

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395182	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025
NAME OF PROVIDER OR SUPPLIER: ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE: 10400 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116		
STATE LICENSE NUMBER: 452202				
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F 0000	INITIAL COMMENT	F 0000		
F 0584	Based on a Medicare/Medicaid Recertification Survey, State Licensure Survey, Civil Rights Compliance Survey and an Abbreviated Survey in response to a complaint completed on January 24, 2025, it was determined that St.John Neumann Center for Rehabilitation and Healthcare, 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 as they relate to the health portion of the survey.	F 0584		
SS=K				

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 0584 SS=K	Continued from page 1 483.10(i)(1)-(7) Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all	F 0584	1.HVAC system repaired 1/23/25 to assure a temperature range of 71-81 degrees Fahrenheit was maintained for resident room 310, 311, 312, 313, 314, 315, 316, and 317. 2.Audit was conducted on resident room temperatures to assure room temperatures were maintained between 71 degrees Fahrenheit - 81 degrees Fahrenheit. No other rooms were noted to be outside of the desired range. 3.Education was completed for the Maintenance Director on the requirements for maintaining resident room temperatures to range between 71 degrees Fahrenheit - 81 degrees Fahrenheit. Preventive maintenance has been scheduled to ensure all heating units function within the required temperature ranges on an ongoing basis. 4.The Administrator/designee is auditing temperatures of resident rooms 310, 311, 312, 313, 314, 315, 316, and 317 every shift, weekly x4, monthly x2; to assure the temperatures are maintained between 71-81 degrees Fahrenheit. Results of	Completion Date: 01/23/2025 Status: APPROVED Date: 02/14/2025

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F 0584 SS=K	Continued from page 2 areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 0584	the audit to be discussed at monthly QA x3.	

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F 0584 SS=K	Continued from page 3 Based on observation, reviews of the electronic maintenance communication logs, interviews with staff and residents, policy and procedure reviews, and clinical record review, it was determined the facility failed to ensure comfortable air temperature levels were provided on the 300 nursing unit placing residents at risk for developing hypothermia (condition of having a lower body temperature than normal body temperature). The cold air temperatures placed 19 of 32 cognitively impaired residents on the 300 nursing unit in an Immediate Jeopardy situation. (Residents R118, R149, R142, R85, R163, R103, R61, R145, R91, R113, R15, R164, R51, R179, R146, R27, R66, R264 and R9). Findings include: Review of the undated facility policy titled "Room Temperature Maintenance" revealed, it was the facility's responsibility to take and record room and lounge temperatures weekly. The policy indicated the room and lounge temperatures were to be	F 0584		

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F 0584 SS=K	Continued from page 4 maintained at 71 to 81 degrees Fahrenheit. If the facility had obtained any variance in this temperature range of 71 to 81 degrees Fahrenheit; then it would be the responsibility of that person to report the temperature variance to the administrator and maintenance director. Interview with Resident R91 at 11:00 a.m., on Janaury 22, 2025 revealed his/her room of 313 was extremely cold and uncomfortable. The resident reported the heating system in his/her room does not work. The resident reported that he/she worries about his roommate (Resident 145) being cold and becoming ill. The resident reported that his/her roommate needs warmer clothes and shoes and possibly a jacket to wear inside their bed room. Clinical record review for Resident R91 revealed a quarterly assessment Minimum Data Set (MDS-assessment of care needs) dated January 3, 2025, indicated this resident was able to make his/her needs known to staff. The assessment revealed the resident was independent with upper and lower	F 0584		

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F 0584 SS=K	Continued from page 5 body dressing (putting on/taking off clothing). Clinical record review for Resident R145 revealed a quarterly MDS assessment dated November 17, 2024, indicated that the resident had severe cognitive impairment. The assessment also indicated the diagnoses of dementia, anemia (a low red blood count) and schizophrenia (mental disease characterized by loss of reality contact). Continued review of the MDS assessment revealed that this resident required staff supervision with upper and lower body dressing. Observations with nursing staff, Employee E8, January 22, 2025, at 11:15 a.m., revealed that the heating unit connected to the wall area heating system in room 313 where Resident R91 and Resident R145 resided was not functioning or operational. Observations and air temperatures taken with maintenance staff, Employee E7, January 22, 2025 at 11:30 a.m., of room 313 and the hallway outside	F 0584		

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F 0584 SS=K	Continued from page 6 this room revealed air temperatures of 56 degrees Fahrenheit. Observations conducted with nursing staff member, Employee E8, at 11:35 on January 22, 2025 of room 314 revealed the heating unit was blowing warm air, only slightly. The heating system in room 315 was blowing cold air. The heating system in room 316 was blowing cold air and the heating unit in room 317 was blowing cold air. The nursing staff member confirmed, the heating systems in rooms 315, 316 and 317 were non operational. The nursing staff member confirmed, the heating system in room 314 was not fully functioning. Observations of rooms 314, 315, 316 and 317 with a maintenance staff, Employee E7 at 11:40 a.m., on January 22, 2025 revealed the following room air temperatures: room 314- 71 degrees Fahrenheit, room 315- 65 degrees Fahrenheit, room 316- 61 degrees Fahrenheit and room 317-62 degrees Fahrenheit.	F 0584		

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F 0584 SS=K	Continued from page 7 Observations of Resident R142 at 11:45 a.m., on January 22, 2025 revealed the resident was seated in his/her wheel chair in the hall way outside of room 310. This resident was only wearing a thin cotton hospital gown and socks. The resident's arms and legs were exposed to the cold hallway temperatures of 56 degrees Fahrenheit. Observations conducted of Resident 149 at 11:45 a.m., on January 22, 2025, revealed the resident was in bed constantly moving and kicking her sheet and blanket off her body. The resident was wearing a thin cotton hospital gown only. The temperature recorded for room 310 was at 64 degrees Fahrenheit at 4:00 p.m.. It was noted that the two heating units were turned off or not blowing warm air into resident's room. Observations of Residents R27 and R9 at 11:50 a.m., on January 22, 2025, revealed the residents were in Room 317. Both residents were lying in bed dressed with multiple layers of blankets and clothes. Interview with the nursing assistant,	F 0584		

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F 0584 SS=K	Continued from page 8 Employee E8, at this time revealed that this was the only way we could keep Resident R27 and R9 comfortable by using two or three blankets, since the heating units were not functioning and supplying warm air for this room. Resident room air temperatures were taken on the 300 nursing unit with the regional administrative staff Employee E3, at 4:00 p.m., on Janaury 22, 2025, and revealed temperatures below 71 degrees Fahrenheit as follows: Room 310- 64 degrees Fahrenheit, Room 311-62 degrees Fahrenheit, Room 312- 62 degrees Fahrenheit, Room 313- 60 degrees Fahrenheit, Room 314-69 degrees Fahrenheit, Room 315- 62 degrees Fahrenheit, Room 316- 61 degrees Fahrenheit, and Room 317-62 degrees Fahrenheit. Reviews of the documented maintenance communication system logs (electronic communication system used by the staff to report concerns with resident rooms or the nursing unit environment to the maintenance department and	F 0584		

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F 0584 SS=K	Continued from page 9 administrator) revealed on November 11, 2024, Registered nurse, Employee E11 documented the heating unit in room 311 was not working. Registered nurse, Employee E11 indicated there was no heat for residents in this room. There was no documentation to indicate what staff member responded to the nursing staff member's request to repair the heating unit. Reviews of the documented maintenance communication system logs (an electronic communication system used by the staff to report any issues with resident rooms or the nursing unit environments to the maintenance department and administrator), revealed a work order from the licensed nursing staff, member Employee E9 indicating on November 22, 2024 the nurse alerted the maintenance staff in writing of the heating units in rooms 313, 314, 315, 316 and 317 were not working. The licensed nurse indicated these rooms were cold. The licensed nurse wrote the heating units needed to be repaired immediately. There was no documentation to indicate what staff member	F 0584		

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F 0584 SS=K	Continued from page 10 responded to the nursing staff member's request to repair the heating units. Interview with the Nursing Home Administrator, on January 22, 2025, at 11:45 a.m. confirmed the temperatures taken with the maintenance staff, Employee E7 were cold and uncomfortable for the residents living on the 300 nursing unit. Interviews with the activities and nursing staff Employees E8, E12, E13, E14, E15 and E16 working on the 300 nursing unit on January 22, 2025, 12:30 p.m., revealed that the heating units had not been fully functioning to provide warmth for the residents in rooms 310, 311, 312, 313, 314, 315, 316 and 317 since November 2024. Licensed nursing staff member, Employee E9, was interviewed on Janaury 22, 2025, at 4:00 p.m., and confirmed that the maintenance communication system was used to alert and document the on-going issue of lack of heat to the maintenance department as well as the administrative staff at the facility.	F 0584		

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F 0584 SS=K	Continued from page 11 Interviews on January 22, 2025, with the nursing staff Employees E8, E12, E14, E15, E4, E18, E19 and E17 who were most familiar with caring for the residents in rooms 310, 311, 312, 313, 314, 315, 316 and 317 revealed that all 19 residents have a diagnosis of dementia or cognitive impairment. The nursing staff also reported that all of these residents required supervision with activities of daily living, especially dressing. Clinical record review for Resident R118 revealed a quarterly MDS assessment dated September 21, 2024, indicated Resident R118 had a diagnosis of Dementia (progressive disease of the brain) and required staff supervision for dressing. Clinical record review for Resident R149 revealed a quarterly MDS assessment MDS dated December 6, 2024, indicating resident had a diagnosis of cerebral vascular accident (stroke) and required maximum staff assistance for dressing.	F 0584		

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F 0584 SS=K	Continued from page 12 Clinical record review for Resident R142 revealed a quarterly MDS assessment MDS dated January 3, 2025, indicated resident had a diagnosis of Schizophrenia and required staff supervision for dressing. Clinical record review for Resident R85 revealed an admission comprehensive assessment MDS dated December 5, 2024, that indicated that this resident had a diagnosis of Alzheimer's disease irreversible progressive degenerative disease of the brain) and required maxium staff assistance for dressing. Clinical record review for Resident R163 revealed a quarterly MDS assessment dated December 5, 2024, that indicated that this resident had a diagnosis of dementia and required set up staff assistance for dressing. Clinical record review for Resident R103 revealed a quarterly MDS assessment dated November 2, 2024, that indicated that this resident had a diagnosis of dementia and required set up staff	F 0584		

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F 0584 SS=K	Continued from page 13 assistance for dressing. Clinical record review for Resident R61 revealed an annual comprehensive assessment MDS dated November 24, 2024, that indicated that this resident had a diagnosis of dementia and schizophrenia and required maximum staff assistance for dressing. Clinical record review for Resident R113 revealed a quarterly MDS assessment dated November 10, 2024, that indicated that this resident had a diagnosis of dementia and required substantial assistance from staff for dressing. Clinical record review for Resident R15 revealed a quarterly MDS assessment dated January 2, 2025, that indicated that this resident had a diagnosis of dementia and required substantial assistance from staff for dressing. Clinical record review for Resident R164 revealed a quarterly MDS assessment MDS dated November 22, 2024, that indicated that this resident had a	F 0584		

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F 0584 SS=K	Continued from page 14 diagnosis of dementia and required substantial assistance from staff for dressing. Clinical record review for Resident R51 revealed an admission comprehensive MDS assessment dated December 10, 2024, that indicated that this resident had a diagnosis of dementia and required supervision from staff for dressing. Clinical record review for Resident R179 revealed a quarterly MDS assessment dated December 15, 2024, that indicated that this resident had a diagnosis of dementia and required supervision from staff for dressing. Clinical record review for Resident R146 revealed a quarterly MDS assessment dated November 24, 2024, that indicated that this resident had a diagnosis of dementia and required moderate assistance from staff for dressing. Clinical record review for Resident R264 revealed an admission comprehensive MDS assessment	F 0584		

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F 0584 SS=K	Continued from page 15 dated January 15, 2025, that indicated that this resident had a diagnosis of dementia and required set up assistance from staff for dressing. Clinical record review for Resident R27 revealed an admission comprehensive MDS dated December 15, 2024, that indicated that this resident had a diagnosis of dementia and required supervision from staff for dressing. Clinical record review for Resident R66 revealed an admission comprehensive assessment MDS dated November 8, 2024, that indicated that this resident had a diagnosis of Alzheimer's disease and required supervision from staff for dressing. Clinical record review for Resident R9 revealed a quarterly MDS assessment dated October 25, 2024, that indicated that this resident had a diagnosis of dementia and required partial assistance from staff for dressing. Clinical record review for Resident R264 revealed	F 0584		

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NAME OF PROVIDER OR SUPPLIER: ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE STATE LICENSE NUMBER: 452202		STREET ADDRESS, CITY, STATE, ZIP CODE: 10400 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116		
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F 0584 SS=K	Continued from page 16 an admission comprehensive assessment MDS dated January 15, 2025, that indicated that this resident had a diagnosis of dementia and required set up assistance from staff for dressing. Based on the above findings an Immediate Jeopardy was identified for failure to provide safe and comfortable air temperatures for residents living on the 300 nursing unit. The facility's failure to furnish the necessary maintenance services to ensure that safe and comfortable temperature levels were maintained in resident bedrooms and hallway posed a safety risk with the loss of body heat for 19 residents identified. An Immediate Jeopardy template (document which included information necessary to establish each of the key components of the immediate jeopardy) was provided to the Nursing Home Administrator on January 22, 2025 at 6:46 p.m. The facility's plan of action included the following: The facility indicted that they failed to ensure that air	F 0584		

