

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395537	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025
NAME OF PROVIDER OR SUPPLIER: ROOSEVELT REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 7800 BUSTLETON AVENUE PHILADELPHIA, PA 19152		
STATE LICENSE NUMBER: 210102				
(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 0809	Based on an Abbreviated Survey in response to three complaints, completed on January 24, 2025, it was determined that Roosevelt Rehabilitation and Healthcare, 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 0809		
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 0809 SS=D	Continued from page 1 483.60(f)(1)-(3) Frequency of Meals/Snacks at Bedtime §483.60(f) Frequency of Meals §483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care. §483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span. §483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care. This REQUIREMENT is not met as evidenced by:	F 0809	1. Facility cannot retroactively provide resident 3 with a missed meal. 2. Facility conducted full house audit on each meal to ensure every resident received a meal tray. Facility conducted full house audit to ensure all resident had meal tickets. 3. NHA/designee will re-educate all nursing department to ensure staff will remove food trays from the food cart and deliver the trays to each resident room when eating meals on the unit. 4. NHA/designee will conduct random audits on one cart to ensure all residents receive a meal daily x4 weeks, weekly x4 and monthly x2. Facility will conduct audits to ensure all residents have a meal ticket 3x a week for 4 weeks, weekly x4 and monthly x2. Results will be submitted to QAPI for review and recommendations as needed.	Completion Date: 02/18/2025 Status: APPROVED Date: 02/06/2025

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F 0809 SS=D	Continued from page 2 Based on interview with resident and staff, and review of facility provided documentation, it was determined facility failure to ensure that one of 12 residents receive the breakfast meal. (Resident R3) Findings include: Review of facility's policy 'Assistance with meals,' revised on March 2022, indicates that "nursing staff will remove food trays from the food cart and deliver the trays to each resident's room." Interview with Resident R3, revealed that on January 7, 2025 his assigned nurse aide, employee E3, refused to change his bed linens upon request. Further interview with Resident R3 revealed that on the following morning, January 8, 2025, he did not receive his breakfast tray - which he believes was part of retaliation from E3 after he reported her to unit manager, employee E4, for refusing to change his bed linens.	F 0809		

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F 0809 SS=D	Continued from page 3 According to further interview with Resident R3, Employee E3 was his assigned nurse aide on January 8, 2025. Interview with Unit manager, Employee E4, on January 24, 2025 at 1:00 pm, revealed that on the morning of January 8, 2025. Employee E3 was re-assigned and was not assigned to provide care for Resident R3. There was miscommunication among nurse aides which resulted in Resident R3 not receiving breakfast tray. Review of facility provided grievance investigation revealed a statement from nurse aide, Employee E3, stating the following - " (January 8, 2025) Resident in 212b requested different aide for the day. At the time when I went to give 212a his breakfast 212b was sleeping and doesn't like to be woken up so we left his tray" Further review of grievance report submitted due to 'resident did not receive breakfast', dated January 8,	F 0809		

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F 0809 SS=D	Continued from page 4 2025, revealed that "meal was offered but resident said he was heading to lunch. Interviewed aides. Education provided regarding meal tray pass." 28 Pa Code 211.12(d)(1) Nursing services	F 0809			



Certified End Page

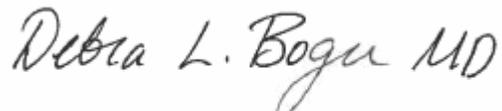
ROOSEVELT REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 210102

SURVEY EXIT DATE: 01/24/2025

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