| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Reasonably accommodate the needs and preferences of each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347<br><br>Based on staff interviews, observations, and record reviewed, it was determined that the facility failed to ensure proper accommodation of needs for one of seven residents reviewed regarding appropriate wheelchair size. (Resident R47)<br><br>Finding include:<br><br>Review or Resident 47's clinical record revealed that this resident was admitted into the facility on [DATE], with diagnoses including chronic kidney disease, unspecified dementia (irreversible, progressive degenerative disease of the brain), type 2 diabetes (failure of the body to produce insulin), pain in unspecified joints and muscle weakness.<br><br>Review of Resident R47' s current care plan revealed that Resident R47 was at risks for falls related to ambulatory disfunction, decrease cognition, decreased mobility, and unsteady gait. Resident R47 was assessed by physical therapy on December 5, 2023, then provide a wheelchair.<br><br>Review of physical therapy notes revealed that Resident R 47 was re-assessed on February 20, 2024, and it was determined that the resident's wheelchair was too small and required a larger wheelchair.<br><br>Review of Resident R47's care conference notes dated March 20, 2024, revealed a request made by the resident's nephew for a larger wheelchair. Resident R47 was then re-assessed and determined that a larger wheelchair was necessary.<br><br>Observation of Resident 47 on March 2, 2023 at 10:40 a.m. and March 3, 2023 at 11:43 a.m. revealed that the resident was in the hallway outside of his room. The resident was sat in a noticeably improper fitted wheelchair.<br><br>Interview with Resident 47 on March 3, 2023 during observation revealed that he was uncomfortable in the wheelchair and would like a larger fitting wheelchair.<br><br>Interview with physical therapist, Employee E 23 on March 3, 2023 at 11:45 a.m. at time of observation, confirmed that the wheelchair the resident was observed in was obviously too small. It was not until the surveyor brought up the observation to the physical therapist, Employee E23 went to locate a larger wheelchair for the resident.<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0558<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa. Code 210.29(4) Resident rights |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0578<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344<br><br>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that advanced directives were accurately reflected in residents' records for one of 35 residents reviewed (Resident R45).<br><br>Findings include:<br><br>Review of Resident R45's Significant Change MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated February 4, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including cerebrovascular accident (damage to the brain from interruption of its blood supply), end stage renal disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life), seizure disorder (abnormal electrical activity in the brain) and aphasia (loss of ability to understand or express speech, caused by brain damage). Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) scored of six which indicated that the resident was severely cognitively impaired.<br><br>Review of Resident R45's POLST form (Pennsylvania Orders for Life-Sustaining Treatment), dated March 2, 2023, revealed DNR (do not resuscitate - do not perform lifesaving interventions in the event the resident has no pulse and had stopped breathing).<br><br>Review of Resident R45's active physician orders, revealed an order, dated April 2, 2024, for Full Code (allows for all interventions needed to restore breathing or heart functioning, including chest compressions, a defibrillator and insertion of a breathing tube).<br><br>Review of progress notes from March 6, 2024, through April 4, 2024, for Resident R45 revealed no indication as to why the physician's orders did not match the resident's POLST.<br><br>Interview on April 4, 2024, at 11:35 a.m. Employee E9, unit manager, confirmed that Resident R45's physician orders did not match his POLST and was unable to explain the discrepancy.<br><br>28 Pa Code 211.12(d)(3) Nursing services<br><br>28 Pa Code 211.12(d)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344<br><br>Based on observations and interviews with residents and staff, it was determined that the facility failed to maintain a safe, comfortable and homelike environment on one of three nursing units reviewed (Two [NAME] unit).<br><br>Findings include:<br><br>Observation, on April 2, 2024, at 11:39 a.m. revealed that the window in room [ROOM NUMBER] was open and that there was no screen in the window.<br><br>Observation, on April 2, 2024, at 11:57 a.m. revealed the front panel of the heating/air conditioning system in room [ROOM NUMBER] was falling off.<br><br>Continued observation, on April 2, 2024, at 12:05 p.m. revealed a large hole in the wall above the baseboard by the bathroom. Interview, at the time of the observation, Resident R19 stated that the hole bothered her and wished that it could be repaired.