

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395135	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Pennypack Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8015 Lawndale Avenue Philadelphia, PA 19111	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of clinical records, and interviews with staff, it was determined that the facility failed to inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate for one of 5 residents reviewed. (Resident R1). Findings Include: Review of clinical record revealed that Resident R1 was admitted to the facility on [DATE]. Review of admission agreement for Resident R1 signed by resident and facility staff, at the time of resident's admission, revealed that the charges for the services including charges for residents stay at the facility when not covered under Medicare/Medicaid or insurance was not informed to the resident. The section where the charges should be described was left empty. Facility did not provide any documents that informed Resident R1 services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid. Interview with Employee E3, Business office manager, on August 21, 2025, at 11:00 a.m. stated the rate should be provided to residents upon admission with admission agreement. 28 Pa. Code 201.18(e)(1) Management.</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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