

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on review of facility policies and documentation, clinical record reviews and interviews with staff, it was determined that the facility failed to provide adequate supervision during a planned out-of-facility activities outing to a theater, for one of six residents reviewed who were at risk for elopement. This resulted in Resident R138 exiting the theater and was unable to be located for one hour and 45 minutes. This failure placed the resident at high risk for injury and was identified as an Immediate Jeopardy of past non-compliance. (Resident R138)</p> <p>Findings include:</p> <p>Review of facility policy, Policies and Procedures Related to Wandering and Elopement dated May 20, 2014, revealed that the purpose of the policy is to assess residents for the purpose of assuring their safety and determine the risk for wandering and/or elopement within or out of the home. Continued review revealed that all staff must maintain a heightened awareness of their surroundings, the residents in our care, and environmental issues that might lead to a resident's elopement.</p> <p>Review of Resident R138's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated July 30, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities). Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 11, which indicated that the resident was moderately cognitively impaired and that he had behaviors of inattentiveness. Further review revealed that the resident was able to walk independently without an assistive device.</p> <p>Review of Resident R138's Elopement Evaluation, dated July 29, 2024, revealed that the resident was identified by the facility as being at risk for elopement, related to ambulation status, cognitive impairment and history of exit seeking behaviors. The evaluation noted that an elopement care plan was initiated.</p> <p>Review of Resident R138's care plan, dated initiated March 8, 2023, revealed that the resident was at risk for elopement and has exhibited exit seeking behaviors. Interventions included to encourage the resident to look for a staff member if he feels lost, confused or needs assistance, to redirect and reorient the resident as needed, and to maintain safety.</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: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Continued review of Resident R138's care plan, dated initiated July 26, 2024, revealed that the resident had memory deficits, requiring reminders and invitations for consistent activity participation. Interventions included that the resident will be invited to community outings to enhance life enrichment.</p> <p>Review of progress notes for Resident R138 revealed a nurses note, dated August 25, 2024, at 3:33 p.m. which indicated that the resident went on an out-of-facility activities outing to a theater. The note continued that, At 3pm staff notified security desk resident had eloped and police were called. Police arrived at 3:15 p.m. and began searching the area for the resident.</p> <p>Continued review of progress notes for Resident R138 revealed a nurses note, dated August 25, 2024, at 4:15 p.m. that nursing staff confirmed that the resident was located.</p> <p>Further review of progress notes for Resident R138 revealed a nurses note, dated August 25, 2024, at 5:10 p.m. that the resident returned to the facility. The resident was noted to be at his baseline and was placed on every fifteen-minute checks.</p> <p>Review of facility documentation reported to the Pennsylvania Department of Health on August 26, 2024, at 4:09 p.m. revealed that Resident R138 was on an out-of-facility activities outing to a theater on August 25, 2024, and that at 2:15 p.m. it was discovered that the resident was unable to be located. The resident was located at 4:00 p.m. at a river toll bridge commission building and subsequently returned to the facility.</p> <p>Review of Google Maps revealed that the river toll bridge commission building was 0.2 miles, approximately a four minute walk, from the theater, in a busy [NAME] area along a waterfront.</p> <p>Interview on October 17, 2024, at 1:27 p.m. Employee E10, activities aide, stated that on the day of the planned activities outing to the theater, two residents cancelled, so Resident R138 was added to the trip roster the morning of the outing. Employee E10, activities aide, stated that six residents were accompanied to the theater by one other activities aide and himself. Employee E10, activities aide, stated that Resident R138 was seated by his coworker and that he periodically checked on all of the residents during the theater performance. Near the end of the first act, Employee E10, activities aide, stated that he noticed that Resident R138 was not in his seat and that he got up and checked the area for the resident as well as asked theater staff if they had seen the resident. Employee E10, activities aide, immediately initiated elopement protocol and notified the local police. Employee E10, activities aide, stated that additional facility staff arrived to assist with the search and that the police received a call from the river toll bridge commission building with a description matching Resident R138. Facility staff went to identify the resident and brought him back to the facility. Employee E10, activities aide, stated that prior to the elopement incident with Resident R138, that the facility did not have an official protocol in place for screening residents signed up for out-of-facility events to identify their care needs, such as for elopement risk identification.</p> <p>Review of facility documentation revealed a witness statement, dated August 25, 2024, from Employee E11, activities aide. Employee E11, activities aide, noted that Employee E10, activities aide, asked her where Resident R138 was and that she did not see the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Continued review of facility documentation revealed another witness statement, dated August 27, 2024, from Employee E11, activities aide. The employee indicated that two residents were seated completely behind both her and the other activities aide and that she periodically checked on the residents. Employee E11, activities aide, indicated that she did not know which residents on the outing were elopement risks.</p> <p>Review of facility documentation, Elopement Preparedness and Response, dated September 3, 2024, revealed that the facility determined that the root cause of Resident R138's elopement was due to the seating arrangement at the theater. Resident R138 was seated out of sight of staff and therefore staff were unable to supervise and redirect the resident to remain in a safe location throughout the outing.</p> <p>Based on the above findings, an Immediate Jeopardy to the safety of the resident was identified for failure to provide adequate supervision of a resident who was identified as an elopement risk by the facility. Resident R138 was unable to be located during an out-of-facility activities outing to a theater on August 25, 2024, from 2:15 p.m. until he was found at a river toll bridge commission building at 4:00 p.m. An Immediate Jeopardy template (a document which included information necessary to establish each of the key components of immediate jeopardy) was provided to the Nursing Home Administrator (NHA) on October 17, 2024, at 1:58 p.m.</p> <p>On August 25, 2024, the facility initiated a plan of correction to address the failure of ensuring that a resident was adequately supervised to prevent elopement. The facility plan of correction included the following:</p> <ol style="list-style-type: none"> 1. [Resident R138] was assessed on August 25, 2024, at 5:10 p.m. A full assessment was completed of [Resident R138] by Registered Nurse Supervisor. No adverse effects or injuries noted. Increased supervision initiated with 15-minute checks upon return to the building and continued through August 29, 2024.[Resident R138] placed on purposeful rounding every hour as of August 29, 2024, and rounds continue. 2. All residents with wander guards [device that is placed on resident's wrist or ankle which sound alarms or prevent doors to be open for exit] were verified to ensure electronic wander guards in place and functioning. Audit completed by Registered Nurse Supervisor including verification of orders, placement and function of wander guard; review of care plans updated and noted in clinical record. Wander guard master list updated, reviewed and provided to Interdisciplinary team on August 26, 2024. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>3. Facility off premise policy was created August 30, 2024, pertaining to off premises activities. New procedure developed to include staff education and evaluation of residents prior to attending an outing to ensure each resident's appropriate supervision and needs are met to include review of elopement risk, mobility needs, hygiene, toileting, meal and hydration intake, as well as other ADL [activities of daily living] needs related to staffing and/or volunteer support. Activity trip form is reviewed and approved by activities supervisor and clinical service manager for all residents prior to attending an outside activity; any deviations from the roster are reviewed by activities supervisor prior to leaving the premises. Nursing and security staff are updated regarding residents who are participating in event off premises. Resident profile binder in place with instruction for every off premises outing which is provided to staff prior to leaving for the activity that includes elopement risk, safety needs and medical needs. During the off premises outing all residents will be required to stay within the facility group under the supervision of a responsible party as per policy.</p> <p>4. Activities staff involved in the incident received immediate education on escorting residents to outside activities and the requirement that residents will not be left unattended at any time. All activities staff education completed on August 28, 2024, on outings protocol. No additional off-site activities were held from August 25, 2024, through August 27, 2024.</p> <p>5. On August 27, 2024, facility activity form updated to reflect a review by nursing and activities to ensure sufficient staff and supplies are available for the outings including a review of elopement risk, dietary needs, personal care needs and medical needs. Audits of forms completed with final review by activities supervisor and clinical service manager. All outings forms will continue to be reviewed and approved by activities supervisor and clinical service manager prior to any outings.</p> <p>6. QAPI [Quality Assurance Performance Improvement] meeting held September 27, 2024, and education, audits and policy reviewed by IDT [Interdisciplinary Team]. Next QAPI meeting scheduled for October 25, 2024.</p> <p>A review was conducted of staff education, wander guard and activity forms audits and off-premise activities policy that was created related to Resident R138's elopement. Interviews with facility staff were conducted on October 17, 2024. Facility staff provided extensive feedback and understanding of the facility's new off-premise policy and process. Facility staff verbalized that all residents and staff assignments are reviewed prior to all outings to ensure that supervision and resident care needs can be met. All residents who have been identified as at risk for elopement receive one-to-one supervision during outings. All residents who attend the outing have information, including their supervision and care needs, in a binder that is taken along on the outing. Facility staff verbalized that all residents are assigned to specific staff during all outings and that no residents are ever left alone. Facility audits were reviewed and residents who were identified by the facility as being at risk for elopement had appropriate elopement prevention measures in place. Facility activity forms were reviewed and indicated that all residents and staff were reviewed for appropriateness and care needs prior to all out-of-facility activities.</p> <p>Review of facility documentation revealed that the corrective action plan was immediately initiated on August 25, 2024. The facility's action plan was accepted on October 17, 2024, at 4:48 p.m. and identified as past non-compliance.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>41471</p> <p>Based on review of clinical records, staff and resident interviews, it was determined that the facility failed to provide culturally competent, trauma informed care in accordance with professional standards of practice, accounting for the resident's past experiences and preferences in order to eliminate and/or mitigate triggers that may cause re-traumatization of the resident for four of four sampled residents (Resident R128, R24, R74 and R106).</p> <p>Findings include:</p> <p>Review of facility policy Culturally Competent Trauma Informed Care dated July, 2024, revealed that The (FACILITY NAME) will use a multi-pronged approach to identifying a resident's history of trauma, as well as his or her cultural preferences</p> <p>This will include asking the resident about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI), Admission Assessment, the history and physical, the social history/assessment, and others.</p> <p>The United States Department of Veterans Affairs sanctions the PCL-5 checklist, as a screening tool for the purpose of quantifying and monitoring symptoms, screening individuals for PTSD and assisting 1n making a provisional diagnosis of PTSD.</p> <p>The assessment will be conducted in a private setting and will use a multi-pronged approach to identify a resident's history of trauma and will include a review of the resident's admission records for recent or past involvement in a traumatic event (i.e., natural disaster, accidents, war, physical, emotional, or sexual abuse at any age, rape, unexpected life events such as death of a child or personal illness).</p> <p>The Social Worker/designee will assess the resident to identify if they are culturally diverse and will evaluate the resident for their ability to effectively communicate and the potential need for language assistance services; if indicated language assistance services will be arranged for the resident.</p> <p>If a history of trauma and or trauma related symptoms are identified a Medical Provider order will be requested for a referral by a mental health professional who is experienced in working with those exposed to trauma. Upon receipt of Medical Provider order the Social Worker/designee will place the referral to the mental health professional.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	

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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The resident's care plan will be implemented with individualized interventions that include trigger specific interventions addressing ways to decrease re-traumatization, as well as identifying ways to mitigate or decrease the effect of the trigger on the resident. In situations where a trauma survivor is reluctant to share their history, the (FACILITY NAME) will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident.</p> <p>The (FACILITY NAME) will evaluate the resident's care plan at least quarterly to review if interventions, needs and problems are identified and have the desired effect to achieve the residents' goals for care, a. The Social Worker or designee will include the resident's family or resident representative in the evaluation to ensure clear and open discussion and to better understand if intervention need to be changed. The (FACILITY NAME) will engage the services of an interpreter to monitor or evaluate the effect of cultural interventions for non-English speaking residents.</p> <p>A review of the clinical record revealed that Resident R128 was admitted to the facility, with diagnoses to include anxiety disorder, major depressive disorder, and post-traumatic stress disorder (PTSD).</p> <p>Further review of the clinical record for Resident R128 revealed that the resident served in the military.</p> <p>Resident R128's current care plan-initiated May 11, 2023, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>A review of the clinical record revealed that Resident R24 was admitted to the facility, with diagnoses to include major depressive disorder, and post-traumatic stress disorder (PTSD).</p> <p>Further review of the clinical record for Resident R24 revealed that the resident served in the military.</p> <p>Resident R24's current care plan-initiated February 27, 2023, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>A review of the clinical record revealed that Resident R74 was admitted to the facility, with diagnoses to include bipolar disorder, major depressive disorder, and post-traumatic stress disorder (PTSD).</p> <p>Further review of the clinical record for Resident R74 revealed that the resident served in the air force.</p> <p>Resident R74's current care plan-initiated April 4, 2023, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the clinical record revealed that Resident R106 was admitted to the facility, with diagnoses to include bipolar disorder, dementia, major depressive disorder, and post-traumatic stress disorder (PTSD).</p> <p>Further review of the clinical record for Resident R106 revealed that the resident served in the army.</p> <p>Resident R106's current care plan-initiated March 15, 2023, revealed a care plan for PTSD. Further review of the care plan did not address resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>Interview with the Director of Nursing, Employee E1, on October 18, 2024, at 11:00 a.m. confirmed that Residents 124's, R24s, R74s and R 106s plan of care for PTSD did not include resident's actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization.</p> <p>28 Pa. Code 211.12(c)(d)(3)(5) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</p> <p>Based on review of facility policy, review of clinical records, and interview with staff, it was determined that the facility failed to ensure medications were dispensed and administered in according to professional standards of practice relating to medication administration for one of 3 residents reviewed. (Resident R125)</p> <p>Findings include:</p> <p>Review of facility policy titled Medication Administration Protocol dated May 2022, revealed that every medication will have a physicians order, including the order route and dose of med and will be transcribed into medication administration record (MAR).</p> <p>Review of Resident R125's physician orders revealed that Resident R125 had an order for Methadone 20 milligrams (mg). U.D. (unit dose) bottle once a day due to opioid dependence. Special Instructions: DRINK THE WHOLE BOTTLE, THEN FILL WITH WATER AND DRINK TO RINSE OUT REMAINING DRUG. NURSE AND PATIENT SIGN ASSOCIATED SHEET AFTER EACH ADMINISTRATION. DO NOT DISCARD BOTTLE. DX: OPIOD DEPENDENCE Once A Day</p> <p>Review of Drugs.com last updated on [DATE]. revealed Methadone is a long-acting opioid medication that is used to reduce withdrawal symptoms in people addicted to heroin or other narcotic drugs, and it can also used as a pain reliever. When methadone is used for Opioid Use Disorder (OUD) it reduces withdrawal symptoms and drug cravings, but does not cause the high associated with the drug addiction. Methadone is highly regulated medication (Schedule 2 Controlled Substances Act) and when used for OUD is only available through approved opioid treatment programs (OTP) that involves regular monitoring, counseling, and drug testing to make sure that patients are making progress in their recovery.</p> <p>Use this medicine exactly as prescribed by your doctor. Follow the directions on your prescription label and read all medication guides or instruction sheets. Never use this medicine in larger amounts, or for longer than prescribed. Tell your doctor if you feel an increased urge to use more of this medicine.</p> <p>Observation of medication administration on October 16, 2024, at 8:45 a.m. revealed Licensed nurse, Employee E5 preparing to administer Residents R125's medications. Observation revealed that Employee E5 prepared all the medication and placed them in a small medication cup. She then unlocked the narcotic box of medication and pulled a small bottle of methadone prescribed to Resident R125. After Resident 125 consumed the pills Employee E5 then pour orange juice into the small bottle and the resident swallowed the liquid from the mouth of the bottle. Resident R125 then handed back the bottle (for counting purposes, the bottles must be returned. The bottle contained a small amount of fluid approximately 3-5 ml remained).</p> <p>Interview with Licensed nurse, unit manager Employee E4 on October 16, 2024, at 8:41 a.m. revealed that Employee E4 stated t hat the bottle of methadone does not need to be refilled with water. The resident fills the medication with water or orange juice.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Director of Nursing Employee E2 on October 17, 2024, at 2:20 p.m. confirmed that the orders stated to fill the bottle with water and drink, these instructions of administration must be followed as prescribed.</p> <p>28 Pa Code 211.9 (a)Pharmacy Services</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</p> <p>Based on review of facility policy, observations, and staff interviews, it was determined that the facility failed to store drugs and biologicals in a locked compartment on one of two nursing carts reviewed. (D unit high cart)</p> <p>Findings include:</p> <p>Review of policy titled Medication Storage and Refrigerator Temperatures revealed that medications and biologicals in rooms, carts, boxes and refrigerators are maintained with in secured locations accessible only to designated staff.</p> <p>Based on drugs.com website updated (updated 10 [DATE]) reveled Insulin is a hormone that is produced naturally in our bodies. Its main role is to allow cells throughout the body to uptake glucose (sugar) and convert it into a form that can be used by these cells for energy. Naturally occurring human insulin is made by beta cells within the pancreas, but people with diabetes have little or no natural insulin release. Insulin is available as synthetic human insulin (made in a laboratory but resembles naturally occurring human insulin), insulin analogs (human insulin that has been genetically modified), and biosimilars. Insulin analogs are better than standard human insulin at mimicking natural insulin release.</p> <p>Based on the American diabetes association recommendation of safe storage for insulin revealed. For the people with diabetes who use it, insulin is a vital need. It's important to store insulin as directed so that it remains usable by those who need it. Follow these tips to ensure effective insulin storage. 1. Keep It Cool According to the product labels from all three U.S. insulin manufacturers, it is recommended that insulin be stored in a refrigerator at approximately 36 F to 46 F. If you are using ice, avoid freezing the insulin. Do not use insulin that has been frozen. 2. Know Its Expiration Date Unopened insulin refrigerated in the ranges described above maintains potency until</p> <p>Based on the Department of health and Human Services Centers for Medicare and Medicaid Services titled Medication Storage and Labeling revealed S483.45 (h) (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>Observation of medication administration pass with Licensed nurse, Employee E5 on October 16, 2024, at 8:30 a.m. revealed the medication cart stored a container consisting of sixteen vials of insulin on top of the cart for complete access to the insulin for anybody to obtain. Interview with Employee E5 at time of observation revealed the container was supplied to her by the supervisor prior to med pass, it was originally stored in the medication room in the refrigerator. Employee E5 stated that she intended to return the container of insulin to the medication room after med pass.</p> <p>Interview with Licensed nurse, unit manager, Employee E4 on October 16, 2024, at 8:41 a.m. at the medication cart D unit high cart, revealed that according to this employee, the container consisting of 16 bottles of insulin is acceptable to leave on top of the cart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Licensed nurse Employee E6 on October 16, 2024, at 9:05a.m. at Medication cart Low side revealed the insuling is taken from the medication room refrigerator prior to med pass, then placed in a drawer in the medication cart during med pass. The medication cart is locked when unattended. After Employee E6 completes medication pass for the unit, the container of insulin will be brought back to the medication room.</p> <p>Interview with the director of nursing , employee E 2 on October 17, 2024 at 2:10pm.m. confirmed the insulin is to be store inside the medication cart and locked.</p> <p>28 Pa. Code 211.9(a)(1)Pharmacy services</p> <p>28 pa code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.12 (d)(1) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	

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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>41471</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to ensure that garbage was disposed of properly.</p> <p>Findings include:</p> <p>Observation in the receiving area and the garbage disposal area on July 9, 2024, at 10:30 a.m. with Employee E13 Food Service Manager, revealed that the dumpster which contained garbage from the kitchen and general trash from the resident care area with no lid. The open dumpsters revealed the contents, which included open or untied garbage. There were flies observed around the opening of the dumpster.</p> <p>An interview with Administrator, Employee E1, on October 16, 2024, at 2:00 p.m. confirmed that there was lid to the dumpster which the maintenance made to close the dumpster which was not placed appropriately. Administrator also confirmed that the dumpster is designed to push the trash inside without exposing the content, however the dumpster was over filled.</p> <p>29 Pa. Code 201.18 (b)(1) Management</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39344</p> <p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on a review of clinical records, facility documentation and interviews with staff, it was determined that the Nursing Home Administrator and the Director of Nursing failed to effectively manage the facility related to a resident eloping during a planned out-of-facility activities outing to a theater, for one of six residents reviewed related to elopement risk. This failure placed Resident R138 at high risk for injury and was identified as an Immediate Jeopardy of past non-compliance.