<br><br>Continued observation, on April 3, 2024, at 11:01 a.m. of the Two [NAME] unit revealed that following:<br><br>room [ROOM NUMBER] there was a hole in the wall along the baseboard behind the A bed;<br><br>room [ROOM NUMBER] the dresser by the B bed had a broken drawer, there were holes in the wall behind the C bed, and there were large holes in the window screen;<br><br>room [ROOM NUMBER] had a large hole in the window screen;<br><br>room [ROOM NUMBER] was missing baseboard panels.<br><br>A tour was conducted on April 3, 2024, at 1:17 p.m. with Employee E7, Maintenance Director, who confirmed the above findings.<br><br>28 Pa Code 201.14(a) Responsibility of licensee<br><br>28 Pa Code 205.19(a) Windows and windowsills |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0610<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Respond appropriately to all alleged violations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46106<br><br>Based on review of clinical records, facility policies and interviews with staff, it was determined that the facility failed to conduct a complete and thorough investigation of one incident during a resident incontinence care for one of 32 residents reviewed. (Resident R 442).<br><br>Findings include:<br><br>Review of Resident R442's clinical record revealed that the resident was admitted to the facility on [DATE], resident's cognition is intact. Resident R442 was transferred to facility for continued medical management and physical therapy/ occupational therapy services. Resident was transferred from the hospital after repeated falls, no head trauma and bilateral leg weakness and feeling anxious about ambulating.<br><br>On April 2, 2024, at 1:05 p.m. a family interview was held with the Resident R442, resident's husband, and son. It was reported that on March 23 to 24, 2024 Resident R442 waiting a long time to receive incontinence care. Resident R442 reported that she was wet and soil for hours from Saturday, March 23 to Sunday, March 24, 2024. Family reported to the social worker and made a grievance.<br><br>Review of the full investigation report that was reported to Social Service on March 25, 2024, it was revealed the steps taken in investigation: social service spoke with resident; staff were requested to give statement regarding concerns. DON (Director of Nursing) / staff educator made aware for provided education to staff and Admin made aware of concerns and outcomes of result.<br><br>The investigation only had one statement from Nurse Aide, Employee E30, worked on shift 11pm-7am, wrote a statement stating: starting of my shift at 11pm doing my regular routine/ rounds checking on my residents. [Resident R442] was laying in her bed watching tv. I did my second round by 2 a.m. and [Resident R442] was asleep . and asked if she needs to be change, she responded no. I did my third round by 5 a.m. provided her with ice cold water and I changed her.<br><br>The investigation stated that the social worker spoke with resident but there was no Resident's R442 statement. Also, no statement from Nurse Aide morning shift 7am-3pm statement.<br><br>An interview was held with Social Worker, Employee E11, Director of Social Worker, Employee E12 and Assistant Nursing Home Administrator (ANHA) Employee E3 on April 4, 2024, at 10:28 a.m. after reviewing Resident R442's investigation report, it was confirmed by the ANHA, Employee E3 that investigation was incomplete.<br><br>28 Pa. Code 201.18(b)(1) Management<br><br>28 Pa. Code 211.10(d) Resident care policies<br><br>28 Pa. Code 211.12(d)(1) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344<br><br>Based on observations, review of facility policy, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to provide nail care for two of eight residents reviewed related to activities of daily living (Residents R45 and R70).<br><br>Findings include:<br><br>Review of facility policy Grooming - Hair and Nails revised January 31, 2024, revealed it is the policy of the facility to provide grooming services that promote an appropriately attractive appearance, improve morale, and prevent infections. Staff should provide fingernail care by cleaning fingernail beds and keeping fingernails trimmed and smooth<br><br>Observation, on April 2, 2024, at 12:24 p.m. revealed that Resident R45's fingernails were long, overgrown, and had dirt underneath them. Interview, at the time of the observation, Resident R45 stated that he does not like long nails, that he needed his fingernails trimmed and cleaned, and that he was unable to do it himself due to his right-sided hand and arm weakness.<br><br>Review of Resident R45's Significant Change MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated February 4, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including cerebrovascular accident (damage to the brain from interruption of its blood supply), muscle weakness and aphasia (loss of ability to understand or express speech, caused by brain damage). Continued review revealed that the resident had upper extremity impairment on one side and that he required maximal assistance with personal hygiene.<br><br>Review of Resident R45's care plan, dated initiated January 27, 2023, revealed that the resident requires assistance with activities of daily living related to decreased mobility and weakness, with interventions including to ensure that morning and evening care are provided daily.<br><br>Interview on April 4, 2024, at 9:26 a.m. Employee E4, Rehabilitation Director, stated that Resident R45 was currently receiving therapy services related to his right-sided weakness and need for assistance with activities of daily living. Employee E4, Rehabilitation Director, stated that nail care is done by nursing staff and is not something that therapy staff would do.<br><br>Continued observation, on April 4, 2024, at 11:31 a.m. revealed that Resident R45's nails were still long and dirty. Resident R45 again stated that he needed to have his fingernails trimmed and cleaned and that he was unable to do it himself.<br><br>Interview on April 4, 2024, at 11:35 a.m. Employee E9, unit manager, confirmed that Resident R45's fingernails needed to be trimmed and cleaned.<br><br>Observations on April 2, 2024, at 11:19 a.m. revealed Resident R70 had bilateral hand contractures and significantly long fingernails on both hands that required trimming and cleaning.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of Resident R70's comprehensive care plan dated initiated October 6, 2017, revealed the resident requires assistance with activities of daily living releated to decreased cognitiy, decreased mobility, and weakness. Further review revealed intervention date initiated November 15, 2019, for nail care/file nails on shower days (Monday and Thursday).<br><br>Interview and observation on April 4, 2024, at 12:30 p.m. with Registered Nurse, Employee E9, confirmed Resident R70 had long fingernails that required trimming and cleaning.<br><br>28 Pa Code 211.12(d)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0730<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Observe each nurse aide's job performance and give regular training.<br><br>43277<br><br>Based on a review of facility documentation and interviews with staff, it was determined that the facility failed to complete performance reviews for two of two nurse aides reviewed as required (Employees E28 and E29).<br><br>Findings Include:<br><br>Review of undated facility documentation, Active Employees Over 1 Year, revealed that Employee E28 was hired by the facility as a nurse aide on July 12, 2022. Continued review revealed that Employee E29 was hired by the facility as a nurse aide on August 3, 2009.<br><br>Annual performance reviews were requested for Employees E28 and E29.<br><br>Interview on April 4, 2024, at 3:00 p.m. with the Nursing Home Administrator, Employee E1, revealed annual performance reviews were not completed for Nurse Aides, Employee E28 and E29.<br><br>28 Pa. Code 201.19(2) Personnel policies and procedures |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>48347<br><br>Based on facility policy and observation, it was determined that the facility failed to ensure one of two medication carts observed remained locked on a secured nursing unit. (Second floor0.<br><br>Findings include:<br><br>Review of facility policy titled Grand Rx policy and Procedure Manual last revised June 1, 2020 revealed<br><br>that to properly maintain security of all medications, employee are to keep medication carts always locked, unless in immediate attendance and not let medication cart sit in nursing station, hall, or lounge unlocked.<br><br>Observation on second floor secured nursing unit on April 2,2024 at 11:00 a.m. revealed an unlocked medication cart in the hall with no employee in sight. Observed was a resident sitting in a wheelchair next to the open cart.<br><br>Interview with Licensed nurse, Employee E24 at time of observation confirmed that the medication cart was unlocked, and that this employee was assigned to the medication cart and stepped away to assists to a resident in another room.<br><br>28 Pa.Code 211.9 (a)(1) Pharmacy Services<br><br>28 Pa. Code 211.12 (d)(1) Nursing Services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0805<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.<br><br>43277<br><br>Based on review of facility documentation, observation, and staff interview, it was determined that the facility failed to ensure that food was prepared appropriately for nine of nine residents on a pureed diet (Residents R52, R125, R4, R113, R445, R34, R55, R66, and R87).<br><br>Findings Include:<br><br>Review of undated facility documentation Dysphagia Level 1/Pureed Diet revealed the consistency of pureed foods should be smooth and thick enough to mound on the plate, and similar in consistency to that of pudding.<br><br>Review of facility documentation dated April 5, 2024, revealed the following nine residents were ordered a pureed diet: Residents R52, R125, R4, R113, R445, R34, R55, R66, and R87.<br><br>Observations on April 2, 2024, at 12:08 p.m. revealed Resident R52 was having lunch in the dining room. Observations of Resident R52's lunch revealed the pureed chicken and green, pureed vegetable had a watery appearance and was runny on the plate.<br><br>Observations on April 2, 2024, at 12:30 p.m. of the tray line steam table in the main kitchen with the Food Service Director, Employee E16, revealed when the pureed chicken and pureed vegetable were plated, the food items were runny on the plate and not thick enough to mound on the plate.<br><br>Further interview on April 3, 2024, at 9:45 a.m. with the Food Service Director, Employee E16, confirmed the pureed items were runny and that the dietary staff was educated to make sure the pureed food items are prepared to the proper consistency.