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F 0584 SS=K	Continued from page 17 temperatures were maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit for 19 residents. -All affected residents were moved to other areas of the facility (PT Gym and empty resident rooms) where the temperature was maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit. All residents were assessed for signs and symptoms of hypothermia. None were found to be showing signs and symptoms of hypothermia. Vitals signs were taken on all affected residents and none showed any adverse effects, related to being affected by temperatures less than 71 degrees Fahrenheit. All responsible parties and all residents physicians were made aware. -Room temperatures of other units were audited after the affected rooms were identified and all rooms were found to have temperatures between 71 degrees fahrenheit and 81 degrees Fahrenheit. Vital signs were taken on all unaffected residents and none show any adverse effects.	F 0584		

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F 0584 SS=K	Continued from page 18 -Education was provided to the facility staff that were working when the areas were found to be affected and education will continue for staff who will work until temperatures are maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit in the affected rooms. The education includes reporting any residents with concerns of being cold, offering blankets accetable temperature ranges or have signs and symptoms of hypothermia. The is taking hourly temperatures of resident rooms to assure that the temperature is maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit. Additionally staff has been added to the schedule for the immediate nursing shifts to assure resident safety. Additionally, staff will continue to be added to the schedule to assure resident safety until the temperature is maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit in the affected area and residents are returned to their original rooms. -Industrial heating units have been procured and are	F 0584		

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F 0584 SS=K	Continued from page 19 expected to arrive in the next two hours. The industrial heating units will be placed in the affected area. -Vital signs will be taken every four hours for all residents at the facility to assure that no resident will have any negative affects as related to the signs and symptoms of hypothermia and vital signs will continue until heat is restored to the affected area. -Repairs of heating units will continue until heat is restored to the affected area and the temperature is maintained between 71 degrees Fahrenheit and 81 degrees Fahrenheit. -The Maintenance Director or designee will audit room temperatures daily for four weeks, then weekly for 8 weeks to ensure that the room temperature is between 71 and 81 degrees Fahrenheit. Corrective action will be taken as necessary. The results of the audits will be reported at monthly QAPI (Quality Assurance Improvement Plan) meeting until substantial compliance is	F 0584		

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F 0584 SS=K	Continued from page 20 reached. On January 22, 2025, at 9:25 p.m., the facility's immediate action plan was accepted. Interviews with licensed nursing staff, recreational staff, maintenance staff and administrative staff confirmed that they were all knowledgeable of the air temperatures in resident rooms and nursing units and the importance of keeping the residents warm. All staff reported that they were to report to their supervisor immediately any cold rooms, heating units that were not fully functioning to maintain temperatures between 71 and 81 degrees Fahrenheit and any resident complaints of being cold. The supervisors were to report immediately any cold rooms, heating units that were not fully functioning to maintain temperatures between 71 and 81 degrees Fahrenheit and any resident complaints of being cold to the administrator. Interview with the administrative and regional administrative staff confirmed that they were all knowledgeable of their responsibility for the	F 0584		

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F 0584 SS=K	Continued from page 21 maintenance of equipment to ensure comfortable and safe temperatures in the residents' living environments. Temperatures were taken on all nursing units with special focus on the 300 nursing unit to ensure that the heating equipment was fully functioning and suppling heat to resident rooms and common areas on the nursing unit. Air temperatures were registering between 71 and 81 degrees Fahrenheit. The hourly vital signs auditing was reviewed to ensure residents were not exhibiting signs and symptoms of hypothermia. On January 23, 2025, at 5:42 p.m., the Immediate Jeopardy was lifted. 28 PA. Code 201.14(a) Responsibility of licensee 28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management	F 0584		

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F 0584 SS=K	Continued from page 22 28 PA. Code 204.19 Plumbing, heating ventilation and air conditioning and electric	F 0584		
F 0622 SS=D		F 0622		

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F 0622 SS=D	Continued from page 23 483.15(c)(1)(i)(ii)(2)(i)-(iii) Transfer and Discharge Requirements §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or (F) The facility ceases to operate. (ii) The facility may not transfer or discharge the resident	F 0622	1.R212 is no longer a resident at the facility. 2.An audit was completed for residents that transferred to the hospital from 12/1/24 to 2/6/2025 to ensure that the transfer to the hospital was necessary, and the basis for the transfer was documented. 3.Education was completed with the licensed nurses on the requirements for ensuring a facility-initiated, resident transfer to the hospital is necessary, and the basis for the transfer is documented. 4.The DON/Designee will audit resident transfers to the hospital weekly x 4 weeks then monthly x 2 months to assure that a facility-initiated transfer to the hospital was necessary and the basis for the transfer is documented. Findings of the audits will be reported to monthly QA x3.	Completion Date: 02/06/2025 Status: APPROVED Date: 02/13/2025

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F 0622 SS=D	Continued from page 24 while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i) (A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (i) Documentation in the resident's medical record must include: (A) The basis for the transfer per paragraph (c)(1)(i) of this section. (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s). (ii) The documentation required by paragraph (c)(2)(i) of this section must be made by- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and	F 0622		

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F 0622 SS=D	Continued from page 25 (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care. This REQUIREMENT is not met as evidenced by:	F 0622		

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F 0622 SS=D	Continued from page 26 Based on clinical record review and interviews with staff, it was determined that the facility failed to ensure that a resident with a facility-initiated transfer to the hospital was necessary and document the basis for the transfer in the residence medical record for one of three residents reviewed related to transfers. Resident R 212 Finding include: Review of Resident R 212's admission MDS (minimum data set a mandatory resident assessment tool), entry tracking records dated November 22, 2024, revealed that the resident was admitted to the facility on November 22, 2024. Residence R 212's discharge assessment dated November 27, 2024, revealed that the resident was discharged for reason of "behaviors" and a return is not anticipated. Review of Resident R 212's clinical record revealed that this resident was admitted to the facility with diagnosis's including unspecified mood disorder,	F 0622		

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F 0622 SS=D	<p>Continued from page 27</p> <p>dementia, kidney failure, personal history of transit ischemic attack (a temporary blockage of blood flow to the brain), history of falling, bipolar disorder (a disorder classified by episodes of mood swings ranging from depressive lows to manic highs), major depressive disorder, and anxiety disorder.</p> <p>Review of facility documentation dated November 27, 2024, revealed the resident was sent to the hospital reason for transfer states and no on other information was completed on this form.</p> <p>Review of nursing notes for Resident R 212's five days of stay in the facility did not contain any documentation of any behaviors of warranting any safety concerns.</p> <p>Review of nursing notes dated November 22, 2024, patient refused all night meds and morning labs.</p> <p>Review of nursing notes dated November 23, 2024, resident received in bed, resident refused all morning care, food and medications resident noted agitated</p>	F 0622		

