

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395782	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/22/2025
NAME OF PROVIDER OR SUPPLIER: FAIRVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 184 BETHLEHEM PIKE PHILADELPHIA, PA 19118		
STATE LICENSE NUMBER: 320402				
(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 0760 SS=D	<p>483.45(f)(2) Residents are Free of Significant Med Errors</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0760	Past noncompliance: no plan of correction required.	<p>Completion Date: 02/11/2025</p> <p>Status: APPROVED</p> <p>Date: 02/13/2025</p>

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 0760 SS=D	Continued from page 1 Based on review of the clinical records, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that a resident was free of significant medication error for tone of five residents reviewed for medication administration. This deficiency was cited as past non-compliance. (Resident R1) Findings include: Review of an undated facility policy: " Medication and Treatment Orders", revealed that "Orders for medications and treatments will be consistent with principles of safe and effective order writing. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. Upon admission, the admitting nurse will review the transfer record of the newly admitted patient. The admitting nurse will then notify the attending physician or on-call physician to review admission medications on the transfer record. After medications are reviewed with the physician, the	F 0760		

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F 0760 SS=D	Continued from page 2 admitting nurse or designee will input the approved medications from the transfer record into the PCC Emar system. The admitting nurse will need to review the transfer record against the Emar record after all medications have been transcribed to ensure all medications are transcribed correctly." Review of facility reported incident dated January 13, 2025, revealed that Resident R1 received a total of 4 additional doses of Trulicity due to a transcription error. Physician was notified and ordered to continue to monitor residents blood glucose diligently. Review of hospital orders for Resident R1 dated January 7, 2025, revealed an order for Trulicity 0.75/5ml injection, give once every 7 days for 60 days. Review of physician orders for Resident R1 dated January 8, 2025, revealed an order for Trulicity 0.75/5ml injection, give one time a day for 60 days.	F 0760		

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F 0760 SS=D	<p>Continued from page 3</p> <p>There was no indication in the clinical record that the attending physician provided a reason for the change.</p> <p>Interview with Director of Nursing on January 22, 2025, at 2:30 p.m., stated nurse did not follow appropriate hospital order when admission orders were transcribed and the nurse who took the admission orders acknowledged the error.</p> <p>This deficiency was cited as past non-compliance.</p> <p>Review of facility Action plan/Follow up documentation revealed the following information.</p> <p>1. Resident R1 received Trulicity daily times 4 doses. Trulicity order was incorrectly transcribed. Physician notified hold Trulicity one week. Continue blood sugar checks three times a day. Resident R1 demonstrated no signs or symptoms of hypo or hyperglycemias.</p> <p>2. Residents receiving Trulicity were identified, and orders were reviewed. No discrepancies found.</p> <p>3. Identified nurse who transcribed order incorrectly</p>	F 0760		

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F 0760 SS=D	Continued from page 4 was individually educated. 100% of licensed staff were educated on transcription of medication and treatment orders. 4. DON or designee will complete admission order medication transcription audit weekly x4, monthly x 3 months. Results / recommendations will be reviewed at QAPI. Review of facility plan of correction documentation revealed that the facility implemented the plan of correction with date of correction of January 21, 2025. 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(3) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services	F 0760		

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P 5520		P 5520		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	Review of CNA Staffing Ratios: The facility reviewed CNA staffing ratios for the following dates: Day Shifts: 12/22/24, 1/1/25, 1/19/25. Night Shifts: 12/17/24, 12/18/24, 12/21/24, 12/22/24, 12/23/24, 12/31/24, 1/3/25, 1/4/25, 1/5/25, 1/15/25, 1/16/25, 1/17/25, 1/18/25, 1/19/25, 1/20/25, 1/21/25. The review determined that no grievances were filed, or care affected due to staffing ratios. Expanded Review: Additional dates were reviewed to ensure that CNA staffing ratios were met and to confirm that care was not adversely impacted. Education on Staffing Ratios: The scheduling coordinator will be educated on the CNA staffing ratio requirements. Day Shift: Minimum of 1 CNA per 10	Completion Date: 04/10/2025 Status: APPROVED Date: 02/13/2025

