

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at East Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Henry Avenue, 7th Floor Philadelphia, PA 19129	

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 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>46993</p> <p>Based on review of clinical record and review of facility provided documentation, it was determined facility did not ensure to complete a care plan that was comprehensive and individualized for one of five residents reviewed related to anxiety (Resident R1)</p> <p>Findings include:</p> <p>Review of facility policy 'Care Plans,' indicates that each resident's comprehensive care plan has been designed to: incorporate identified problem areas; reflect treatment goals and objectives in measurable outcomes; identify the professional services that are responsible for each element of care.</p> <p>Review of Resident R1's clinical record revealed that the resident had a medical history of anoxic brain damage, acute and chronic respiratory failure, tracheostomy status, gastrostomy status, end stage renal disease, and cognitive communication disorder.</p> <p>Review of Resident R1's fall incident report, completed on December 24, 2024, revealed that the root cause analysis was that Resident R1 removed trach and became hypoxic due to confusion and agitation.</p> <p>Review of R1's nursing progress notes, dated November 23, 2024 at 6:09 p.m. revealed that at approximately 4:00 pm the patient was noted with severe anxiety, patient at risk for falls, pulling at hand mitts kicking legs over side of bed, fall mats in place .</p> <p>Review of Resident R1's current care plan revealed no evidence of goals, objectives or interventions related to Resident R1's anxiety.</p> <p>28 Pa Code 211.10(c) Resident Care Policies</p> <p>28 Pa. Code 211.12(d)(1) 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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