<br><br>28 Pa. Code 201.14 (a) Responsibility of licensee |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>39344<br><br>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to maintain an effective infection prevention and control program related to infection surveillance, antibiotic usage and isolation precautions for four of four residents reviewed for antibiotics (Residents R45, R33, R124 and R15).<br><br>Findings include:<br><br>Review of facility policy, Infection Control undated, revealed, Surveillance data shall be routinely reviewed, and recommendations made for the prevention and control of additional cases.<br><br>Continued review revealed, Investigates, controls and prevents infections in the facility; Decides what procedures, such as isolation, shall be applied to an individual resident; Maintains a record of incidents and corrective actions related to infections; Maintains a log of infections, of urinary catheters, residents with DRO [drug resistant organisms] and their room numbers and a log of residents on antibiotics.<br><br>Further review revealed, When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility will isolate the resident only to the degree necessary.<br><br>Review of facility policy, Standard Precautions undated, revealed, All resident blood, body fluids, excretions ad secretions other than sweat will be considered potentially infectious [and] Standard Precaution are indicated for all residents. Continue review revealed that PPE (Personal Protective Equipment), including gloves, masks and gowns, should be worn whenever there is planned or anticipated contact with blood and/or bodily fluids.<br><br>Review of facility policy, Contact Precautions undated, revealed, Contact Precautions shall be used in addition to Standard Precautions for residents with specific infections that can be transmitted by direct and indirect contact. Continued review revealed, Gloves should be worn when entering the room and while providing care for a resident.<br><br>Review of facility policy, Droplet Precautions undated, revealed, Droplet Precautions shall be used in addition to Standard Precautions for residents with infections that can be transmitted by droplets. Continued review revealed, A mask should be worn within approximately six feet of a resident at all times.<br><br>Observation on April 2, 2024, at 12:23 p.m. revealed a sign posted on Resident R45's door that stated, Special Droplet/Contact Precautions. The sign further indicated that required PPE (Personal Protective Equipment) for entering the room included an N95 mask, protective eyewear, a gown and gloves. During an interview conducted at the time of the observation, Resident R45 stated that he felt very lonely with his door closed all day and wanted to know how much longer he needed to be in isolation.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of progress notes for Resident R45 revealed a nurses note, dated March 27, 2024, at 10:41 p.m. which stated that the resident was readmitted to the facility after being hospitalized for a right foot infection. The note indicated that the resident was positive for MRSA (Methicillin-resistant Staphylococcus aureus, a bacteria causing infection that is tougher to treat than most strains of staphylococcus aureus because it's resistant to commonly used antibiotics) and that he was placed on contact isolation precautions.<br><br>Review of physician orders for Resident R45 revealed an order, dated March 27, 2024, for Contact isolation for MRSA. Continued review revealed that the resident was prescribed amoxicillin-pot clavulanate (an antibiotic medication) to treat his right foot wound infection through May 8, 2024.<br><br>Review of Resident R45's care plan, dated initiated March 28, 2024, revealed that the resident has MRSA in his right foot, with interventions including antibiotic therapy, contact precautions, use of PPE.<br><br>Continued observation on April 3, 2023, at 11:23 a.m. revealed that the sign for Special Droplet/Contact Precautions was still posted on Resident R 45's door.<br><br>Interview on April 3, 2024, at 1:30 p.m., Employee E6, Infection Preventionist, confirmed that Resident R45 only required Contact Precautions, not Special Droplet/Contact Precautions, and that the incorrect sign was on his door.<br><br>Continued observation on April 4, 2024, at 11:31 a.m. revealed a sign on Resident R45's door that stated, Enhanced Barrier Precautions.<br><br>Interview on April 4, 2024, at 11:35 a.m. Employee E9, unit manager, revealed that the sign was changed on Resident R45's door to Enhanced Barrier Precautions, however, Resident R45's physician's orders still reflected that he required Contact Precautions and that he was still receiving antibiotics therapy to treat the MRSA infection. Employee E9, unit manager, was unsure of the difference between Contact and Enhanced Barrier Precautions.<br><br>Clinical record review for Resident R33 revealed a nurses note, dated March 28, 2024, at 1:17 p.m. which indicated that the resident was evaluated during wound rounds and that the consulting wound physician recommended clindamycin (an antibiotic medication).