

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395558	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER ST MONICA CENTER FOR REHABILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2509 SOUTH FOURTH STREET PHILADELPHIA, PA 19148	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility policies and procedures and interviews with staff, it was determined that the facility failed to promptly notify a resident's representative following two new physician' orders for one of 12 clinical records reviewed (Resident R1). Findings include: Review of facility policy titled, Change in Resident's Condition dated July 2015, revealed A significant change in condition includes, but is not limited to: critical lab results, sudden onset of shortness of breath, sudden drop in oxygen saturation, etc and other relevant healthcare issues. Resident's responsible party will be notified. Documentation will be made in the nurse's progress note in the PCC (Electronic Medical Record). A review of Resident's R1's Minimum Data Set (MDS- periodic review of care needs) dated February 7, 2020 revealed that the resident had a BIMS (Brief Interview for Mental Status-a screening assessment to aid in determining cognitive impairment) score of 0 which indicated that the resident had severely impaired cognitive status. Review of physician's orders [REDACTED]. Review of clinical record for Resident R1 revealed no evidence that Resident R1's representative was notified of the above physician's orders. Interview with the Nursing Home Administrator, on June 12, 2020, at approximately 2:41 p.m. confirmed that there was no documented evidence in the clinical record that the new physician's orders [REDACTED]. Review of laboratory result for Resident R1 dated April 30, 2020, revealed an abnormal high blood level for sodium of 151(an element in the blood with the function of nerves and muscles, normal blood level 136-145). The report also indicated a high blood urea nitrogen (a blood test reveals important information about how well your kidneys and liver are working, normal level between 7-25) level of 34. Review of clinical record for Resident R1 revealed no evidence that the resident representative was notified of the abnormal laboratory result for Resident R1 on April 30, 2020. Review of progress note for Resident R1 dated May 3, 2020, at 11 p.m. revealed Spoke to nurse practitioner. Received clarification of resident's code status, resident is DNR/DNI (Do not use breathing tube to aide breathing). There was no evidence in the clinical record that this change in code status was communicated to the resident representative. Interview with Employee E1, on June 12, 2020, at approximately 2:41 p.m. confirmed that there was no documented evidence in the clinical record that Resident R1's code status change on May 3, 2020 was communicated to the resident representative. 28 Pa. Code: 211.5(f)(g) Clinical records. 28 Pa. Code: 211.12(c)(d)(1)(2)(3)(5) Nursing services.		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to ensure that code status was accurately documented in the clinical record in the event that a resident becomes incapacitated and wishes to accept or refuse life sustaining treatment for one of 12 resident records reviewed (Resident R1). Findings include: A review of facility policy Advance directives revised on December 2016, revealed that The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directives. The director of nursing or designee will notify the attending physician of advance directives so that appropriate orders can be documented in the resident's medical record and plan of care. A review of Resident's R1's Minimum Data Set (MDS- periodic review of care needs) dated February 7, 2020 revealed that the resident had a BIMS (Brief Interview for Mental Status-a screening assessment to aid in determining cognitive impairment) score of 0 which indicated that the resident had severely impaired cognitive status. Review of hospice consent form signed by Resident R1's representative dated January 29, 2020, revealed that the resident wishes to be Do Not Resuscitate (DNR- allow natural death). Review of physician's orders [REDACTED]. Interview with the Nursing Home Administrator, on June 12, 2020 at 2:41 p.m. confirmed that the code status for Resident R1 was not accurately documented in resident's clinical record for the months of February, March and April. 28 PA Code: 201.29(a) Resident rights.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews with staff, and review of facility policy, it was determined that the facility did not implement effective infection control measures to prevent the potential spread of infection related to social distancing for residents, proper disposal of soiled linen and staff compliance for wearing face masks in two of four nursing units. (1st Floor and 3rd Floor) Findings include: Review of the CDC guidelines title Using Personal Protective Equipment (PPE) Facemasks, Do's and Don'ts, dated 6/2/2020 indicated that both the mouth and the nose would be protected by the face mask and not to wear the mask below the chin. Review of CMS Guidance for Infection Control and Prevention for Coronavirus Disease 2019 (Covid-19- and infectious [MEDICAL CONDITION] disease that can cause fever, cough fatigue and/or breathing problems) in Nursing Homes, revised March 12, 2020, indicated that residents were to practice social distancing guidance from the CDC (Centers for Disease Control- a National Health Protection Agency) regarding COVID-19, updated May 6, 2020, social or physical distance was to stay at least 6 feet (about two arm's length) from other people. Review of guidelines from the Pennsylvania Department of Health, dated April 6, 2020 included that social distancing should be practiced, keeping at least 6 feet between others, and visual alerts (e.g. signs, posters) posted throughout the facility should instruct persons to maintain social distancing of six feet apart. Review of facility policy titled, Linen and Laundry revised January 2015 states its purpose is to provide a process for the safe and aseptic handling, washing and storage of linen. All soiled linen must be placed directly into a covered laundry hamper which can contain moisture. During a facility tour in the company of the Director of Nurses (DON) on July 16, 2020 at approximately 10:50 a.m. a housekeeper staff was observed mopping the 1st floor in front of the elevators without a facemask around his neck. The DON told the housekeeper staff at the time of the observation to mask up. Observation of the 3rd floor, St(NAME)Unit on July 16, 2020 at approximately 11:05 a.m. in the company of the DON revealed a housekeeper staff walking to her cart with her face mask around her neck. The DON directed the housekeeper to mask up. A facility staff was observed at the nursing unit desk with a face mask down. The DON asked the staff sitting at the desk to please pull her mask up. Continue observation of the 3rd floor of St.(NAME)Nursing Unit on July 16, 2020 at approximately 11:15 a.m. a plastic bag with dirty linen was observed on the floor inside the entrance to room [ROOM NUMBER]. The DON verified that it was dirty linen and immediately disposed of plastic bag. In the area just next to the nursing station on the 3rd floor St(NAME)Nursing Unit on July 16, 2020 at approximately 11:20 a.m. were six residents placed in front of the TV. Three residents were not social distancing sitting next to each other in their wheelchairs (less than three feet apart). DON acknowledged they should be at least six feet		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395558	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER ST MONICA CENTER FOR REHABILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 2509 SOUTH FOURTH STREET PHILADELPHIA, PA 19148	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	(continued... from page 1) apart and immediately adjusted their distance. On the St.(NAME)Unit on the 1st floor on July 16, 2020 at approximately 11:45 a.m. a staff member was observed wearing her mask around her neck and the DON directed her to pull the mask up. The staff member did, but only adjusted it to below her nose. The DON again had to direct her to pull it all the way up above her nose. Facility failed to implement effective infection control measures to prevent the potential spread of infection related to social distancing for residents, proper disposal of soiled linen and staff compliance for wearing face masks. 28 Pa. Code 211.12(d)(1) Nursing services. 28 Pa. Code 211.12(d)(5) Nursing services.		