STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395182	A. BLDG: 00 B. WING:	12/03/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE STATE LICENSE NUMBER: **452202**	**10400 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116**

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F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to six complaints completed December 3, 2024, it was determined that St. John Neumann Center for Rehab & 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 0000		
F 0657 SS=D		F 0657		

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 0657 SS=D	Continued from page 1 483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 0657	1.Facility conducted a thorough review of the resident, and updated CP to reflect refusals of care and/or medicine. 2.Using the PCC dashboard alerts, the Director of Nursing, and/or designee, will review the resident behaviors and/or refusal of care in the past 30 days and update the behavior care plans of residents that refuse care and/or medicine. 3.Education provided for facility IDT on requirement to update care plan with behaviors. 4.Using the PCC dashboard alerts, audits will be conducted weekly for 4 weeks then monthly for 2 months for any residents who have refusal behaviors and assure interventions are initiated/updated in Care Plans. 5.Results of these audits will be reported and reviewed with the Quality Assurance Performance Improvement Committee to ensure ongoing compliance.	Completion Date: **12/31/2024** Status: **APPROVED** Date: **12/31/2024**

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F 0657 SS=D	Continued from page 2 Based on review of facility policy, review of clinical records, and staff interviews it was determined that the facility failed to review and revise behavior health care plan for one of nine residents reviewed (Resident R1). Findings Include: Review of facility policy "Interdisciplinary Care Planning Protocol" reviewed February 2023 revealed problems established by the team with the resident/family must be specific and individualized. Review of Resident R1's Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated October 13, 2024, revealed the resident was cognitively impaired and had diagnoses of dementia (a decline in cognitive function severe enough to interfere with daily life), anxiety disorder (excessive fear, worry, and nervousness that disrupt daily life), depression (persistent feeling of sadness and loss of interest), and manic depression (bipolar disorder - a serious mental illness characterized by	F 0657		

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F 0657 SS=D	Continued from page 3 extreme mood swings). Continued review of Resident R1's MDS revealed the resident received an antipsychotic medication on a routine basis. Review of Resident R1's comprehensive care plan revised March 5, 2024, revealed the resident could not always communicate effectively due to a language barrier (primary language is Spanish). Continued review of Resident R1's comprehensive care plan revised October 28, 2024, revealed the resident had potential for changes in mood related to depression and anxiety. Updated March 18, 2024, it was noted that Resident R1 initiated a physical altercation with the roommate. Interventions dated May 19, 2023, indicated to provide medications as ordered and monitor for effectiveness and potential side effects. Review of Resident R1's clinical record revealed a nursing note dated June 8, 2024, that Resident R1 punched his roommate at approximately 5:54 a.m. Resident R1 was noted with agitation and confusion.	F 0657		

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F 0657 SS=D	Continued from page 4 Continued review of Resident R1's clinical record revealed a note by the Nurse Practitioner, Employee E3, dated June 8, 2024, that indicated Resident R1 was seen at bedside, unpleasant with the surroundings and stated he was not happy being at the facility. The Nurse Practitioner, Employee E3, noted that nursing reported Resident R1 was not taking his medication. When questioned, Resident R1 confirmed he was not taking his medications. Review of Resident R1's clinical record revealed a psych note dated June 10, 2024, that indicated Resident R1 was forgetful with decreased cognition and has nonsensical responses to questions at times. Interventions included an adjustment of medications and to evaluate progression in mood and behavior. Review of Resident R1's clinical record revealed a nursing note dated June 21, 2024, that Resident R1 was noted with low blood sugar, refused interventions, and stated "I don ' t want to eat I want to die". Resident R1 also refused to be transferred	F 0657		

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F 0657 SS=D	Continued from page 5 to the hospital but ultimately agreed to eat. Resident R1 was assessed by psych via a phone consultation who recommended medication changes. Review of Resident R1's clinical record revealed a nursing note dated July 4, 2024, that Resident R1 refused medications. Review of Resident R1's clinical record revealed a nursing note dated July 6, 2024, that indicated Resident R1 initiated a physical altercation with his roommate. Review of Resident R1's clinical record revealed a nursing note dated July 17, 2024, that the resident refused all scheduled medications. Continued review of Resident R1's clinical record revealed nursing notes dated August 26 and August 28, 2024, that indicated the resident expressed agitation and refused medications. Review of Resident R1's comprehensive care plan	F 0657		

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F 0657 SS=D	Continued from page 6 revealed no documented evidence the care plan was reviewed and revised to address behavior of refusing care and medications. 28 Pa. Code 211.10 (a) Resident care policies. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services.	F 0657		

Certified End Page

ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE

STATE LICENSE NUMBER: 452202

SURVEY EXIT DATE: 12/03/2024

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
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