

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: 07/25/2025
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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 0580 SS=D	Based on an Abbreviated Survey in response to two complaints completed July 25, 2025, it was determined that Fairview Nursing and Rehabilitation 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 0580		

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 0580 SS=D	Continued from page 1 483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	F0580 1.MD notification of change and condition for Resident R1 occurred later in the day and resident sent to hospital 2.The DON or designee audited all residents with a documented change in condition within the past 72 hours to ensure physician notification was completed and documented. Any missed notifications were completed immediately, and physician instructions were followed. 3.All licensed nursing staff will be re-educated on: Facility policy for "Notification of Change in Condition" 4.DON or designee will audit all change in condition events weekly for 4 weeks, then monthly for 1 month. Findings will be reported to QAPI committee.	Completion Date: 08/22/2025 Status: APPROVED Date: 08/14/2025

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F 0580 SS=D	Continued from page 2 section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by:	F 0580		

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F 0580 SS=D	Continued from page 3 Based on review of facility policy, review of clinical records, review of facility documentation, and staff interviews, it was determined that the facility failed to notify the physician of a significant change in the residents condition for one of three residents reviewed (Resident R1). Findings Include: Review of facility policy Change in a Residents Condition or Status revised February 2021 revealed the nurse will notify the residents attending physician, or physician on call, when there has been a significant change in the residents physical/emotional/mental condition. Per the facility policy, a significant change of condition is a major decline, or improvement, in the residents status that will not normally resolve itself without intervention. Review of Resident R1s quarterly Minimum Data Set (MDS federally mandated resident assessment and care screening) dated July 3, 2025, revealed the resident was readmitted to the facility on June 27, 2025, status post hospitalization. Continued review of Resident R1s MDS dated July 3, 2025, revealed the resident had severe cognitive impairment and had diagnoses of Alzheimers Disease (progressive brain disorder causing memory loss, cognitive decline, and behavioral changes), depression (persistent feeling of	F 0580		

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F 0580 SS=D	<p>Continued from page 5</p> <p>this change in condition and subsequent missed medications.</p> <p>Interview on July 25, 2025, at 1:06 p.m. with Licensed Practical Nurse (LPN), Employee E3, revealed Resident R1s baseline upon readmission from him hospitalization June 27, 2025, was lethargic but arousable/responsive and able to get up.</p> <p>Continued interview on July 25, 2025, at 1:06 p.m. with LPN, Employee E3, revealed in the morning of July 4, 2025, when going to administer Resident R1s medications, the resident had a noted change and would barely open his/her eyes. LPN, Employee E3, reported feeling uncomfortable to give medications based on the residents status.</p> <p>Interview on July 25, 2025, at 1:06 p.m. with LPN, Employee E3, the employee reported that the doctor was called but there was no answer and no return call back. Per LPN, Employee E3, the procedure is to further inform the nursing supervisor if no response is received by the physician.</p> <p>Interview on July 25, 2025, at 1:50 p.m. with Registered Nurse (RN) Supervisor, Employee E4, revealed this employee could not recall if LPN, Employee E3, informed him/her of the nurses inability to get in touch with the physician.</p> <p>Continued interview on July 25, 2025, at 1:50 p.m. with RN</p>	F 0580		

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F 0580 SS=D	Continued from page 6 Supervisor, Employee E4, revealed the physician was not contacted until 4:31 p.m. on July 4, 2025, to inform the physician that Resident R1 appeared to be more lethargic, and that the family was requesting the resident to be sent to the hospital via emergency services. The physician timely responded and gave orders to send Resident R1 to the hospital. Review of Resident R1s clinical record revealed a nursing note dated July 5, 2025, that Resident R1 was subsequently admitted to the hospital with a diagnosis of renal failure (one or both kidneys no longer function well on their own). 28 Pa. Code 211.10 (d) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services.	F 0580		
F 0842 SS=D		F 0842		

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F 0842 SS=D	Continued from page 7 483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	F0842 1.Resident R1 and Resident R2 were sent to hospital before discovery of missed medications. R2 did not return to facility. MD made aware of Resident R1 missing medications 2.The DON or designee audited the MARs for all residents for the previous 72 hours to identify any other missed or late medications. Any identified missed medications were addressed immediately, physicians notified, and corrective actions taken. 3.All licensed nurses were re-educated on the facility's Medication Administration Policy, including: Documentation requirements for missed or late doses, Immediate physician notification requirements, what to do while passing medication and needed medication not in cart 4.DON or designee will audit the MAR for missed Synthroid, klonopin and respiratory assessments daily for 2 weeks, then weekly for 1 month, to verify: All medications are administered as ordered. Any missed	Completion Date: 08/22/2025 Status: APPROVED Date: 08/14/2025

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F 0842 SS=D	Continued from page 8 (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842	or late doses are documented with a reason and physician notification. Findings will be reported to QAPI	

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F 0842 SS=D	Continued from page 9 This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842 SS=D	<p>Continued from page 10</p> <p>Based on review of clinical records and staff interview it was determined that the facility failed to maintain complete and accurate clinical record documentation for two of three residents reviewed (Resident R1 and R2).</p> <p>Findings Include: Review of Resident R1s clinical record revealed a physician order dated July 2, 2025, for daily respiratory assessment every day shift, which included documentation of lung sounds, pulse and O2 saturation (measures the amount of oxygen in the blood).</p> <p>Continued review of Resident R1s clinical record revealed a nursing note dated July 4, 2025, at 10:20 a.m. by Licensed Nurse, Employee E3, that indicated upon attempt to administer medication, resident appears to be lethargic with very little verbal response. VS [vital signs] WNL [within normal limits] at this time.</p> <p>Review of Resident R1s entire clinical record</p>	F 0842		

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F 0842 SS=D	Continued from page 11 revealed no documented evidence Licensed Nurse, Employee E3, documented the daily respiratory assessment or what Resident R1s vital signs were on July 3, 2025. Review of Resident R2s clinical record revealed the resident was admitted to the facility on July 18, 2025, and discharged July 20, 2025. Review of Resident R2s medication administration record revealed nursing staff failed to document the administration, or lack thereof, of the following medications that were ordered by the physician to be given on July 19, 2025: levothyroxine (for hypothyroidism), and Klonopin (for schizoaffective disorder). 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.5 (f)(x) Medical records. 28 Pa. Code 211.5 (f)(xi) Medical records.	F 0842		

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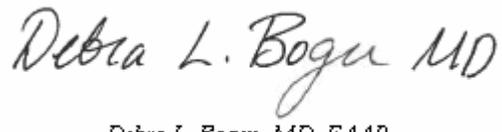
FAIRVIEW NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 320402

SURVEY EXIT DATE: 07/25/2025

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