

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395686	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/05/2024
NAME OF PROVIDER OR SUPPLIER: WEST PARK REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 4401 HAVERFORD AVENUE PHILADELPHIA, PA 19104		
STATE LICENSE NUMBER: 450602				
(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 0745	Based on an Abbreviated Survey in response to two complaints completed on December 5, 2024, it was determined that West Park Rehabilitation and Nursing Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0745		
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 0745 SS=D	Continued from page 1 483.40(d) Provision of Medically Related Social Service §483.40(d) The facility must provide medically-related social services 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 0745	Resident R1 was assisted by the NHA and Admissions Coordinator at her daughters request to have her mother transferred to two specific facilities in which the daughter chose. Unfortunately, both facilities denied the resident. A subsequent conversation occurred with the daughter who is the POA to discuss options. The daughter stated that she would choose the nursing home based on location from her and other family members but never provided the facility with any information. R1 was discharged to her daughters care to live at home. All residents can be affected by this deficient practice. A comprehensive education will be provided to the Interdisciplinary Team and the Social Worker director by the LNHA on the provisions of F-745 to ensure compliance. Requests for discharges will be discussed during the daily operations and clinical meetings to ensure the Social Services	Completion Date: 01/05/2025 Status: APPROVED Date: 12/24/2024

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F 0745 SS=D	Continued from page 2	F 0745	<p>Department is aware of requests for resident transfers and assists with the details of the transfers.</p> <p>The Nursing Home Administrator will audit requests related to transfer requests to other facilities weekly for 4 weeks then monthly for one month to ensure compliance. The results of these audits will be reviewed with the IDT during the monthly QAPI meetings to ensure compliance.</p>	

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F 0745 SS=D	Continued from page 3 Based on review of facility documentation, clinical record review and interviews with staff, it was determined that the facility failed to ensure that medically-related social services were provided as required for one of 4 residents reviewed (Residents R1). Findings include: Interview on December 5, 2024, at 9:30 a.m. with Resident R1 stated that she wanted to transfer to another facility because she "did not like it here," and that there were no staff at the facility to assist her and her daughter in planning this transfer. Resident R1 expressed that he she was frustrated because her daughter requested to speak with the social worker since admission on November 15, 2024. Review of Resident R1's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), revealed that the resident was admitted to the facility on November 15, 2024, and	F 0745		

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F 0745 SS=D	<p>Continued from page 4</p> <p>had a BIMS (Brief Interview for Mental Status) score of fifteen (15), indicating that the resident was cognitively intact.</p> <p>Review of Resident R1's clinical record revealed a nursing progress note dated November 20, 2024, which indicated that Resident R1's daughter requested for Resident R1 to be transferred to another facility for care. Further review revealed a physician progress note dated November 20, 2024, which indicated that Resident R1's daughter "plans on working with social services to transfer to University City rehab."</p> <p>Review of note by Social Services, Employee E5, dated November 21, 2024, revealed that discharge planning was completed with resident, and failed to include discharge planning to a different facility, per Resident R1's request.</p> <p>Review of Resident R1's care plan date-initiated November 15, 2024, failed to reveal a discharge plan to another facility.</p>	F 0745		

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F 0745 SS=D	<p>Continued from page 5</p> <p>Continued review of progress notes for Resident R1 revealed that there were no further notes or follow-up from the social worker regarding the president's request to transfer to another facility.</p> <p>Further review of Resident R27's clinical record revealed that there was no documentation available for review that the resident received any other social services to assist with Resident R1's goal of transferring to another facility.</p> <p>Interview on December 5, 2024, at 1:23 p.m. with Employee E5, Social Services, revealed that she was unaware that Resident R1 wanted to transfer to another facility and stated that she would take care of that. Further interview confirmed that Employee E5 did not initiate and complete a discharge planning to another facility for Resident R1.</p> <p>Interview with the Director of Nursing, Employee E2, and the Unit manager, Employee E7 confirmed that Resident R1 requested to be transferred to a different facility on November 20, 2024, and that</p>	F 0745		

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F 0745 SS=D	Continued from page 6 the discharge planning for her request was not initiated and completed by social services. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 211.12(d)(3) Nursing services 28 Pa Code 211.16(a) Social services	F 0745		



Certified End Page

WEST PARK REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 450602

SURVEY EXIT DATE: 12/05/2024

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