<br><br>Review of Resident R33's Medication Administration Records (MARs) revealed that the resident was prescribed clindamycin for a right foot infection from March 28, 2024, through April 4, 2024.<br><br>Clinical record review for Resident R124 revealed a nurses note, dated March 28, 2024, at 11:00 a.m. which indicted that the resident was evaluated during wound rounds for bilateral leg wounds, and to continue the current treatment of gentamicin cream (topical antibiotic).<br><br>Review of Treatment Administration Records (TARs) for Resident R124 revealed that the resident was prescribed gentamicin cream to both legs for wound healing from March 8 to 14, 2024, and again on April 3 and 4, 2024.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Clinical record review for Resident R15 revealed a physician's note, dated March 30, 2024, at 5:53 p.m. which indicated that the resident's urine culture was positive for Morganella morganii, Providencia stewartia (bacteria) sensitive to IV (intravenous) antibiotics only. The physician noted that the resident would need an IV line placed.<br><br>Review of Medication Administration Records for Resident R15 revealed that ceftazidime was initiated on April 1, 2024, via intravenous line for urinary tract infection.<br><br>A follow-up interview with Employee E6, Infection Preventionist, was conducted on April 4, 2024, at 1:48 p.m. No infection surveillance data was available for review for the months of February, March and April 2024. No infection data or antibiotic tracking was available for review for Residents R45, R33, R124 and R15. No infection analysis was available for review to determine of any of the infections were facility acquired or reportable to PA-PSRS (Pennsylvania Patient Safety Reporting System). In addition, Employee E6, Infection Preventionist, was unable to provide a policy related to Enhanced Barrier Precautions or provide any information related to the facility's infection committee.<br><br>Interview on April 5, 2024, at 9:58 a.m. Employee E3, Assistant Administrator, revealed that the facility did not have a policy related to Enhanced Barrier Precautions.<br><br>Follow-up interview on April 5, 2024, at 11:32 a.m. infection committee information was reviewed with Employee E3, Assistant Administrator. The facility was only able to provide information from its last infection committee meeting that occurred in December 2023. Review of the December 2023 meeting minutes revealed that only infection data, such as the total number of infections, total number of antibiotics, vaccinations and testing for tuberculosis for the month of December 2023 were reviewed during that meeting. There were no laboratory or pharmacy personnel on the committee nor was there any data analysis from the laboratory or pharmacy. There was no information provided related to any infection control practices or processes, such as physical plant operations, medical equipment, PPE inventories and requirements, antibiotic stewardship and prescribing practices, education programs for staff or review of any pertinent health advisories. No other months of infection committee meetings were available for review at the time of the survey.<br><br>28 Pa Code 201.14(a) Responsibility of licensee<br><br>28 Pa Code 211.12(d)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Implement a program that monitors antibiotic use.<br><br>39344<br><br>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to maintain an effective antibiotic stewardship program that included antibiotic use protocols and systems for monitoring antibiotic use, for four of four residents reviewed for antibiotics (Residents R45, R33, R124 and R15).<br><br>Findings include:<br><br>Review of facility policy, Infection Control undated, revealed, The facility will maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>During Entrance Conference on April 2, 2024, at 10:51 a.m. information pertaining to the facility's Antibiotic Stewardship program was requested.<br><br>Review of progress notes for Resident R45 revealed a nurses note, dated March 27, 2024, at 10:41 p.m. which stated that the resident was readmitted to the facility after being hospitalized for a right foot infection. The note indicated that the resident was positive for MRSA (Methicillin-resistant Staphylococcus aureus, a bacteria causing infection that is tougher to treat than most strains of staphylococcus aureus because it's resistant to commonly used antibiotics) and the he was placed on contact isolation precautions.<br><br>Review of physician orders for Resident R45 revealed an order, dated March 27, 2024, for Contact isolation for MRSA. Continued review revealed that the resident was prescribed amoxicillin-pot clavulanate (an antibiotic medication) to treat his right foot wound infection through May 8, 2024.<br><br>Clinical record review for Resident R33 revealed a nurses note, dated March 28, 2024, at 1:17 p.m. which indicated that the resident was evaluated during wound rounds and that the consulting wound physician recommended clindamycin (an antibiotic medication).<br><br>Review of Resident R33's Medication Administration Records (MARs) revealed that the resident was prescribed clindamycin for a right foot infection from March 28, 2024, through April 4, 2024.