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F 0622 SS=D	<p>Continued from page 28</p> <p>and yelling at staff.</p> <p>Review of nursing notes dated November 24, 2024; a nursing note revealed resident consumed 75 % to 100% of snacks provided. "The resident refused to eat when offering but noted eating after this nurse leave the room". Refused all care and medications. Resident yelling at staff without any provocation.</p> <p>Review of residents nursing note dated November 25, 2024, revealed the resident refused all due medication with verbal aggression.</p> <p>Review of nursing notes dated November 26, 2024, revealed that a psychological consultation was done and a new order for Zyprexa was obtained.</p> <p>Review of nursing notes dated November 27, 2024, revealed "Resident is noted with refusing the care, medications, labs, chest X-ray, therapy, changes the clues. Noted with meal percentages of zero to 25%. Resident is noted with aggressive behavior from last five days. Received order for transfer to [hospital]</p>	F 0622		

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F 0622 SS=D	Continued from page 29 due to safety concerns." Review of Nursing note dated November 27, 2024, revealed "resident transfer...with all the belongings". Interview with licensed nurse Employee E4 on January 24, 2025, at 1:22 p.m. confirmed she was familiar with resident R 212's and this resident had behavior concerns. She sates that the resident was refusing all care, including ADL's, bathing, toileting, medication and therapy. Employee E4 states she spoke with the president's wife and was asked to send him to the hospital. Employee E4 then obtained an order for discharge. Interview with Director of Nursing, (DON), Employee E2 on January 24, 2024, at 2:05 p.m. revealed that the resident was discharged due to aggressive behavior towards staff and refusal of care. Employee E2 stated that the resident was discharged due to his resistance to care and refusal of medications. When question why this resident was sent to the hospital with "all belongings" he	F 0622		

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F 0622 SS=D	Continued from page 30 stated the resident carries all belonging with him at all times. Employee E2 was unable to provide evidence that Resident R212 transfer was necessary for the resident's welfare, and the facility was unable to meet the residents needs or that the health and safety of individuals at the facility were endangered due to the residence status. The DON state the facility was unwilling to continue to provide ongoing care to resident R 212. 28 Pa. Code 201.18(b)(2) Management 28 Pa. Code 211.5(f) Medical records 28 Pa. Code 211.12(d)(1) Nursing services	F 0622		
F 0655 SS=D		F 0655		

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F 0655 SS=D	Continued from page 31 483.21(a)(1)-(3) Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:	F 0655	1.R212 is no longer a resident at the facility 2.An audit was completed for new admissions and readmissions from 12/24/24 to 1/24/25 to assure that the residents had a baseline care plan developed. 3.Education was completed with licensed nurses on the requirements for ensuring a baseline care plan is developed. 4.The DON/Designee will audit new admissions and readmissions weekly x 4 weeks then monthly x 2 months to assure that baseline care plans are developed in a timely manner. Findings of the audits will be reported to monthly QA x3.	Completion Date: 02/06/2025 Status: APPROVED Date: 02/13/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395182	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025
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NAME OF PROVIDER OR SUPPLIER: ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE STATE LICENSE NUMBER: 452202	STREET ADDRESS, CITY, STATE, ZIP CODE: 10400 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116
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F 0655 SS=D	Continued from page 32 (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:	F 0655		

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F 0655 SS=D	Continued from page 33 Based on clinical record review, it was determined that the facility failed to ensure that a baseline care plan was developed for a one of 35 residents reviewed. (Resident R212. Findings include: Review of Resident R212's admission Minimum Data Set (MDS-a mandatory resident assessment tool), entry tracking dated November 22, 2024, revealed that the resident was admitted to the facility on November 22, 2024. Resident R212's discharge assessment dated November 27, 2024, revealed that the resident was discharged for reason of "behaviors" and a return is not anticipated. Review of Resident R212's clinical record revealed that this resident was admitted to the facility with diagnosis's including unspecified mood disorder, dementia, kidney failure, personal history of transit ischemic attack (a temporary blockage of blood flow to the brain), history of falling, bipolar disorder	F 0655		

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F 0655 SS=D	Continued from page 34 (a disorder classified by episodes of mood swings ranging from depressive lows to manic highs), major depressive disorder, and anxiety disorder. Review of facilities documentation dated November 27, 2024, revealed the resident was sent to the hospital, reason for transfer states behavior systems and no on other information was completed on this form. Review of resident's hospital record dated November 20, 2024 revealed the resident was admitted for mental status change. The patient's wife reported at this time patient has become increasingly violent. Patient's wife is unable to take care of him with his psychological issues. "Patient remains calm and comfortable, however refuses medications" and "has refused labs". Review of nursing notes dated November 22, 2024, patient refused all night meds and morning labs. Review of nursing notes dated November 23, 2024,	F 0655		

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F 0655 SS=D	Continued from page 35 resident received in bed, resident refused all morning care, food and medications. Resident noted agitated and yelling at staff. Review of nursing notes dated November 24, 2024, resident consumed 75 % to 100% of snacks provided. "The resident refused to eat when offering but noted eating after this nurse leave the room". Refused all care and medications. Resident yelling at staff without any provocation. Review of residents nursing note dated November 25, 2024, revealed the resident refused all due medication with verbal aggression. Review of nursing notes dated November 26, 2024, revealed that a psychological consultation was done and a new order for Zyprexa was obtained. Review of nursing notes dated November 27, 2024, revealed "Resident is noted with refusing the care, medications, labs, chest X-ray, therapy, changes the clues. Noted with meal percentages of zero to 25%.	F 0655		

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F 0655 SS=D	Continued from page 36 Resident is noted with aggressive behavior from last five days. Received order for transfer to [hospital] due to safety concerns. Interview with licensed nurse Employee E4 on January 24, 2025, at 1:22 p.m. confirmed she was familiar with Resident R 212's and this resident had behavior concerns. She sates that the resident was refusing all care, including ADL's, bathing, toileting, medication and therapy. Employee E4 states she spoke with the resident's wife and was asked to send him to the hospital. Employee E4 then obtained an order for discharge. There was no evidence that a baseline care plan was developed related to refusal of care, medications, and verbal and agitated behaviors. 28 Pa. Code 201.18(b)(2) Management 28 Pa. Code 211.5(f) Medical records 28 Pa. Code 211.12(d)(1) Nursing services	F 0655		

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F 0655 SS=D	Continued from page 37	F 0655		
F 0685 SS=D	483.25(a)(1)(2) Treatment/Devices to Maintain Hearing/Vision §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident- §483.25(a)(1) In making appointments, and §483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by:	F 0685	1.R201 has an appointment scheduled with the optometrist on 2/19/25. 2.An audit was completed for residents to determine if they have had any vision concerns and/or wish to be seen by the optometrist. 3.Education was completed with licensed nurses regarding communicating with the optometrist for residents who report vision concerns. 4.The DON/Designee will audit the nursing 24-hour report, weekly x 4 weeks then monthly x 2 months to assure that any resident noted with vision concerns are communicated to the optometrist. Findings of the audits will be reported to monthly QA x3.	Completion Date: 02/06/2025 Status: APPROVED Date: 02/13/2025

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F 0685 SS=D	Continued from page 38 Based on observations of care and services, clinical record reviews and interviews with responsible family members and staff, it was determined that the facility failed to ensure that a consultation with an optometrist or ophthalmologist was obtained for one of 35 residents reviewed (Resident R201) Findings include: Interview with the responsible family member for Resident R201 at 11:00 a.m. on January 21, 2025, revealed that the family member visits the facility at lunch time daily. The family also reported that he had spoken to the nursing staff about having Resident 201's eyes examined by a professional optometrist or ophthalmologist (branch of medicine concerned with the treatment of disorders and diseases of the eyes). Observations of Resident R201 on January 21, 2025, revealed that this resident was sitting in the well illuminated dining area. The family member said	F 0685		

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F 0685 SS=D	Continued from page 39 that he thinks both eyes were impaired because Resident R201 can not follow objects with her eyes. The family member said that Resident R201 had no corrective eyewear and she needs a pair of corrective lenses. Clinical record review for Resident R 201 revealed an admission comprehensive assessment dated September 24, 2024 that indicated that this resident was admitted to the facility on September 17, 2024. The assessment also indicated that Resident R201 was severely cognitively impaired. The assessment also indicated that this resident had a diagnosis of dementia. Interview with the licensed nursing staff, Employee E4, at 10:00 a.m., on Janaury 24, 2025 confirmed that the responsible party for Resident R201 had requested for Resident R201 to be evaluated and assessed by an eye specialist in November and December, 2024 and January, 2025. There was no documentation to indicate that the consultation had been discussed with the physician. The registered	F 0685		

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F 0685 SS=D	Continued from page 40 nurse, Employee E4 confirmed that the responsible party for Resident R201 had requested that the services of an optometrist or ophthalmologist during the months of November, December, 2024 and January 2025; however there was no vision consults available to review for Resident R201. 28 PA. Code 211.12(d)(1)(3)(5) Nursing services 28 PA. Code 201.21(c) Use of outside resources 28 PA. Code 201.14(a) Responsibility of licensee	F 0685		
F 0699 SS=D		F 0699		

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F 0699 SS=D	Continued from page 41 483.25(m) Trauma Informed Care §483.25(m) Trauma-informed care The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. This REQUIREMENT is not met as evidenced by:	F 0699	1.R191's care plan has been updated to ensure that culturally competent, traumatic, trauma informed care is in place to eliminate and/or mitigate triggers that may cause re-traumatization. Staff that care for R 191 were educated about changes to the care plan including triggers and interventions. 2.An audit was completed for residents to assure that care plans were developed related to culturally competent trauma informed care to assure elimination/mitigation of triggers for any resident with the diagnosis of PTSD. 3.Education was completed with licensed nurses and social workers on the requirements for developing care plans related to culturally competent trauma informed care to ensure elimination/mitigation of triggers for residents with a diagnosis of PTSD 4.The Director of Social Services/Designee will conduct random audits of residents (10 residents) weekly x 4 weeks then monthly x 2 months to assure that	Completion Date: 02/06/2025 Status: APPROVED Date: 02/13/2025

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F 0699 SS=D	Continued from page 42	F 0699	care plans were developed related to culturally competent trauma informed care to assure elimination/mitigation of triggers for those having a diagnosis of PTSD. Findings of the audits will be reported to monthly QA x3.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395182	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/24/2025	
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F 0699 SS=D	Continued from page 43 Based on review of clinical records, staff and resident interviews, it was determined that the facility failed to provide culturally competent, trauma informed care 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 one of seven residents sampled (Resident R 191) Findings include: A review of the clinical record revealed that Resident R191 was admitted to the facility on June 15, 2024, with diagnoses to anxiety disorder, and post-traumatic stress disorder (PTSD) Further review of the clinical record for Resident R191 revealed that the resident PTSD diagnoses is unknown by facility. Resident R191's current care plan on December 19, 2024, revealed a care plan for PTSD. Further review of the care plan did not address resident's	F 0699		

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F 0699 SS=D	Continued from page 44 actual diagnoses/condition of PTSD, identifying the resident's past experiences and possible triggers that may cause re-traumatization. Interview with the Social worker, Employee E6, on January 24, 2025, at 10:12 a.m. confirmed that Resident 191 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. 28 Pa. Code 211.12(c)(d)(3)(5) Nursing services	F 0699		
F 0744 SS=D		F 0744		

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F 0744 SS=D	Continued from page 45 483.40(b)(3) Treatment/Service for Dementia §483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:	F 0744	1.R88's care plan has been updated to include a personalized care plan to address the residents' dementia care needs. Staff that care for R88 were educated about the changes to the care plan. 2.An audit was completed for residents with a diagnosis of dementia to ensure that a personalized care plan was developed to address their dementia care needs 3.Education was completed with licensed nurses on the requirements for developing a personalized care plan to address each resident's dementia care needs 4.The DON/Designee will audit new residents with a diagnosis of dementia weekly x 4 then monthly x 2 months to ensure there is a personalized care plan in place to address the resident's dementia care needs. Findings of the audits will be reported to monthly QA x3.	Completion Date: 02/06/2025 Status: APPROVED Date: 02/13/2025

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F 0744 SS=D	Continued from page 46 Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered care plan to address a resident's dementia care needs for one of 35 residents reviewed (Resident R 88). Findings Include: Review of the admission sheet of Resident R88, revealed that Resident R88 was admitted to the facility on March 11, 2021. Review of the admission sheet of Resident R88 indicated that, on January 30, 2023, Resident R88 was diagnosed with Dementia (Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities). Review of Minimum Data Set assessment (MDS- an assessment tool to review all care areas specific to the resident such as a resident's physical, mental or psychosocial needs) dated December 16, 2024,	F 0744		

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F 0744 SS=D	Continued from page 47 revealed that Resident R88 had active diagnoses of Non-Alzheimer's Dementia (a progressive form of Dementia that destroys memory and other important mental functions). Review of MDS revealed that Resident R 88 received antipsychotic (Antipsychotic medications have the effect of changing a person's behavior, mood, and emotions), and anti-depressant medications. On January 25, 2025, at 10:16 a.m., review of Resident 88's care plan revealed no care plan with measurable goals and interventions to address the care and treatment need related with dementia care of Resident R88. During an interview on January 25, 2025, at 10:19 a.m., the Director of Nursing (DON), confirmed the finding, and the DON stated that the facility tried to make the care plans as specific as possible. No additional information was received.	F 0744		

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NAME OF PROVIDER OR SUPPLIER: ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE: 10400 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116		
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F 0744 SS=D	Continued from page 48 28 Pa Code 211.11(d) Resident care plan 28 Pa Code 211.12 (d)(1)(3)(5) Nursing service	F 0744		
F 0770 SS=D	483.50(a)(1)(i) Laboratory Services §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by:	F 0770	1.R72, R204, and R169 lab reports have been obtained and reported to their individual physician. Notification of the physician was documented in the medical record of each resident. 2.An audit was completed for residents who had labs ordered from 12/1/2024 to 2-6-2025 to assure lab reports have been obtained and reported to the physician. 3.Education was completed with licensed nurses on the procedure for obtaining and reporting residents laboratory results to the resident's physician and documenting as such. 4.The DON/Designee will audit laboratory orders weekly x 4 weeks then monthly x 2 months to assure that resident's laboratory results are obtained and reported to their individual physician. Findings of the audits will be reported to monthly QA x3.	Completion Date: 02/06/2025 Status: APPROVED Date: 02/14/2025

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F 0770 SS=D	Continued from page 49 Based on review of clinical records and staff interviews, it was determined that the facility failed to obtain and report laboratory results to meet resident needs for three of 35 residents reviewed (Resident R72, R204, and R169). Findings Include: Review of Resident R72's Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated October 21, 2024, revealed the resident had a diagnosis of hyperkalemia (elevated levels of potassium in the blood because the kidneys are unable to excrete the excess potassium - severe symptoms can include muscle weakness or affect the heart). Review of Resident R72's clinical record revealed a physician progress note dated November 28, 2024, by Physician, Employee E10, that indicated Resident R72 had a nephrology (medical specialty that focuses on the study of kidneys) consult on	F 0770		

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F 0770 SS=D	Continued from page 50 November 8, 2024, with recommendations to implement a low potassium diet and to recheck labs in two weeks. Review of Resident R72's clinical record revealed the resident had labs drawn on November 29, 2024. Per a review of the labs, results were reported the same day which indicated Resident R72 had critical lab values for elevated potassium levels of 6.6 mMOL/L (normal range 3.4 - 5.3 mMOL/L). Review of Resident R72's entire clinical record revealed no documented evidence the physician was promptly made aware of the critical lab values that resulted on November 29, 2024. Continued review of Resident R72's clinical record revealed the physician was not made aware of the lab results until three days later, on December 1, 2024. Resident R72 was subsequently transferred to the hospital on December 1, 2024, for further evaluation and management, as ordered by the	F 0770		

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F 0770 SS=D	Continued from page 51 physician. Review of nursing note dated December 1, 2024, revealed Resident R72 was admitted to the hospital with a diagnosis of hyperkalemia. Interview on January 24, 2025, at 11:04 a.m. with Registered Nurse, Employee E4, confirmed Resident R72's critical lab values resulted on November 29, 2024, and documentation indicated the physician was made aware on December 1, 2024. Further interview on January 24, 2025, at 11:04 a.m. with Registered Nurse, Employee E4, revealed if lab results are critical the lab will typically call to inform the facility, otherwise the lab results should be checked by nursing. Review of Resident R204's clinical record revealed the resident was admitted to the facility on September 16, 2024, with diagnosis including Urinary Tract Infection (Urinary tract infections	F 0770		

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F 0770 SS=D	Continued from page 52 (UTIs) often start when bacteria get into the tube through which urine leaves the body, the urethra), Sepsis (Sepsis is a life-threatening condition that occurs when the body's immune system overreacts to an infection), Acute Cystitis With Hematuria (a condition where someone experiences a sudden onset bladder infection (acute cystitis) accompanied by the presence of blood in their urine (hematuria), meaning they are experiencing symptoms of a bladder infection along with visible blood when they urinate; this can be a sign of a more severe infection and warrants medical attention), and Pneumonia (Pneumonia is a lung infection that causes the air sacs in the lungs to fill with fluid or pus. This makes it difficult to breathe and limits the amount of oxygen that reaches the bloodstream). Review of clinical records of Resident R204 indicated that on September 20, 2024, the pharmacist recommended for a lab tests on Urine pH with Methenamine, but the physician did order it only on January 8, 2025.	F 0770		

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F 0770 SS=D	Continued from page 53 Review of Resident R204's entire clinical record revealed no documented evidence to establish that the test was completed in a timely manner, as suggested by the Drug Regimen Review Recommendation of the Pharmacist. Review of the comprehensive quarterly assessment MDS (an assessment of care needs) dated January 1, 2025 for Resident R169 revealed that this resident was admitted to the facility on March 29, 2024. The resident had diagnoses of Alzheimer's disease, seizure disorder, bipolar disorder and schizophrenia. The assessment also indicated that this resident was prescribed antipsychotic and antidepressant medications. Clinical record review revealed a medication administration record for Resident R169 for the months of December, 2024 and January, 2025 that indicated that the resident was receiving valporic acid (Depakene) 250 milligrams twice a day for the treatment of bipolar disorder.	F 0770		

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F 0770 SS=D	Continued from page 54 Clinical record review revealed that on December 16, 2024 the physician had ordered laboratory studies for valporic acid (to measure the amount of valporic acid in the blood) to be completed for Resident R169. There was no documentation to indicate that the studies had been completed as ordered by the physician. Interview with the Registered nurse, Employee E4, at 12:30 p.m., on January 24, 2025 confirmed that there were no valporic acid blood level studies completed for Resident R169 for the months of December, 2024 or January, 2025 for this resident as requested by the physician. 28 Pa. Code 211.12 (d)(5) Nursing services.	F 0770		
F 0835 SS=D		F 0835		

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F 0835 SS=D	Continued from page 55 483.70 Administration §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:	F 0835	1.The heating units in rooms 310, 311, 312, 313, 314, 315, 316, and 317 were repaired and residents were returned to their original rooms on 1/23/25. No adverse effect to any resident was noted. Reported event to DOH on 1/22/25. 2.An audit was completed on all units, in all residents' rooms to assure room temps were maintained within desired temperature range. 3.The Nursing Home Administrator was re-educated about maintaining air temperatures ranging from 71 degrees Fahrenheit and 81 degrees Fahrenheit in all resident areas and overseeing preventive maintenance of HVAC units to assure temperatures are sustained in the required range. Weekly walking rounds are conducted with the Administrator and Maintenance director to ensure the facility is maintained in good condition to assure the comfort of the residents. 4.The Administrator/designee will audit resident room temperatures of rooms 310, 311, 312, 313, 314, 315, 316, and 317 QSHIFT, weekly x4,	Completion Date: 01/23/2025 Status: APPROVED Date: 02/14/2025

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F 0835 SS=D	Continued from page 56	F 0835	monthly x2; to assure the temperatures are maintained between 71-81 degrees Fahrenheit. Results of the audit to reported at monthly QA x3 months. 5.The Regional Administrator will conduct monthly audit x3 to assure effectiveness of QA program.	

