

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Fox Subacute at South Philadelphia		STREET ADDRESS, CITY, STATE, ZIP CODE 1930 South Broad Street Philadelphia, PA 19145	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on review of clinical records and a staff interview, it was determined that the facility failed to ensure that the resident's representative was notified timely about a hospital transfer for one of three discharge records reviewed (Residents R49).</p> <p>Findings include:</p> <p>A review of clinical records revealed that Resident R47 was admitted to the facility on [DATE], with diagnosis to include Chronic Respiratory Failure (is a serious condition that affects your lungs and blood oxygen levels which may require a ventilator).</p> <p>Further review revealed a progress note dated January 10, 2024, which stated, Labs were drawn this am because they were ordered. PT (physical therapist) noted that the patient's abdomen was distended, called the doctor and got an order for BMP and abdominal X-ray. The labs were done and am waiting for X-Ray . I sent labs to attendings and took a verbal order. to send patient out to ER 9emergency room) for Eval. I called [hospital] and gave report to . 911 was called to transport patient to local ER. Continued review revealed no documentation that the responsible party was notified of the transfer to the hospital.</p> <p>Interview with the Administrator and Director of Nursing on April 12, 2024, at 11:00 a.m., confirmed that Resident R47's responsible party and/or power of attorney was not notified of the resident need for hospitalization .</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on observation, a review of clinical records, facility documentation and staff interviews, it was determined that the facility failed to develop and implement a comprehensive person-centered care plans regarding the use of hand mitt restraints for one of 13 residents reviewed. (Resident R37).</p> <p>Findings include:</p> <p>A review of clinical records revealed that Resident R37 was admitted to the facility on [DATE], with diagnosis to include Chronic Respiratory Failure (is a serious condition that affects your lungs and blood oxygen levels which may require a ventilator). Further review revealed an April 4, 2024, physician's order for please place hand mitts for safety and preventing dislodgement of new midline every shift for safety.</p> <p>Observation of Resident R37 in the Activity Room adjacent to the nursing station on April 9, 2024, at 11:45 a. m. revealed that the resident was wearing the hand mitts while sitting at the table with several other resident during an activity program. Observation of Resident R37 in room [ROOM NUMBER] on April 10, 2024, at 11:32 a.m. revealed that the resident was wearing the hand mitts while in bed.</p> <p>Review of Resident R37's care plan revealed no care plan for the use of hand mitt restraints.</p> <p>Further review of Resident R37's Medication Administration Record for April 1, 2024 to April 30, 2024, revealed that the hand mitts were placed each shift starting April 5, 2024.</p> <p>An interview on April 12, 2024, at 11:30 a.m. with the Director of Nursing confirmed that the resident did not have a comprehensive care plan regarding the use of hand mitt restraints.</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39343</p> <p>Based on observation, clinical record review and interview with staff, it was determined that the facility did not ensure that medications were discarded according to manufacturer instructions for 1 of 3 medication carts reviewed (Medication Cart Main B).</p> <p>Findings include:</p> <p>Review of medications stored in the Medication Cart Main B, conducted on April 11, 2024, at 1:19 p.m., in the presence of Licensed Nurse, Employee E6, revealed the following expired medications: Oxycodone HCl (IR) 5 mg tablet, 17 tablets, expired on March 2024, marked for Resident R17; Tramadol HCl 50 mg tablet, 25 tablets, expired on March 2024, marked for Resident R17; and Lorazepam 1 mg tablet, 23 tablets, expired on December 2023, marked for Resident R5.</p> <p>Interview with the of Licensed Practical Nurse, Employee E6, at the time of the finding, confirmed that the expired medications should have been discarded according to manufacturer instructions, and facility policy.</p> <p>28 Pa Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>39343</p> <p>Based on observations, review of clinical records, and interviews with facility staff, it was determined that the facility failed to ensure that it was free of medication error rate of five percent or greater, in two out of twenty-five medications reviewed.