<br><br>Clinical record review for Resident R124 revealed a nurses note, dated March 28, 2024, at 11:00 a.m. which indicted that the resident was evaluated during wound rounds for bilateral leg wounds, and to continue the current treatment of gentamicin cream (topical antibiotic).<br><br>Review of Treatment Administration Records (TARs) for Resident R124 revealed that the resident was prescribed gentamicin cream to both legs for wound healing from March 8 to 14, 2024, and again on April 3 and 4, 2024.<br><br>Clinical record review for Resident R15 revealed a physician's note, dated March 30, 2024, at 5:53 p.m. which indicated that the resident's urine culture was positive for Morganella morganii, Providencia stewartia (bacteria) sensitive to IV (intravenous) antibiotics only. The physician noted that the resident would need an IV line placed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0881<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Review of MARs for Resident R15 revealed that ceftazidime was initiated on April 1, 2024, via intravenous line for urinary tract infection.<br><br>During an interview on April 3, 2024, at 1:30 p.m. with Employee E6, Infection Preventionist, information pertaining to the facility's Antibiotic Stewardship program was again requested.<br><br>A follow-up interview with Employee E6, Infection Preventionist, was conducted on April 4, 2024, at 1:48 p.m. No infection data or antibiotic tracking was available for review for Residents R45, R33, R124 and R15. In addition, Employee E6, Infection Preventionist, was unable to provide any information related to the facility's Antibiotic Stewardship program.<br><br>Interview on April 5, 2024, at 10:47 a.m. the Director of Nursing presented a letter from the county health department, dated November 2022, regarding antibiotic stewardship, however, there was no information provided in the letter regarding any of the facility's actual antibiotic stewardship plans, policies or procedures. The Director of Nursing stated that he was still looking for the facility's Antibiotic Stewardship binder.<br><br>Follow-up interview on April 5, 2024, at 11:36 a.m. the Director of Nursing presented an infection control binder with data from 2019 and 2020. There was no recent data and there were no antibiotic stewardship plans, policies or procedures available for review in the binder.<br><br>Follow-up interview on April 5, 2024, at 12:17 p.m. the Director of Nursing presented another binder related to infection control. The binder contained staff trainings related to antibiotics, however, there was no recent data related to infections, antibiotic usage or any facility plans, policies or procedures related to Antibiotic Stewardship.<br><br>No information pertaining to the facility's Antibiotic Stewardship program, including antibiotic tracking, usage, prescribing protocols, policies or procedures were provided or made available for review at the time of the survey.<br><br>28 Pa Code 201.14(a) Responsibility of licensee<br><br>28 Pa Code 211.12(d)(5) Nursing services |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525<br><br>Based on observations of the physical environment, reviews of the pest control operators' service, reports and contract and interviews with residents and staff, it was determined that the facility failed to maintain an effective pest control program.<br><br>Findings include:<br><br>A review of the pest control operator's contracted service agreement revealed that it was the responsibility of the maintenance department staff to repair structural concerns (gaps under doors, holes in walls, screens, around pipes, crevices around windows or doorways, faulty downspouts). The service agreement indicated that the repairs to the physical environment were essential to eradicate pest and rodent problems.<br><br>Observations of the physical enviornment of the facility revealed that the main kitchen, main dinning room, lobby, entrance to the facility, administrator's office, first floor nursing unit were located on the ground level of the building.<br><br>Observations of the food and nutrition services department on April 2, 2024 revealed that the double doors that were located adjacent to the main kitchen, leading directly outside were not sealed; allowing easy access to the interior for pests and rodents.<br><br>Observations of the food and nutrition services department on April 2, 2024 revealed a plumbing issue inside the janitor closet. The entire janitor closet was covered with water; as a result of the clogged floor mounted janitor sink drain. There was obvious on-going sewage back-up with water damage of the janitor closet door.<br><br>Observations of the food and nutrition department on April 2, 2024 revealed that ceiling tiles directly above the hot food preparation area were covered with a film of oil and grease. This was available food for pests to live and breed.<br><br>Observations of the food and nutrition department on April 2, 2024 revealed the dry food area with a piece of kitchen equipment used for deep fat frying foods. This commercial deep fat fryer was not completely cleaned for storage, as it contained cooking oils and food debris, which was food for common household pests.