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F 0835 SS=D	Continued from page 57 Based on review of clinical records, facility documentation and interviews with residents and staff, it was determined that the Nursing Home Administrator failed to effectively manage the facility related to air temperatures between 71 degrees Fahrenheit and 81 degrees Fahrenheit in resident rooms and common areas for 19 cognitively impaired residents. This failure to maintain comfortable and safe air temperatures for residents residing in rooms 310, 311, 312, 313, 314, 315, 316 and 317 resulted in an Immediate Jeopardy situation. Findings include: Review of the job description for the Nursing Home Administrator revealed that the Administrator was responsible for the direct day to day functions of the facility in accordance with current federal, state and local standards, guidelines and regulations that govern long-term care facilities to assure that the highest degree of quality care can be provided to the	F 0835		

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F 0835 SS=D	Continued from page 58 residents at all times. The Administrator was responsible to plan, developed, organize, implement, evaluate and direct the facility's programs and activities. The Administrator was responsible to assist department directors in the development and use of developmental policies and procedures and establish rapport in and among departments so that each can realize the importance of team work. The Administrator was responsible to assure that all employees, residents, visitors and the general public follow established facility policies and procedures. The Administrator was responsible to assure that all employees, residents, visitors and general public follow established policies and procedures. The Administrator was responsible for making written and oral reports to the governing board concerning the operation of the facility. The Administrator was responsible for making routine inspections of the facility to assure that established policies and procedures were being implemented and followed. The Administrator was responsible to consult with department directors concerning the operation of their departments to assist in correcting problem	F 0835		

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F 0835 SS=D	Continued from page 59 areas. The Administrator was responsible for assuring that the building was maintained in good repair. The Administrator was responsible for assuring that the facility was maintained in a clean and safe manner for residents comfort by assuring that necessary equipment and supplies were maintained to perform such services every day. Interview with Resident R91 at 11:00 a.m., on Janaury 22, 2025 revealed his/her room of 313 was extremely cold and uncomfortable. The resident reported the heating system in his/her room does not work. The resident reported that he/she worries about his roommate (Resident 145) being cold and becoming ill. The resident reported that his/her roommate needs warmer clothes and shoes and possibly a jacket to wear inside their bed room. Clinical record review for Resident R91 revealed a quarterly assessment Minimum Data Set (MDS-assessment of care needs) dated January 3, 2025, indicated this resident was able to make his/her needs known to staff. The assessment revealed the	F 0835		

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F 0835 SS=D	Continued from page 60 resident was independent with upper and lower body dressing (putting on/taking off clothing). Clinical record review for Resident R145 revealed a quarterly MDS assessment MDS dated November 17, 2024, indicated that the resident had severe cognitively impaired. The assessment also indicated the diagnoses of dementia, anemia (a low red blood count) and schizophrenia (mental disease characterized by loss of reality contact). Continued review of the MDS assessment revealed that this resident required staff supervision with upper and lower body dressing. Observations with nursing staff, Employee E8, at 11:15 a.m., revealed that the heating unit connected to the wall area heating system in room 313 where Resident R91 and Resident R145 resided was not functioning or operational. Observations and air temperatures taken with maintenance staff, Employee E7, at 11:30 a.m., of room 313 and the hallway outside this room	F 0835		

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F 0835 SS=D	Continued from page 61 revealed air temperatures of 56 degrees Fahrenheit. Observations conducted with nursing staff member, Employee E8, at 11:35 on January 22, 2025 of room 314 revealed the heating unit was blowing warm air, only slightly. The heating system in room 315 was blowing cold air. The heating system in room 316 was blowing cold air and the heating unit in room 317 was blowing cold air. The nursing staff member confirmed, the heating systems in rooms 315, 316 and 317 were non operational. The nursing staff member confirmed, the heating system in room 314 was not fully functioning. Observations of rooms 314, 315, 316 and 317 with a maintenance staff, Employee E7 at 11:40 a.m., on January 22, 2025 revealed the following room air temperatures: room 314- 71 degrees Fahrenheit, room 315- 65 degrees Fahrenheit, room 316- 61 degrees Fahrenheit and room 317-62 degrees Fahrenheit. Observations of Resident R142 at 11:45 a.m., on	F 0835		

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F 0835 SS=D	Continued from page 62 January 22, 2025 revealed the resident was seated in his/her wheel chair in the hall way outside of room 310. This resident was only wearing a thin cotton hospital gown and socks. The resident's arms and legs were exposed to the cold hallway temperatures of 56 degrees Fahrenheit. Observations conducted of Resident 149 at 11:45 a.m., on January 22, 2025, revealed the resident was in bed constantly moving and kicking her sheet and blanket off her body. The resident was wearing a thin cotton hospital gown only. The temperature recorded for room 310 was at 64 degrees Fahrenheit at 4:00 p.m.. It was noted that the two heating units were turned off or not blowing warm air into resident's room. Observations of Residents R27 and R9 at 11:50 a.m., on January 22, 2025, revealed the residents were in Room 317. Both residents were lying in bed dressed with multiple layers of blankets and clothes. Interview with the nursing assistant, Employee E8, at this time revealed that this was the	F 0835		

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F 0835 SS=D	Continued from page 63 only way we could keep Resident R27 and R9 comfortable by using two or three blankets, since the heating units were not functioning and supplying warm air for this room. Resident room air temperatures were taken on the 300 nursing unit with with the regional administrative staff Employee E3, at 4:00 p.m., on Janaury 22, 2025, and revealed temperatures below 71 degrees Fahrenheit as follows: Room 310- 64 degrees Fahrenheit, Room 311-62 degrees Fahrenheit, Room 312- 62 degrees Fahrenheit, Room 313- 60 degrees Fahrenheit, Room 314-69 degrees Fahrenheit, Room 315- 62 degrees Fahrenheit, Room 316- 61 degrees Fahrenheit, and Room 317-62 degrees Fahrenheit. Reviews of the documented maintenance communication system logs (electronic communication system used by the staff to report concerns with resident rooms or the nursing unit environment to the maintenance department and administrator) revealed on November 11, 2024,	F 0835		

