

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 02/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39343</p> <p>Based on observations, review of facility policies, review of facility documentation, clinical record review and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related with Enhanced Barrier Precautions for two of two residents reviewed ((Residents R1, and R2).</p> <p>Findings include:</p> <p>Review of literature revealed that Enhanced Barrier Precautions are infection control Intervention designed to reduce the transmission of novel or Multi-Drug-Resistant Organisms. Enhanced Barrier Precautions require to employ the use of targeted personal protective equipment (PPE) during high contact patient/resident activities.</p> <p>On February 20, 2025, at 10:00 a.m., review of physician order for Resident R1 revealed an order dated February 1, 2025, for Enhanced Barrier Precautions.</p> <p>Observation on February 20, 2025, at 10:04 a.m., revealed that a Licensed Nurse, Employee E3, and a Nurse aide, Employee E4 were hygiene care to Resident R1. Employees E3 and E4 did not wear the PPE, even though Resident R1 was on Enhanced Barrier Precautions. At the time of the finding, confirmed the same with the Director of Nursing.</p> <p>On February 20, 2025, at 10:31 a.m., review of physician order for Resident R2 revealed an order dated December 20, 2024, for Enhanced Barrier Precautions.</p> <p>Observation on February 20, 2025, at 10:41 a.m., revealed that a Licensed Nurse, Employee E6, was cleaning the peg tube site of Resident R2. Employee E6 did not wear the PPE, even though Resident R2 was on Enhanced Barrier Precautions. At the time of the finding, confirmed the same with the Director of Nursing.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(d) Management</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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