STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	396078	A. BLDG: __00_____ B. WING: _____	05/12/2011

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
ABRAMSON RESIDENCE STATE LICENSE NUMBER: **09130200**	**1425 HORSHAM ROAD** **NORTH WALES, PA 19454**

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F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification, State Licensure and Civil Rights Compliance Survey completed on May 12, 2011, it was determined that Madlyn and Leonard Abramson Center For Jewish Life 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.	F 0000		
F 0309 SS=D		F 0309		

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 0309 SS=D	Continued from page 1 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by:	F 0309	The diet for Resident R108 reflects the correct diet order in the dining service system. Resident R124's order for Celexa is corrected in the Medication Administration Record (MAR) to accurately reflect the physician order. The Staff involved in the transcription and delivery of the insulin coverage for Resident R229 were counseled and educated on the proper documentation and insulin coverage. Glucose coverage is accurately transcribed in the MAR for Resident R229 The physical therapy order for Resident R248 was discontinued as the physician in consultation with the interdisciplinary team had determined the therapy was not indicated nor appropriate. ***	Completion Date: **07/01/2011** Status: **APPROVED** Date: **05/23/2011**

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F 0309 SS=D	Continued from page 2	F 0309	Dining services representatives reviewed diet orders against the diet indicated in the dining services system to assure all diets delivered were according to physician orders. Villa Leaders reviewed the current orders for medication titration and verified accuracy in the MAR for all appropriate residents. Sliding scale coverage has been transcribed for appropriate residents in their respective MARs in the correct and consistent format per facility policy. Care Coordinators will be educated on Diabetes management. Current incident reports have been reviewed to assure completion of any referrals, orders or recommendations. *** During interdisciplinary rounds, an	

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F 0309 SS=D	Continued from page 3	F 0309	IDT designee will review any new or changed diet orders to assure communication was effectuated with dining services appropriately, and that any orders for titration of medications were accurately transcribed in the MAR. Nursing education is being provided on proper transcription and documentation protocol for sliding scale insulin coverage. Pharmacy consultant will also conduct regular audits of the sliding scale insulin documentation and provide education to nursing staff to assure compliance. The Director of Nursing will maintain copies of orders related to incidents filed with the incident report. Copies of orders for therapy referrals or any consults as well as a copy of completed consult documentation will be maintained with incident report to assure that recommended actions are completed.	

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F 0309 SS=D	Continued from page 4	F 0309	*** Dining Services Director or her designee will conduct audits to verify that diet orders coincide with diets listed for residents. Audit results will be submitted to the Vice President of Quality Improvement with follow-up activities conducted relative to audit results/outcome. Pharmacy consultant will audit medication titration orders and report results to Director of Nursing and Vice President of Quality Improvement. Audits results and any relevant action plans will be discussed at Quality Improvement Meeting. Villa Leaders or their designee will audit MAR for residents with insulin coverage, and also verify therapy consults to therapy orders. Audit results and any relevant action plans will be shared during the Quality Improvement meeting. Pharmacy consultant will conduct audits of	

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F 0309 SS=D	Continued from page 5	F 0309	insulin coverage documentation and provide education to nursing staff as indicated by audit results. Audit results and any relevant action plans will be reviewed with Director of Nursing and Vice President of Quality Improvement and reported at the QI meeting.	

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F 0309 SS=D	Continued from page 6 Based on observation, clinical record review, staff interview and review of facility policy and procedures it was determined that the facility failed to follow physician's orders for a therapeutic diet, administration of medications and a rehabilitation consult for four of 30 residents reviewed. (Resident R108, R124, R229, and R248.). Findings include: A review of Resident R108 's physician's orders, dated April 22, 2011, revealed the diagnosis of Dementia (a progressive loss of memory and function) and was ordered a speech evaluation and a downgraded diet to Mechanical Soft because she was pocketing food in her mouth. An observation on May 11, 2011,	F 0309		

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F 0309 SS=D	Continued from page 7 during the lunch meal at 12:30 p.m. revealed that Resident R108 had a regular lunch meal tray which was being fed to her. This was confirmed in an interview with Employee E3, on May 11, 2011 at 2:15 p.m. confirming that the diet downgrade to a Mechanical Soft was never carried out do to the dietary department not being notified and that Resident R108 was receiving the wrong diet since April 22, 2011, when originally ordered. The facility failed to provide the correct diet consistency as ordered by the physician. A review of Resident R124 ' s physician's orders dated April 26, 2011, revealed a diagnosis of Depression and was receiving an antidepressant medication, Celexa at 50 milligrams (mgs.) a day. A review of a Psychiatrist Evaluation, dated	F 0309		

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F 0309 SS=D	Continued from page 8 May 10, 2011, revealed that the Psychiatrist ordered to decrease the antidepressant medication, Celexa, to 30 mgs. a day for five days, then to 10 mgs. for five days and then discontinue this medication. A review of the Medication Administration Record (MAR) for May, 2011, revealed that Resident R124 received 40 mgs. of Celexa on May 10 &11, 2011. An interview with employee E3, the licensed nurse on May 12, 2011, at 11:00 a.m. confirmed that the physician's order was taken off incorrectly and that the resident received the wrong dose of Celexa for two days. The facility failed to administer a medication as ordered by the physician. Review of Resident R248's physician's orders for April 2011 revealed that the resident had insulin dependent Diabetes	F 0309		

