stated that they were not aware of the arbitration agreement. When asked if they understood the procedures, Resident R38 responded, Upon admission, I remember someone came and had me sign something, but I don't know what the arbitration procedure is.</p> <p>During an interview with the Admissions Director, Employee E5, on September 12, 2024, at 1:10 p.m., it was revealed that she is responsible for educating all residents about the arbitration agreement. However, she was unaware of the 30-day revocation rights, stating that this aspect had never been addressed in any of her educational sessions with residents. Employee E5 remarked, I don't educate them about the 30-day revocation right. I've been here for a year, and I haven't learned everything yet.</p> <p>28 Pa. Code: 201.14(a)(c)(d)(e) Responsibility of licensee.</p>		