

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395409</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/12/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>252 BELMONT AVENUE DOYLESTOWN, PA 18901</b>		
STATE LICENSE NUMBER: <b>331402</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0684	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, and a Civil Rights Compliance survey completed on December 12, 2024, it was determined that Liberty Pointe Rehabilitation and Healthcare Center, was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0684		
SS=D				

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 0684  SS=D	Continued from page 1  483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	1. Tubigrips were immediately placed on resident 2. 2. Current residents with Compression stockings were reviewed to assure residents had application per the physician orders. 3. Education will be completed for licensed nursing staff by staff educator/designee on Importance of ensuring residents have physician prescribed measures in place 4. Audits will be completed by DON/designee to assure residents with Compression stockings have it in place per physician orders. Audits will be done weekly x4 & then monthly x2 or until compliance is met. Findings will be brought to the QAPI committee.	Completion Date: <b>01/14/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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F 0684  SS=D	Continued from page 2  Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of 33 sampled residents. (Resident 2)  Findings include:  Clinical record review revealed that Resident 2 had diagnoses that included dementia, hypertension, and chronic obstructive pulmonary disease. Review of the Minimum Data Set assessment dated November 6, 2024, indicated that the resident had memory impairment and was dependent on staff for dressing. On November 10, 2024, a physician ordered for staff to apply compression stockings (Tubigrips) on bilateral legs for swelling.  On December 10, 2024, at 11:45 a.m. and 12:44 p.m., and again on December 11, 2024, at 10:00 a.m. and 10:25 a.m., the resident was observed dressed and seated in her wheelchair in the dining room on the nursing unit without the Tubigrips in	F 0684		

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F 0684  SS=D	Continued from page 3  place. On December 11, 2024, at 10:30 a.m., the licensed practical nurse stated that staff was to put the Tubigrips on with morning care.  In an interview on December 12, 2024, at 10:30 a.m., the Director of Nursing stated that staff was to apply the Tubigrips every day with morning care as ordered by the physician.  CFR(s) 483.25 Quality of Care Previously cited 4/13/24  28 Pa.Code 211.22(d)(1)(5)Nursing services.	F 0684		
F 0812  SS=F		F 0812		

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F 0812  SS=F	Continued from page 4  483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary  §483.60(i) Food safety requirements. The facility must -  §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.  §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  This REQUIREMENT is not met as evidenced by:	F 0812	1) The hole in the back wall of the recycling area has been repaired. Convection ovens were cleaned & grease to top & bottom ovens removed & area cleaned. Metal scoop was removed from the flour bin. Debris was removed from wall near the steamer. Ice machine was cleaned. Cracked floor tiles near the entrance of the kitchen was repaired. 2) All residents have the potential to be affected by the failure to maintain sanitary conditions & storing food properly in the dietary department. 3) Dietary staff to be educated on importance of maintaining sanitary conditions & proper food storing in the dietary department. 4) Audits will be completed weekly x4 & then monthly x2 or until compliance is met to ensure that sanitary conditions & proper food storing in the dietary department is maintained. Findings will be brought to the QAPI committee.	Completion Date: <b>01/14/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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F 0812  SS=F	Continued from page 5  Based on observation, it was determined that the facility failed to maintain sanitary conditions and store food properly in the dietary department.  Findings include:  During an environmental tour of the dietary department on December 10, 2024, at 9:30 a.m., observations revealed the following:  There was a large hole in the paneling on the back wall of the recycling area located in the dietary department.  The convection ovens were soiled. The insides of the top and bottom oven doors were coated with grease. The bottom of the top oven was covered heavily with burnt debris and burnt food crumbs.  There was a large metal scoop stored on the inside of the large bin that contained flour.  There was debris on the floor alongside the wall	F 0812		

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F 0812  SS=F	Continued from page 6  near the steamer and dry goods bins.  On the inside of the ice machine, there was a brown substance on parts of the lid. The brown substance was also on the left inside wall of the ice machine.  There were five cracked floor tiles near the entrance way of the utility hallway that was located inside the dietary department.  28 Pa. Code 201.18(b)(1)(3) Management.  28 Pa. Code 207.2(a) Administrator's responsibility.	F 0812		
F 0919  SS=D		F 0919		

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F 0919  SS=D	Continued from page 7  483.90(g)(1)(2) Resident Call System  §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from-  §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities.  This REQUIREMENT is not met as evidenced by:	F 0919	1) The call bell system was immediately repaired for residents 4 & 142. 2) Audit was completed to assure residents have a working call bell available. 3) Staff will be educated on the importance of ensuring residents have access to a working call bell. 4) Audits will be completed weekly x4 & then monthly x2 or until compliance is met by randomly auditing 10 resident rooms, to ensure resident have access to working call bells. Findings will be brought to the QAPI committee.	Completion Date: <b>01/14/2025</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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F 0919  SS=D	Continued from page 8  Based on resident interview and observation, it was determined that the facility failed to provide a working call bell for two of 33 sampled residents. (Residents 4, 142)  Findings include:  During a resident group meeting conducted on December 11, 2024, at 10:00 a.m., Resident 4 stated that when she activated the call bell from her bed, the light outside the door did not activate. Resident 142 stated that when he activated the call bell from his bed, there was no sound or light, and that he must yell for assistance.  Observations on December 11, 2024, at 11:15 a.m., revealed that when Resident 4 activated the call bell from her bed, no light was observed outside of her door. At 11:35 a.m., Resident 142 activated the call bell from his bed; no sound or light was observed.  28 Pa. Code 201.18(b)(3) Management.	F 0919		

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F 0919  SS=D	Continued from page 9  28 Pa. Code 211.12(d) Nursing services.	F 0919			



# Certified End Page

**LIBERTY POINTE REHABILITATION AND HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 331402**

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

**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