</p> <p>Findings include:</p> <p>Review of the job description for the Nursing Home Administrator (NHA) revealed that the NHA is responsible for managing, directing and controlling all health-care activities and management functions. Continued review revealed that the NHA is responsible for enforcing the regulations relative to the level of health care and safety of residents and to the protection of their personal and property rights.</p> <p>Review of the job description for the Director of Nursing (DON) revealed that the DON directs all nursing care activities and participates in the administration of the multidisciplinary and nonclinical aspects of a veterans' extended care facility's overall operations. Continued review revealed that the DON directs the operations of various departmentalized disciplines within the facility to include, but not limited to, Nursing, Pharmacy, Physical and Recreational Therapy, and Therapeutic Activities.</p> <p>Review of Resident R138's Elopement Evaluation, dated July 29, 2024, revealed that the resident was identified by the facility as being at risk for elopement, related to ambulation status, cognitive impairment and history of exit seeking behaviors. The evaluation noted that an elopement care plan was initiated.</p> <p>Review of Resident R138's care plan, dated initiated March 8, 2023, revealed that the resident was at risk for elopement and has exhibited exit seeking behaviors. Interventions included to encourage the resident to look for a staff member if he feels lost, confused or needs assistance, to redirect and reorient the resident as needed, and to maintain safety.</p> <p>Continued review of Resident R138's care plan, dated initiated July 26, 2024, revealed that the resident had memory deficits, requiring reminders and invitations for consistent activity participation. Interventions included that the resident will be invited to community outings to enhance life enrichment.</p> <p>Review of facility documentation reported to the Pennsylvania Department of Health on August 26, 2024, at 4:09 p.m. revealed that Resident R138 was on an out-of-facility activities outing to a theater on August 25, 2024, and that at 2:15 p.m. it was discovered that the resident was unable to be located. The resident was located at 4:00 p.m. at a river toll bridge commission building and subsequently returned to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on October 17, 2024, at 1:27 p.m. Employee E10, activities aide, stated that on the day of the planned activities outing to the theater, two residents cancelled, so Resident R138 was added to the trip roster the morning of the outing. Employee E10, activities aide, stated that six residents were accompanied to the theater by one other activities aide and himself. Employee E10, activities aide, stated that Resident R138 was seated by his coworker and that he periodically checked on all of the residents during the theater performance. Near the end of the first act, Employee E10, activities aide, stated that he noticed that Resident R138 was not in his seat and that he got up and checked the area for the resident as well as asked theater staff if they had seen the resident. Employee E10, activities aide, immediately initiated elopement protocol and notified the local police. Employee E10, activities aide, stated that additional facility staff arrived to assist with the search and that the police received a call from the river toll bridge commission building with a description matching Resident R138. Facility staff went to identify the resident and brought him back to the facility. Employee E10, activities aide, stated that prior to the elopement incident with Resident R138, that the facility did not have an official protocol in place for screening residents signed up for out-of-facility events to identify their care needs, such as for elopement risk identification.</p> <p>Review of facility documentation revealed a witness statement, dated August 25, 2024, from Employee E11, activities aide. Employee E11, activities aide, noted that Employee E10, activities aide, asked her where Resident R138 was and that she did not see the resident.</p> <p>Continued review of facility documentation revealed another witness statement, dated August 27, 2024, from Employee E11, activities aide. The employee indicated that two residents were seated completely behind both her and the other activities aide and that she periodically checked on the residents. Employee E11, activities aide, indicated that she did not know which residents on the outing were elopement risks.</p> <p>Review of facility documentation, Elopement Preparedness and Response, dated September 3, 2024, revealed that the facility determined that the root cause of Resident R138's elopement was due to the seating arrangement at the theater. Resident R138 was seated out of sight of staff and therefore staff were unable to supervise and redirect the resident to remain in a safe location throughout the outing.</p> <p>Based on the deficiencies identified in this report, the Nursing Home Administrator and Director of Nursing failed to fulfill essential duties and responsibilities of their position, contributing to the Immediate Jeopardy situation.</p> <p>Refer to F689.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	

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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(d)(5) Nursing services</p>