

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2024
NAME OF PROVIDER OR SUPPLIER Southeastern Pennsylvania Veteran's Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Veterans Drive Spring City, PA 19475	

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>38419</p> <p>Based on clinical record review and staff interview, it was determined that Southeastern Pennsylvania Veterans' Center failed to ensure that one of 24 residents reviewed did not have an oncology consult timely (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record revealed the resident was admitted to the facility in November 2023 with a diagnosis of cancer.</p> <p>Review of Resident R1's clinical record revealed Certified Registered Nurse Practitioner assessed the resident on November 2, 2023 with a notation of cancer as a diagnosis.</p> <p>Review of Resident R1's clinical record revealed a liver biopsy was scheduled for January 31, 2024 and an oncology (physician that specializes in treatment of cancer disorders) appointment scheduled for February 23, 2024.</p> <p>Review of Resident R1's clinical record failed to reveal any documented evidence that the resident's cancer was assessed by an oncologist or course of treatment identified.</p> <p>Interview on March 14, 2024 at approximately 11:45 p.m. with the Director of Nursing, confirming the above information.</p> <p>Pa 28 211.12(a)(c)(d)(3)(5) Nursing Services</p> <p>Pa 28 211.5(f)(g)(h)Clinical Records</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
-----------------------------------------------------------------------	-------	-----------