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P 5520	Continued from page 2	P 5520	<p>residents. Evening Shift: Minimum of 1 CNA per 11 residents. Night Shift: Minimum of 1 CNA per 15 residents. Monitoring and Audits:</p> <p>The NHA or designee will conduct audits of CNA staffing ratios for all shifts. These audits will be conducted weekly for four weeks to ensure compliance.</p> <p>Quality Assurance Reporting:</p> <p>Audit results will be presented to the Quality Assurance and Performance Improvement (QAPI) committee for evaluation and further action as needed.</p>	

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P 5520	Continued from page 3 Based on a review of staffing documents provided by the facility and staff interview it was determined that the facility failed to provide one nurse assistant (NA) per 10 residents on the daylight shift for three of 21 days (12/22/2024, 1/1/25, 1/19/2025), one NA per 20 residents on the night shift on 15 of 21 days (12/17/2024, 12/18/2024, 12/21/2025, 12/22/2024, 12/23, 2024, 12/31/2024, 1/3/2025, 1/4/2025 1/15/2025, 1/16/2025, 1/17/2025, 1/18, 2025, 1/19/2025, 1/20/2024, 1/21/2025) as required. Findings include: A review of facility staffing documents provided by the facility from 1/2/25 through 1/7/25, revealed the facility failed to provide NA on the following shifts as required: Daylight shift: Date Census Actual hours Hours required 12/22/2024 154 111.54 115.50	P 5520		

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P 5520	Continued from page 4 1/1/25 156 117 108.42 1/19/2025 160 120 103.68 Night shift: Date Census Actual hours Hours required 12/17/2024 152 76 56.01 12/18/2024 153 76.5 69.43 12/21/2024 155 77.5 65.12 12/22/2024 154 77 56.71 12/23/2024 155 77.5 77.46 12/31/2024 156 78 63.37 1/3/2025 156 78 71.48 1/4/2025 155 77.5 64.62	P 5520		

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P 5520	Continued from page 5 <table border="0"> <tr><td>1/5/2025</td><td>155</td><td>77.5</td><td>62.88</td></tr> <tr><td>1/15/2025</td><td>158</td><td>79</td><td>64.59</td></tr> <tr><td>1/16/2025</td><td>155</td><td>77.5</td><td>71.53</td></tr> <tr><td>1/17/2025</td><td>159</td><td>79.5</td><td>71.75</td></tr> <tr><td>1/18/2025</td><td>160</td><td>80</td><td>65.79</td></tr> <tr><td>1/19/2025</td><td>160</td><td>80</td><td>71.05</td></tr> <tr><td>1/20/2025</td><td>161</td><td>80.5</td><td>72.39</td></tr> <tr><td>1/21/2025</td><td>157</td><td>78.5</td><td>72.02</td></tr> </table> <p>During an interview on February 3, 2025, at 10:00a.m., the Nursing Home Administrator confirmed that the facility failed to provide NA's in the facility on the above shifts as required.</p>	1/5/2025	155	77.5	62.88	1/15/2025	158	79	64.59	1/16/2025	155	77.5	71.53	1/17/2025	159	79.5	71.75	1/18/2025	160	80	65.79	1/19/2025	160	80	71.05	1/20/2025	161	80.5	72.39	1/21/2025	157	78.5	72.02	P 5520		
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P 5530	Continued from page 6 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	Review of LPN Staffing Ratios: The facility reviewed the LPN staffing ratios for December 19, 2024, and January 19, 2025. No grievances were filed, and resident care was not negatively affected on those dates due to staffing ratios. Expanded Review: Additional dates were reviewed to ensure that LPN staffing ratios were met and to confirm that resident care levels were not adversely impacted. Education on Staffing Ratios: The scheduling coordinator will be educated on the LPN staffing ratio requirements: Day Shift: Minimum of 1 LPN per 25 residents. Evening Shift: Minimum of 1 LPN per 30 residents. Night Shift: Minimum of 1 LPN per 40 residents. Monitoring and Audits: The NHA or designee will conduct audits of LPN staffing ratios for all shifts. These audits will be	Completion Date: 04/10/2025 Status: APPROVED Date: 02/13/2025

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P 5530	Continued from page 7	P 5530	<p>conducted weekly for four weeks to ensure compliance.</p> <p>Quality Assurance Reporting: Audit results will be reviewed at the Quality Assurance and Performance Improvement (QAPI) committee for evaluation and further action as needed.</p>	

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P 5530	Continued from page 8 Based on review of nursing time schedules and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents on the day shift for 2 of 21 days (12/19/24, and 1/19/25,). Findings include: Review of the nursing schedules and census information revealed that the facility failed to meet the following: 12/21/24, needed 48.60 had 48.27. Census was 155. 01/19/25, needed 51.20 had 50.33. Census was 160. During an interview on February 3, 2025, at 10:00a.m., the Nursing Home Administrator confirmed that the facility failed to provide LPNs hours in the facility on the above shifts as required.	P 5530		

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P 5640		P 5640		

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P 5640	Continued from page 10 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	Review of General Nursing Care Staffing Ratios: The facility reviewed the total number of general nursing care staffing ratios for December 18, 2024, December 19, 2024, December 20, 2024, December 21, 2024, December 22, 2024, December 31, 2024, January 3, 2025, January 4, 2025, January 5, 2025, January 15, 2025, January 16, 2025, January 17, 2025, January 18, 2025, January 19, 2025, January 20, 2025, and January 21, 2025. No grievances or care were affected on those dates due to staffing ratios. Expanded Review: Additional dates were reviewed to ensure that ratios were met and to confirm that care was not adversely impacted. Education on Staffing Ratios: The scheduling coordinator will be educated on general nursing care staffing ratios: Minimum of 3.2 hours of direct resident care per resident per day.	Completion Date: 04/10/2025 Status: APPROVED Date: 02/13/2025

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(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
P 5640	Continued from page 11	P 5640	<p>Monitoring and Audits: The NHA or designee will conduct audits to verify nursing care staffing ratios for all shifts. These audits will be conducted weekly for four weeks to ensure compliance.</p> <p>Quality Assurance Reporting: Audit results will be presented to the Quality Assurance and Performance Improvement (QAPI) committee for evaluation and further action as needed.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395782	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/22/2025
NAME OF PROVIDER OR SUPPLIER: FAIRVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 184 BETHLEHEM PIKE PHILADELPHIA, PA 19118		
STATE LICENSE NUMBER: 320402				
(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
P 5640	Continued from page 12 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for 16 of 21 days reviewed(12/18/24, 12/19/24, 12/20/24, 12/21/24, 12/22/24, 12/31/24: 1/3/25: 1/4/25: 1/5/25: 1/15/25: 1/17/25: 1/18/25: 1/19/25: 1/20/25: 1/21/25:). Findings include: Review of nursing schedules for 21 days from October 1 to 7, 2024, January 1 to 7, 2025, and January 24 to 30, 2025, revealed the following total nursing care hours below minimum requirements: 12/18/24: 3.09 care hours per resident. 12/19/24: 3.16 care hours per resident. 12/20/24: 3.11 care hours per resident. 12/21/24: 2.93 care hours per resident. 12/22/24: 2.74 care hours per resident. 12/31/24: 3.00 care hours per resident. 1/3/25: 3.15 care hours per resident. 1/4/25: 2.93 care hours per resident.	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395782	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/22/2025
NAME OF PROVIDER OR SUPPLIER: FAIRVIEW NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 184 BETHLEHEM PIKE PHILADELPHIA, PA 19118		
STATE LICENSE NUMBER: 320402				
(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
P 5640	Continued from page 13 1/5/25: 2.88 care hours per resident. 1/15/25: 2.88 care hours per resident. 1/16/25: 3.17 care hours per resident. 1/17/25: 3.08 care hours per resident. 1/18/25: 3.01 care hours per resident. 1/19/25: 2.76 care hours per resident. 1/20/25: 3.12 care hours per resident. 1/21/25: 3.01 care hours per resident.	P 5640		



Certified End Page

FAIRVIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 320402

SURVEY EXIT DATE: 01/22/2025

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