STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395134	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Inglis House	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on review of facility policy, review of facility documentation, observations, and interviews with staff and residents it was determined that the facility failed to provide timely assistance with activities of daily living care for dependent residents for 3 of 10 residents reviewed (Resident R2, R9 and R6).Findings Include:Review of facility grievance records from January 2026 through June 2026 revealed ongoing concerns regarding staff responsiveness and timeliness of care. The monthly grievance logs documented repeated complaints involving delayed incontinence care, residents not awakened for care services, and delays in responding to resident requests.Review of Resident R2's Minimum Data Set (MDS- federally mandated resident assessment and care screening) dated March 22, 2026, revealed the resident is cognitively intact, able to communicate his/her needs and preferences, and has a suprapubic catheter (urinary drainage tube that is surgically inserted through the abdominal wall directly into the bladder to continuously drain urine).Further review of Resident R2's MDS revealed the resident has diagnoses of neurogenic bowel (loss of normal bail function due to neurological condition affecting the nerves that control the bail elimination), paraplegia (paralysis affecting the lower half of the body including both legs), and multiple sclerosis (a chronic progressive disease of the central nervous system that can impair movement sensation and bodily functions).Interview on June 16, 2026, at 8:20 a.m., with Resident R2 the resident reported his/her urinary catheter was leaking, and that nursing staff was informed. Resident R2 reported waiting for a nurse to address the issue.Interview June 16, 2026, at 8:20 a.m., with the Unit Manager, Employee E14, confirmed awareness of the leaking catheter but, was administering medications and would address the concern later.Observation on June 16, 2026, at 9:51 a.m. revealed Resident R2 received care, approximately 1.5-hours after assistance was requested.Observations on June 16, 2026, at 8:30 a.m. revealed Resident R9 and R6 were eating breakfast.Interview June 16, 2026, at 8:30 a.m. with Resident R9 revealed his/her brief was wet, and incontinence care had not been provided since the previous night. Subsequent interview with Resident R6, the resident also reported not receiving incontinence care since the night before. Resident R6 revealed this is a frequent occurrence, and he/she is often left in a soiled or wet brief for extended period of time.Interview on June 16, 2026, at 8:45 a.m. with Registered Nurse, Employee E13, confirmed that Resident R9 and R6 were eating breakfast and had not yet received morning incontinence care or brief changes.28 Pa. Code 201.14 (a) Responsibility of licensee.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of personnel files and staff interviews it was determined that the facility failed to ensure licensed, direct-care staff maintained current certification in Cardiopulmonary Resuscitation (CPR) for one of four personnel files reviewed (Employee E15). Findings Include: Review of personnel file for Respiratory Therapist, Employee E15, revealed the employee had an expired CPR certification (Cardiopulmonary Resuscitation -lifesaving procedure that maintains blood flow and oxygen to the brain and heart when the heart or breathing stops). Interview on [DATE], with Respiratory Therapist, Employee E15, confirmed CPR training was not renewed. Interview on [DATE], with the Nursing Home Administrator, Employee E1, and Director of Nursing, Employee E2, confirmed Respiratory Therapist, Employee E15, had an expired CPR certification. 28 Pa. Code 201.14 (a) Responsibility of licensee.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of facility policy, review of clinical records, observations, and staff and resident interviews it was determined that the facility failed to administer medications in accordance with physician orders for one of ten residents reviewed (Resident R4). Findings Include:Review of facility policy titled General Medication Procedures, revised September 3, 2025, revealed the purpose of the policy is to ensure residents receive medications in a timely manner, maintain continuity of prescribed therapeutic regimens, ensure prompt administration of initial medication doses, and provide medications in accordance with physician orders. The policy establishes that nursing staff are responsible for ensuring medications are available, accurately prepared, administered timely, and monitored to ensure residents receive prescribed medications without unnecessary delay or interruption. Observation on June 16, 2026, at 10:21a.m. revealed restorative aid, Employee E18, responded to Resident R4's activated call bell. When the call-bell was answered, Resident R4 reported he/she was still waiting to receive morning medications and requested that restorative aide, Employee E18, notify the nurse to administer his/her medications.Review of Resident R4's clinical record revealed a physician order for baclofen (muscle relaxant) 20 milligram one tablet three times daily scheduled for administration at 8:00 AM, 2:00 PM and 10:00 PM.Further review of Resident R4's clinical record revealed a physician order for gabapentin 800 milligram two tablets three times daily for pain scheduled for administration at 8:00 AM, 2:00 PM and 10:00 PM.Interview June 16, 2026, at 10:55 AM, with Licensed Nurse, Employee E19, confirmed Resident R4 had not yet received Baclofen and Gabapentin that were scheduled for administration at 8:00 a.m.28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation, review of clinical records, and staff interviews it was determined that the facility failed to monitor and modify interventions consistent with the resident's assessed needs to maintain acceptable parameters of nutritional status for one of ten residents reviewed (Resident R1).Findings Include:Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], has a BIMS (brief interview for mental status) score of 15 (indicating intact cognitive function), and requires set-up assistance for eating.Review of Resident R1's clinical record revealed the resident has diagnoses of thyroid disorders (condition in which the thyroid has not produced hormones at proper levels affecting metabolism energy overall body function), paraplegia (often caused by spinal cord injury or disease resulting in the loss of movement and sensation), attention deficit hyperactivity disorder (ADHD- characterized by persistent patterns of inattention, hyperactivity, and impulsivity), and anxiety (fear or nervousness). Review of Resident R1's comprehensive care plan revealed the resident's diagnosis of hyperthyroidism and ADHD has the potential to affect the resident's nutritional status and weight.Further review of Resident R1's comprehensive care plan dated September 13, 2023, revealed the resident is at risk for nutritional problems with interventions in place to monitor weight status, adherence to prescribed diet, providing nutritional supplements as ordered, educating the resident regarding malnutrition risks, and having the Registered Dietitian evaluate the resident and make dietary recommendations as needed.Review of Resident R1's clinical record revealed the following weight history:03/18/2026 180.2-pounds04/02/2026 175.2-pounds04/22/2026 174.2-pounds05/09/2026 172.2-pounds05/21/2026 168.2-pounds06/02/2026 166.2-pounds.Review of resident R1's weight records revealed the resident's weight declined from 180.2 pounds on March 18, 2026, to 166.2 pounds on June 2, 2026, representing a 14-pound (7.8%) loss in approximately 76 days, meeting CMS (Centers for Medicare and Medicaid Services) criteria for significant weight loss within a 90-day period.Review of Resident R1's clinical record revealed a nutritional assessment completed on April 20, 2026. Resident R1 was assessed with a weight of 176.8-pounds and no significant weight changes were documented.Review of Resident R1's clinical record revealed the resident's weight continued to trend down to 166.2-pounds, sustaining another 10.6-pound significant weight loss since the last nutrition assessment completed April 20, 2026. Further review of resident R1's clinical record revealed no documented evidence the significant weight loss was reviewed or addressed.Interview on June 16, 2026, at 1:30 p.m. with Registered Dietitian, Employee E5, confirmed Resident R1 sustained a significant weight loss. Further interview with Registered Dietitian, Employee E5, revealed re-weights were ordered but not yet completed. 28 Pa. Code 211.10 (d) Resident care policies.28 Pa. Code 211.12 (d)(5) Nursing Services.