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NAME OF PROVIDER OR SUPPLIER: ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE STATE LICENSE NUMBER: 452202		STREET ADDRESS, CITY, STATE, ZIP CODE: 10400 ROOSEVELT BOULEVARD PHILADELPHIA, PA 19116		
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F 0835 SS=D	Continued from page 64 Registered nurse, Employee E11 documented the heating unit in room 311 was not working. Registered nurse, Employee E11 indicated there was no heat for residents in this room. There was no documentation to indicate what staff member responded to the nursing staff member's request to repaired the heating unit. Reviews of the documented maintenance communication system logs (an electronic communication system used by the staff to report any issues with resident rooms or the nursing unit environments to the maintenance department and administrator), revealed a work order from the licensed nursing staff, member Employee E9 indicating on November 22, 2024 the nurse alerted the maintenance staff in writing of the heating units in rooms 313, 314, 315, 316 and 317 were not working. The licensed nurse indicated these rooms were cold. The licensed nurse wrote the heating units needed to be repaired immediately. There was no documentation to indicate what staff member responded to the nursing staff member's request to	F 0835		

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F 0835 SS=D	Continued from page 65 repaired the heating units. Interview with the Nursing Home Administrator, on January 22, 2025, at 11:45 a.m. confirmed the temperatures taken with the maintenance staff, Employee E7 were cold and uncomfortable for the residents living on the 300 nursing unit. Interviews with the activities and nursing staff Employees E8,E12, E13, E14, E15 and E16 working on the 300 nursing unit on January 22, 2025, 12:30 p.m., revealed that the heating units had not been fully functioning to provide warmth for the residents in rooms 310, 311, 312, 313, 314, 315, 316 and 317 since November, 2024. Licensed nursing staff member, Employee E9, was interviewed on Janaury 22, 2025, at 4:00 p.m., and confirmed that the maintenance communication system was used to alert and document the on-going issue of lack of heat to the maintenance department as well as the administrative staff at the facility.	F 0835		

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F 0835 SS=D	Continued from page 66 Based on the above findings an Immediate Jeopardy was identified for failure to provide safe and comfortable air temperatures for residents living on the 300 nursing unit. The facility's failure to furnish the necessary maintenance services to ensure that safe and comfortable temperature levels were maintained in resident bedrooms and hallway posed a safety risk with the loss of body heat for 19 residents identified. Based on the deficiencies identified in this report, the Nursing Home Administrator failed to fulfill essential duties and responsibilities of their position, contributing to the Immediate jeopardy situation. 28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management 28 PA. Code 201.14(a) Responsibility of licensee 28 PA. Code 204.19 Plumbing, heating ventilation and air conditioning and electric	F 0835		

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F 0908 SS=E	483.90(d)(2) Essential Equipment, Safe Operating Condition §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by:	F 0908	1. Bathroom sinks in resident rooms 732, 506, 509, 700, 702, 734, 308, 700, 702, 734, 300, 706, 709, 711, 722, 705, 706, 724, the med room and bathroom were inspected and repaired, as needed, on 1/23/25 2. Maintenance director/ Designee completed audits of sinks in resident rooms, commons areas, and in med rooms to assure sinks are proper functioning 3. Re-education was provided to maintenance staff on the requirements for maintaining resident care equipment in a safe, operating condition. 4. The Director of maintenance will conduct a random audit (10 sinks) of resident rooms and common areas to ensure the sinks are properly draining, weekly x4 then monthly x2. Results of the audits to be reported to monthly QA x3.	Completion Date: 02/06/2025 Status: APPROVED Date: 02/14/2025

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F 0908 SS=E	Continued from page 68 Based on observations and interviews with residents and staff, it was determined that the facility failed to maintain resident care equipment in safe, operating conditions for three of seven nursing units toured (300, 400, and 700 nursing unit). Findings include: Review of facility maintenance work orders for five of five nursing units in the facility dated from September 9, 2024 through January 22, 2024 revealed multiple ongoing and reoccurring requests for residents' bathroom sink malfunction. Work order 7713 clogged sink room 701 Work order 7714 clogged sink room 734 Work order 7735 clogged sink room 506 Work order 7793 clogged sink bathroom Work order 7823 clogged sink room 509 Work order 7838 clogged sink rooms 732 and 733 Work order 7855 clogged sink room 601 Work order 7883 clogged sink room 732 Work order 7887 clogged sink room 509	F 0908		

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F 0908 SS=E	Continued from page 69 Work order 7902 clogged sink room 732 Work order 7914 clogged sink room 506 Work order 7945 clogged sink room 509 Work order 8031 clogged sink rooms 700, 702, 734 Work order 8044 clogged sink med room Work order 8066 clogged sink med room Work order 8106 clogged sink room 308 Work order 8131 clogged sink room 700, 702, 734 Work order 8040 clogged sink room 300 Work order 8068 clogged sink med room Work order 8004 clogged sinrooms706,709,711,722 8095 clogged sink med room Work order 8106 clogged sink rooms 705,706,724 Interview with Residents: R 155, R146, R418, R421, R64, R420, R43,and R425 on January 21, 2025 between the hours of 10:00 a.m. and 12:00 p.m. on the 700 nursing unit revealed complaints and concerns of residents bathroom sinks not	F 0908		

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F 0908 SS=E	Continued from page 70 functioning properly, the sinks do not drain. Interview with Resident R425 on January 22, 2025 revealed this resident displeased with the equipment. The sink has been leaking since she arrived, she has stated she made many complaints to the facility staff and no employee has been to fix it . Observations of the individual bathroom sinks during these above interviews revealed defective, clogged sinks filled with water. Observations confirmed during tour of the affected rooms on January 21, 2025 at 2:00 p.m. with Housekeeping Employee E20 confirmed the sinks were observed to be clogged. Observations on January 22, 2025, at 10:29 a.m. in the bathroom of room 412 revealed the frame of the seat riser above the toilet was rusted. Observations on January 24, 2025, at 02:10 p.m. with the Regional Administrator, Employee E3, revealed the faucet was lose in the bathroom of	F 0908		

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F 0908 SS=E	Continued from page 71 room 306 and the sink was clogged/filled with water in the bathroom of room 317. Further observations on January 24, 2025, at 2:15 p.m. with the Regional Administrator, Employee E3, revealed the rusted seat riser was still in the bathroom of room 412. 28 Pa. Code 201.14 (a) Responsibility of licensee.	F 0908		



Certified End Page

ST. JOHN NEUMANN CENTER FOR REHABILITATION & HEALTHCARE

STATE LICENSE NUMBER: 452202

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

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