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F 0309 SS=D	Continued from page 9 Mellitus (lack of insulin to metabolize blood sugar) and had blood sugar monitoring ordered for twice daily with physician's orders to administer additional insulin for blood sugars above 179 mg./dl. (milligrams per deciliter). Review of the resident's MAR (medication administration record) dated April 2011 revealed that on April 5, 12, 19, 21, 22, 28 and 29, 2011 the resident's blood sugar results were as follows; 300, 218, 278, 262, 262, 322 and 358 mg./dl. with no evidence of additional insulin coverage administered as ordered by the physician. This finding was confirmed by an interview with Employee R4, licensed nurse on May 11, 2011 at 11:30 a.m. that there was no evidence of insulin coverage administered to the resident. Review of the facility's policy and	F 0309		

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F 0309 SS=D	Continued from page 10 procedure titled "Blood Sugar Monitoring" dated 5/01 (no year identified) revealed that insulin units administered were to be recorded on the MAR. Review of Resident R229's clinical record and facility documentation revealed that the resident was found on the floor on April 10, 2011 at 12:00 p.m., the resident stated that she fell coming back from the bathroom. The resident had a laceration on the shoulder caused by the fall. A physician's order dated April 11, 2011 revealed that a physical therapy consult was to be obtained for safe ambulation. An interview with Employee E4 on May 11, 2011 at 4:00 p.m. confirmed that the consult was not obtained as ordered by the physician.	F 0309		

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F 0309 SS=D	Continued from page 11 28 Pa. Code: 201.18(a)(1) Management. 28 Pa. Code: 211.11(a)(c) Resident care plan. 28 Pa. Code: 211.12(d)(1) Nursing services. 28 Pa. Code: 211.12(d)(3)(5) Nursing services. Previously cited 06/17/10, 06/04/10 and 05/05/09.	F 0309		

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F 0514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by:	F 0514	Staff involved in the incomplete MAR documentation for Residents R169, R171, R172, R176, and R177 have been counseled and educated. Villa Leaders audited MARs to verify MAR documentation is complete. Care coordinators will be educated on conducting a shift to shift check of the MAR to verify all necessary documentation is present. Villa Leaders will conduct a regular review of the MARs to verify all necessary documentation is present, and provide follow up education and counseling as needed. MAR audit results and any relevant action plans will be submitted to the Vice President of Quality Improvement to be shared at the Quality Improvement meeting.	Completion Date: **07/01/2011** Status: **APPROVED** Date: **05/23/2011**

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F 0514 SS=D	Continued from page 13 Based on a review of facility documentation, facility policy and procedures and staff and resident interviews it was determined that the facility failed to ensure that facility documentation was accurate and complete for five residents on one unit with a census of 27 residents.(R169, R171, R172, R176, and R177.) Findings include: Review of the medication administration record during an observation of medication administration on May 10, 2011 at 9:30 a.m. with Employee E5, charge nurse, revealed no documentation that medication had been given to five residents on May 6, 2011, during the 7:00 a.m. to 3:00 p.m. shift and 3:00 p.m. to 11:00 p.m. shift. An interview with	F 0514		

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F 0514 SS=D	Continued from page 14 Employee E5, revealed that she did not work that day and did not know who had been scheduled. Review of facility policy titled "Reporting Medication Errors" dated May 2001 revealed that it is the responsibility of all center employees discovering a medication error to report the error to the physician or designee responsible for the care of the patient, and to the employee's immediate supervisor. A review of Resident R169, R171, R172, R176, and R177's medication administration record for May 6, 2011 revealed there was no signature by nursing staff that the residents received the medications that they had been ordered by the physician. There was no	F 0514		

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F 0514 SS=D	Continued from page 15 documentation available for review that the above five residents received their medications on the 7:00 a.m. to 3:00 p.m. shift and 3:00 p.m. and 11:00 p.m. shift. An interview with Resident R171 and R172 on May 10, 2011 at 11:00 a.m. revealed that both residents stated that they had received their medications on May 6, 2011. Resident R169, R176, and R177 were unable to be interviewed. An interview with the Director of Nursing on May 10, 2011 at 2:00 p.m. revealed that the facility failed to follow the policy and notify the immediate supervisor that the medication administration record was incomplete. 28 Pa. Code: 211.5(f) Clinical records.	F 0514		

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F 0514 SS=D	Continued from page 16 28 Pa. Code: 211.12(d)(1)(5) Nursing services. Previously cited 6/17/10, 6/4/10 and 5/5/09.	F 0514		

Certified End Page

ABRAMSON RESIDENCE

STATE LICENSE NUMBER: 09130200

SURVEY EXIT DATE: 05/12/2011

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

Anna Marie Sossong
Deputy Secretary For Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Michael Wolf
Secretary of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY