

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Belmont Avenue Philadelphia, PA 19131	

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)
<p>F 0840</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ or obtain outside professional resources to provide services in the nursing home when the facility does not employ a qualified professional to furnish a required service.</p> <p>Based on review of facility documentation, review of clinical records, and staff and resident interviews it was determined that the facility failed to ensure the use of outside resources for one of 36 residents reviewed (Resident R135). Findings Include: Review of Resident R135's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated January 29, 2026, revealed the resident was cognitively intact and had diagnosis of obstructive sleep apnea (sleep disorder where the airway repeatedly becomes blocked during sleep, causing pauses in breathing and disrupted sleep). Review of Resident R135's comprehensive care plan dated July 25, 2024, revealed the resident had altered respiratory status/difficulty breathing related to diagnosis of chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe). Review of Resident R135's clinical record revealed an After Visit Summary dated October 9, 2026, that the resident was seen at the Sleep Disorder Center for sleep apnea. Discharge instructions included a scheduled follow-up on October 15, 2025, to perform a sleep study. Review of Resident R135's clinical record revealed a progress note dated October 14, 2025, that on October 13, 2025, the nursing supervisor and Director of Nursing, Employee E2, met with Resident R135 at bedside. Resident R135 complained of right ear pain and the resident was informed the sleep study would be put on hold pending an update from pulmonology. Continued review of the progress note dated October 14, 2025, revealed the facility had placed a call to the sleep center and made them aware Resident R135 required assistance for activities of daily-living help. The sleep center denied being able to help the resident for any transfer, and care. Interview on February 27, 2026, at 12:30 p.m. with Resident R135 revealed his/her sleep study appointment was cancelled and that the facility did not further coordinate to reschedule the appointment. Review of Resident R135's entire clinical record revealed no documented evidence that the facility coordinated nursing services to accommodate the resident during a sleep study. There was no evidence that the facility re-schedule Resident R135's sleep study with the center. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing services.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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