

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 396143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2020
NAME OF PROVIDER OF SUPPLIER TULIP SPECIAL CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP 3300 HENRY AVENUE, 7TH FLOOR PHILADELPHIA, PA 19129	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interview, it was determined that the facility failed to ensure that residents representatives and families were timely informed of cumulative, confirmed and suspected COVID-19 infections in the facility for one of three residents reviewed (Resident R1). Findings include: Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], with a [DIAGNOSES REDACTED]. The resident was swabbed at the facility for the Covid-19 virus on August 11, 2020, with negative results obtained on August 13, 2020. The resident was sent to the hospital on September 27, 2020, related to PEG tube (stomach tube inserted as a means of feeding when oral intake is not adequate) complications. The resident was tested for the Covid-19 virus at the hospital on September 27, 2020, the results were positive on September 27, 2020. The facility was notified of the positive result on September 28, 2020. At the time of the survey ending October 16, 2020, the facility was unable to provide evidence that the facility informed all residents, their representatives, and families by 5 PM the next calendar day following the occurrence of a single confirmed COVID-19 infection (Resident R1). There was no documented evidence that the facility provide information to the residents, their representatives, and families of mitigating actions taken by the facility to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered (e.g., restrictions to visitations or group activities) after obtaining result of a confirmed positive case on September 28, 2020 (Resident R1). Interview with the Administrator on October 16, 2020, at 12:00 p.m. revealed that the facility established a mechanism to inform residents, their representatives, and families using a computer internet based website. The Administrator confirmed that Resident R1 tested positive for Covid-19 at the hospital on September 27, 2020, and the Administrator confirmed that the facility had not informed all residents, their representatives, and families of the confirmed case of Covid-19 as required via the facility's website. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.18(e)(2) Management		

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.