STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396076	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monumentalpostacutecare at Woodside Park	4001 Ford Road Philadelphia, PA 19131

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735 Based on observation, a review of clinical records, review of facility documentation and staff interviews, it was determined that the facility failed to develop and implement a comprehensive person-centered care plans regarding preventing a reinfestation of lice for one of ten residents reviewed. (Resident R2). Findings include: Review of clinical records revealed that Resident R2 was admitted to the facility on [DATE], with diagnosis to include bipolar disorder (disorder associated with episodes of mood swings ranging from depressive lows to manic highs). Further review of Resident R2's clinical record indicated that on May 31, 2024, he returned to the facility after a visit with his sister, and the next day was observed to have lice in his scalp and received treatment to himself, his roommate and there room and clothing. Further review revealed a similar incident that happened on April 16, 2024, when his sister brought in clothing for him which were infested with lice and resulted with the same treatments. Review of Resident R2's care plan revealed no care plan to prevent further infestations of lice related to family visits or bringing in infested items into the facility. An interview on June 11, 2024, at 11:25 a.m. with the LNAC (Licensed Nurse Assessment Coordinator) confirmed that there was no care plan for preventing a lice infestation related to visits with family or items brought in to the facility, and she also noted that it is the unit manager who generally writes these care plans. An interview on June 11, 2024, at 12:20 p.m. with the Director of Nursing confirmed that the resident did not have a comprehensive care plan regarding preventing another lice infestation. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(5) Nursing services

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