

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395690	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/03/2025
NAME OF PROVIDER OR SUPPLIER: SPRINGFIELD REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 463 WEST SPROUL ROAD SPRINGFIELD, PA 19064		
STATE LICENSE NUMBER: 080402				
(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 0772 SS=D	Based on an Abbreviated survey in response to two complaints completed on January 3, 2025, it was determined that Springfeild 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 0772		

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 0772 SS=D	Continued from page 1 483.50(a)(1)(iv) Lab Services Not Provided On-Site §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. (iv) If the facility does not provide laboratory services on site, it must have an agreement to obtain these services from a laboratory that meets the applicable requirements of part 493 of this chapter. This REQUIREMENT is not met as evidenced by:	F 0772	This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report. 1. Resident R1 has been discharged from the center. 2. The DON/Designee conducted a 7-day lookback of physician progress notes on all current residents to ensure that any ordered labs were placed in the electronic system to draw the lab. Any variances were noted on the facility audit tool. 3. Nursing staff were educated by the Director of Nursing/Designee on ensuring that labs get entered into the electronic system to draw the lab. 4. The Director of Nursing/Designee will conduct an audit of 10 physician progress notes for 4 weeks and 10 physician progress notes monthly for 2 months to ensure that ordered labs were	Completion Date: 01/22/2025 Status: APPROVED Date: 01/21/2025

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F 0772 SS=D	Continued from page 2	F 0772	entered into the electronic system to draw the lab. Audit results will be submitted to Quality Assurance Performance Improvement Committee for additional review and recommendations as needed. Further audit frequency will be determined based on prior audit findings.	

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F 0772 SS=D	Continued from page 3 Based on clinical record review and staff interview, it was determined that the facility failed to ensure that laboratory studies were promptly obtained as ordered by the physician for one of three clinical records reviewed (Resident R1). Findings include: Review of Resident R1's physician progress note dated November 22, 2024, indicated that resident was noted with hypotension and dehydration. Intravenous fluids were given and ordered to repeat BMP (basic metabolic panel blood test) tomorrow (November 23, 2024). Review of Resident R1's clinical records revealed the staff did not place an order in the electronic system to draw the lab. Further review of clinical record for Resident R1 revealed no evidence that the facility obtained the lab, and the results were obtained on November 22, 2024.	F 0772		

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F 0772 SS=D	<p>Continued from page 4</p> <p>Review of nurse's note for Resident R1 dated November 24, 2024, revealed that the resident was observed with weakness, in and out of consciousness and use of abdominal muscle to breath. Resident was transferred to the hospital per the family request.</p> <p>Interview with the Director of Nursing, Employee E2 on January 25, 2025, at 2:30 p.m., confirmed that the staff did not obtain lab work as ordered by the medical practitioner.</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>	F 0772		



Certified End Page

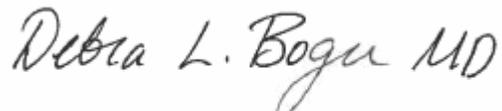
SPRINGFIELD REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 080402

SURVEY EXIT DATE: 01/03/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY