

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Willow Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE One Penn Boulevard Philadelphia, PA 19144	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46508</p> <p>Based on review of clinical record and interview with staff, it was determined that the facility failed to inform residents of tests results and the facility failed to follow-up on the result of test results resulting in a delay in providing resident of the test results for one of seven residents reviewed (Resident R1)</p> <p>Findings include:</p> <p>Review of Resident R1's annual MDS (Minimum Data Set- a federally required resident assessment completed at a specific interval) dated April 3, 2024, section C0500 BIMS (brief interview for mental status) revealed that Resident R1 scored 15 suggesting that Resident R1 was cognitively intact.</p> <p>Review of resident diagnoses list revealed that resident had diagnoses of but not limited to Diabetes Mellitus (a group of diseases that result in too much sugar in the blood), Anxiety Disorder, Depression</p> <p>Further review of Resident R1's clinical record revealed that a test for Hemoglobin A1C (HbA1C-a blood test that shows the average blood sugar during the past two to three months) was done on February 6, 2024. Further review of Resident R1's clinical record revealed that a test result dated February 6, 2024, indicated test previously reported. Further, there were no values indicated on the results.</p> <p>Further review of Resident R1's clinical record revealed no documentation regarding the result of the A1C, there was documented evidence that clinical staff followed up on the result and no documented evidence that Resident R1 was made aware of the result.</p> <p>Interview with the DON (Director of Nursing) Employee E2 revealed that the Hemoglobin A1C finding indicating test previously reported probably means that somebody from the laboratory probably called someone in the facility and that someone in the facility received the results but that the person who received the result did not document it in Resident R1's clinical record. Employee E2 also revealed that if someone received the result from the laboratory, the results should have been documented in Resident R1's clinical record.</p> <p>Review of physician note date May 29, 2024 revealed that CT (computed tomography-is a medical imaging technique used to obtain detailed internal images of the body) scan shows nodules. Further, there was a recommendation to see pulmonary.</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: 396129	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Willow Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE One Penn Boulevard Philadelphia, PA 19144	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further interview with Employee E2 revealed that CT scan was done a few weeks ago to rule out lung mass and that the results was just faxed to facility on May 29, 2024. Further, Employee E2 confirmed that the facility did not follow-up on the result of the CT scan until May 29, 2024.</p> <p>Further interview with Employee E 2 revealed that the CT scan findings shows nodule, and that the facility physician will speak with resident.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		