

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395817	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/28/2025
NAME OF PROVIDER OR SUPPLIER: YARDLEY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1480 OXFORD VALLEY ROAD YARDLEY, PA 19067		
STATE LICENSE NUMBER: 125802				
(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 0623	Based on an Abbreviated survey in response to a complaint completed on January 28, 2025, it was determined that Yardley Rehabilitation and Healthcare Center has a deficiency that has the potential for minimal harm to residents as related to the 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 as they relate to the Health portion of the survey process.	F 0623		
SS=C				

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 0623 SS=C	Continued from page 1 483.15(c)(3)-(6)(8) Notice Requirements Before Transfer/Discharge §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c) (2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)	F 0623	1. Resident 1, 2, 3 and 4 have had written notification provided to responsible party or legal representative regarding transfer to hospital and pending discharge. 2. A 7 day look back audit was completed to validate written notifications to responsible parties or legal representatives and resident are provided for hospital transfers to hospital and center initiated pending discharges. 3. Nurse supervisors and management are re-educated on written notifications being provided to responsible party or legal representative and resident regarding transfer to hospital and pending discharge due to center initiated discharge. 4. NHA/Designee will complete random weekly audits x4 weeks then monthly x2 to validate written notifications are provided. Audit findings will be submitted to the Quality Assurance Performance Improvement Committee monthly for further review and recommendations as needed. Further audit frequency	Completion Date: 02/06/2025 Status: APPROVED Date: 01/31/2025

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F 0623 SS=C	Continued from page 2 (1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i) (A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and	F 0623	will be determined based on the outcome of the previously completed audit findings.	

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F 0623 SS=C	Continued from page 3 (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(k). This REQUIREMENT is not met as evidenced by:	F 0623		

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F 0623 SS=C	Continued from page 4 Based on facility policy review, clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to notify the resident's representative of a 30 day advanced notice of discharge and failed to notify the resident and the resident representative(s) of hospital transfer(s), including the reasons for the moves, Ombudsman information, and how to file an appeal, in writing for four of four sampled residents who had an impending discharge from the facility or who were transferred to the hospital. (Residents 1, 2, 3, 4) Findings include: A review of the facility policy entitled, "Transfer or Discharge, Facility-Initiated," last reviewed January 7, 2025, revealed that the resident and resident representative were to be given a 30 day advanced written notice of a planned impending transfer or discharge from the facility and a transfer notice if sent to the hospital.	F 0623		

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F 0623 SS=C	<p>Continued from page 5</p> <p>Clinical record review revealed that Resident 1 received a 30 day discharge notice on January 16, 2025. Review of facility documentation revealed that Resident 1 had a revised 30 day advanced written notice of planned discharge dated January 24, 2025, that was to begin that day. There was no documentation to support that the resident's responsible party or legal representative was provided written information regarding the pending discharge.</p> <p>In an interview on January 28, 2025, at 1:05 p.m., the Administrator confirmed that 30 day discharge notifications in writing were not provided to the resident 's responsible party or legal representative.</p> <p>Clinical record review revealed that Resident 2 was transferred to the hospital on January 6, 2025, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital.</p>	F 0623		

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F 0623 SS=C	Continued from page 6 Clinical record review revealed that Resident 3 was transferred to the hospital on January 3, 2025, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital. Clinical record review revealed that Resident 4 was transferred to the hospital on January 18, 2025, after a change in condition. There was no documentation to support that the resident and/or the resident's responsible party or legal representative was provided written information regarding the transfer to the hospital. In an interview on January 28, 2025, at 1:05 p.m., the Administrator confirmed that hospital transfer notifications in writing were not provided to the resident and/or the resident's responsible party or legal representative.	F 0623		



Certified End Page

YARDLEY REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 125802

SURVEY EXIT DATE: 01/28/2025

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