</p> <p>Findings include:</p> <p>On April 9, 2024, at 9:41 a.m., observed that Employee E11, a Licensed Nurse, administered to Resident R16, Vitamin D3 (Cholecalciferol), 1000 unit (25 mcg), one tablet, by mouth. Review of physician order for R16, dated April 3, 2024, revealed an order to administer Vitamin D3 Tablet (Cholecalciferol), 2000 unit (50 mcg), by mouth, one time a day, for Nutritional Deficiency.</p> <p>At the time of the observation, interviewed Employee E11, Licensed Nurse and confirmed the findings.</p> <p>On April 9, 2024, at 12:02 p.m., observed that Employee E10, a Registered Nurse, prepared to administer to Resident R25, Aspirin Enteric Coated 81 mg tablet, via G-Tube, but its administration was averted, as, Enteric Coated tablets should not be crushed. (Enteric coated tablets are tablets that are coated with an enteric coating. Crushing enteric coated tablets may result in the drug being released too early, destroyed by stomach acid, or irritating the stomach lining. Review of medical literature, in, https://newsnetwork.mayoclinic.org/discussion, revealed that with enteric-coated aspirin, research indicated that bloodstream absorption may be delayed and reduced, compared to regular aspirin absorption. Regular aspirin is quickly dissolved and absorbed in the stomach. As a result, enteric-coated aspirin may not be as effective as regular aspirin at reducing blood clot risk).</p> <p>Review of physician order for Resident R25, dated July 10, 2023, revealed an order to administer Aspirin Tablet, 81 mg, via G-Tube one time a day.</p> <p>At the time of the observation, interviewed E10, and confirmed the findings.</p> <p>This erroneous medical administration incurred a medication error rate of 8%.</p> <p>The facility incurred a medication error rate of 8 %.</p> <p>Pa Code:211.12(d)(1)(2)(5) Nursing Services.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>The untitled and undated policy for food storage states, Food is stored in compliance with applicable Federal, State and Local regulations regarding sanitary food storage.</p> <p>An initial tour of the Food Service Department was conducted on [DATE], at 11:00 a.m. with Employee E3, Food Service Director, which revealed the following:</p> <p>Observation in the walk-in freezer revealed a box of carrots that was open with the inner plastic liner open to the circulating air.</p> <p>Observation in the reach-in freezer revealed a bag of breaded chicken tenders that was open to the circulating air.</p> <p>Interview with Food Service Director on [DATE], at 11:15 a.m., confirmed the above findings.</p> <p>Observation of the resident storage refrigerator on [DATE]. 2024 at 11:50 a.m. revealed several items that were expired or not labeled. The refrigerator and freezer had several spills that were not cleaned. In the refrigerator there was a carton of milk that was expired on [DATE]. A container of tuna salad with no date and no label. A container of yogurt and granola labeled [DATE]. A container of yogurt and blueberries with no date and no label. A container of peaches labeled [DATE]. A contained of macaroni salad labeled [DATE]. A salad with tuna with no date and no label that appeared soggy.</p> <p>Interview with the Registered Dietician, Employee E7 on [DATE] at 12:20 p.m. confirmed the findings and the refrigerator and stated that the kitchen is in charge of cleaning out the refrigerator once a week.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>47975</p> <p>Based on review of facility documentation and staff interview, it was determined that the facility failed to ensure nurse aide staff received in-service training to be proficient and competent and that the training be no less than 12 hour annually for two of three nurse aide staff. (Employee 16 and Employee 17).</p> <p>Findings Include:</p> <p>A request for nurse aides annual in-service training record for nurses' aides was requested on April 10, 2024.</p> <p>Review of nurses' aides training records revealed that nurse aides, Employee E16 and Employee E17 did not have the required 12 hours of annual in-service training as required.</p> <p>Interview with Director of Nursing, Employee E2 on April 11, 2024 at 1:02 p.m. confirmed there was no further record on in-service trainings for nurse aides' Employee E16 and Employee E17.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>