<br><br>Observations of the trash receptacles on April 2, 2024 located directly outside the food and nutrition department revealed the lid of the dumpster units were not covered. The units were surrounded by discarded trash and garbage (papers, food, plastic items). The unkept grounds and open dumpster units provided food and shelter for pests, rodents and birds.<br><br>Interview with the Director of Dietary Services, Employee E16, at 10:30 a.m., on April 2, 2024 confirmed the structural, plumbing, and lack of cleaning within the dietary services department to effectively remove common household pests from the interior of the building.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Further interview with the Director of Dietary Service, Employee E16 revealed that the pest control operator had asked the maintenance department to address holes around pipes of the air conditioning/heating units located inside the main dinning room. This dining room was built along side the central kitchen; where food preparation, storage and assembly for delivery to the nursing units takes place daily.<br><br>Review of the pest control operator's service reports for February and March, 2024 revealed the following:oOn February 8, 2024 the pest control service identified voids, holes or gaps inside resident rooms on the first and second floor nursing units. Rooms listed were 120 through 125 and Rooms 224 through 251. Treatment for mice, roaches and insects was necessary. On February 9, 2024 the pest control operator (PCO) reports indicated that mice activity was found in the main kitchen behind the hot food preparation area. On February 15, 2024 rooms 218, 224 and 251 were found to have mice activity. The rooms were identified with holes and gaps that structurally needed to be repaired.<br><br>On March 1, 2024 the PCO received verbal reports from the nursing staff indicating that there was a lot of mice activity on the second floor nursing unit. On March 5, 2024 mice activity and mice droppings were noted on the PCO's reports for rooms [ROOM NUMBER]. The notations were made inside the air conditioning and heating units inside the resident rooms; because holes were noted in and around the units attached to an outside wall. The PCO indicated that the kitchen and lobby were treated for roaches, insects and mice. On March 7, 2024 mice activity was noted in room [ROOM NUMBER] and 229. These rooms had multiple voids and holes according to the PCO. The kitchen and dining areas were treated for roaches, insects and mice. On March 12, 2024 the mice activity was noted in rooms 217, 220, 226, 238, 239, 240 and 242 on the second floor nursing unit. The PCO said that voids and holes need sealing in these rooms. The kitchen, dining area and lobby were treated for roaches insects and mice. On March 14, 2024 mice were observed along with voids, gaps and holes that were identified in resident rooms on the first floor nursing unit by the PCO. On March 19, 2024 mice and roaches were found in rooms 123, 206 and 210. A resident reported seeing the mice run in and out of the bathroom. Structural defects holes, gaps and voids were requested to be repaired to eradicate the pests and rodents inside the building. On March 28, 2024 the PCO indicated that roach activity was found on the first floor nursing unit. Structural voids, hole and gaps were identified in trash rooms and resident rooms on the first floor nursing unit. Mice activity was seen by the PCO in room [ROOM NUMBER]. Mice activity and mice droppings were also seen in the administrator's office and other connecting offices on the first floor. On March 29, 2024 the PCO indicated that mice were seen in the main kitchen; because holes, voids and gaps have not been sealed properly. The PCO found that it was necessary to treat the kitchen, dishroom and lobby area for pests and rodents.<br><br>Interview with the administrator, Employee E1 at 2:00 p.m., on April 2, 2024 confirmed the pest and rodent presence throughout the facility. The administrator also confirmed the structural deficits and lack of housekeeping that was contributing to the common household pest problem for the facility.<br><br>Interview on April 2, 2024, at 11:05 a.m. with Resident R58 revealed the resident complained of mice.<br><br>Interview on April 2, 2024, at 11:26 a.m. with Resident R126 revealed the resident had a mice problem in the room.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396076 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monumentalpostacutecare at Woodside Park | 4001 Ford Road<br>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 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Interview on April 2, 2024, at 11:30 a.m. with Resident R60 and Resident R8 revealed residents complained of mice in room. Observations revealed a container of grapes at the beside of Resident R60. The grapes were not stored in an air tight container.<br><br>Observation and interview on April 3, 2024, at 1:20 p.m. with Registered Nurse, Employee E9, confirmed Resident R60's grapes at bedside were not stored in an airtight container.<br><br>Observation on April 4, 2024, at 12:37 p.m. revealed Resident R15 had a piece of rotting fruit, which resembled a pear, on the windowsill. Registered Nurse, Employee E9, was made aware of observations.<br><br>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management<br><br>28 PA. Code 201.21(c) Use of outside resources<br><br>28 PA. Code 201.14(a)(b) Responsibility of licensee |