

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395193</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/26/2024</b>
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NAME OF PROVIDER OR SUPPLIER: <b>ROSEMONT CENTER</b>  STATE LICENSE NUMBER: <b>181402</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>35 ROSEMONT AVENUE ROSEMONT, PA 19010</b>
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F 0000	INITIAL COMMENT	F 0000		
F 0573 SS=A	Based on an Abbreviated Survey in response to four complaints, completed on December 26, 2024, it was determined that Rosemont Care and Rehabilitation Center, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0573		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0573  SS=A	Continued from page 1  483.10(g)(2)(i)(ii)(3) Right to Access/Purchase Copies of Records  §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and (C) Postage, when the individual has requested the copy be mailed.  §483.10(g)(3) With the exception of information described	F 0573	I hereby acknowledge the CMS 2567-A, issued to ROSEMONT CENTER for the survey ending 12/26/2024, AND attest that all deficiencies listed on the form will be corrected in a timely manner. Preparation and/or execution of his plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. Resident R1 was sent the requested medical records. NHA/Designee will audit medical record requests for the last 30 days to ensure timely release of records RDO will reeducate administrative staff on the regulation of releasing records timely. NHA/Designee will audit the release of medical records from requests weekly x 3 and then monthly x3. Results will be shared at QAPI monthly until substantial compliance is met.	Completion Date: <b>01/20/2025</b> Status: <b>APPROVED</b> Date: <b>01/24/2025</b>

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F 0573  SS=A	Continued from page 2  in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.  This REQUIREMENT is not met as evidenced by:	F 0573		

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F 0573  SS=A	Continued from page 3  Based on review of facility documentation, clinical record review, and interviews with staff, it was determined that the facility failed to provide copies of medical records as requested in a timely manner for one of one resident reviewed for medical record request (Resident R1).  Findings include:  Review of facility policy on "Access to Personal and Medical Record under Section "Policy Statement": Each resident has the right to access and or obtain copies of these or personal and medical records upon request. Under Section "Policy Interpretation and Implementation": #1. A resident may submit his or her request, either orally or in writing, for access to personal or medical information pertaining to him/her. #2. The information will be provided in the form and format requested by the resident as long as the records are available in that format. #4. Access to resident's personal medical records will be provided to the resident within 24 hours, excluding	F 0573		

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F 0573  SS=A	Continued from page 4  weekends and holidays of his or her request. #5. Resident may obtain a copy of her personal or medical records within two business days of an oral or written request.  Interview with Facility Administrator Employee E1 conducted on December 26 , 2024 at 11:32 am confirmed that a copy of Resident R1's medical record was not released immediately because the Medical Records Department was not aware that the payment was received because the check was made out to the facility and not directly to the Medical Records Department. Further, Employee E1 revealed that on October 28, 2024, after he had a telephone conversation with the Resident R1 and after confirming the payment for the copy of the medical record, he sent out the file to the Social Worker Employee E3 so that it can be sent to the Resident R1.  Interview with Social Worker, Employee E3 conducted on December 26, 2024, at 12:15 revealed that Employee E3 did not sent an	F 0573		

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F 0573  SS=A	Continued from page 5  electronic copy of the medical records via email to Resident R1 until December 26, 2024.  28 Pa Code 201.14(a) Responsibility of licensee  28 Pa Code 201.18(b)(3) Management  28 Pa Code 201.29(a) Resident rights	F 0573			

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P 5520	Nursing services.  (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.  This REGULATION is not met as evidenced by:	P 5520	Preparation and/or execution of his plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. Nursing schedules were reviewed to ensure the proper nursing assistant ratio on the day and overnight shifts. NHA/designee will reeducate the scheduler, Nurse Supervisors and Nursing Management on the correct Nursing Assistant ratio. NHA/designee will audit the nursing schedules in advance daily x4 weeks to ensure nursing assistants are being staffed at the proper ratio. Results will be shared at QA monthly until substantial compliance is met.	Completion Date: <b>01/20/2025</b> Status: <b>APPROVED</b> Date: <b>01/24/2025</b>
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P 5520	Continued from page 1  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for six of seven days reviewed. (December 20, 2024 through December 26, 2024)  Findings include:  The facility failed to meet the minimum NA to resident ratio of one NA per 10 residents on day shift on December 23, 2024 through December 25, 2024.  The facility failed to meet the minimum NA to resident ratio of one NA per 15 residents on night shift on December 20, 2024 through December 21, 2024 and December 23, 2024 through December 26, 2024.  On December 26, 2024 at approximately 12:45 p.m. Employee E1, Administrator, confirmed the facility did not meet the minimum NA to resident ratios for six of seven days reviewed.	P 5520		

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P 5530	Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	Preparation and/or execution of his plan does not constitute admission or agreement by the provider of the truths or facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed in accordance with federal and state law requirements. Nursing schedules were reviewed to ensure the proper LPN ratio on the evening shifts. NHA/designee will reeducate the scheduler, Nurse Supervisors and Nursing Management on the correct LPN ratios. NHA/designee will audit the nursing schedules in advance daily x4 weeks to ensure LPN's are being staffed at the proper ratio. Results will be shared at QA monthly until substantial compliance is met.	Completion Date: <b>01/20/2025</b> Status: <b>APPROVED</b> Date: <b>01/24/2025</b>

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P 5530	Continued from page 3  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for seven of seven days reviewed. (December 20, 2024 through December 26, 2024).  Findings include:  The facility failed to meet the minimum LPN to resident ratio of one LPN per 25 residents on night shift from December 20, 2024 through December 26, 2024.  On December 26, 2024 at approximately 12:45 p.m. Employee E1, Administrator, confirmed the facility did not meet the minimum LPN to resident ratios for seven of seven days reviewed.	P 5530		



# Certified End Page

**ROSEMONT CENTER**

**STATE LICENSE NUMBER: 181402**

**SURVEY EXIT DATE: 12/26/2024**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY