

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 01/02/2026
NAME OF PROVIDER OR SUPPLIER Pennypack Rehab and Care 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)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. (continued on next page)

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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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews with staff and residents, reviews of clinical records, review of personal funds accounting records and facility's policies and procedures, it was determined that for one of eight residents reviewed, the facility failed to maintain separate accounting and records for each resident's personal funds entrusted to the facility on the resident's behalf. (Resident C1) Findings include: A review of the facility's policy titled accounting and records of resident funds dated April 2021 it was revealed that the business office manager was responsible for maintaining accounting records on resident funds. The policy also indicated that the business office manager was responsible for maintaining records of all financial transactions involving each resident's personal needs account. The policy said that individual accounting ledgers are to be maintained in accordance with generally accepted accounting principles. The date of the resident's admission was to be indicated. The date and amount of each deposit and withdrawal. The name of the person who accepted or withdrew the funds. Receipts for charges imposed by the facility and interest earned. The policy indicated that the business office manager was to provide copies of the accounting records to the resident or the resident's representative for services charged. The policy indicated that the resident was to ask the business office manager or the nursing home administrator any questions or concerns about their resident's personal funds account. Clinical record review revealed that Resident CL1 was admitted to the facility on [DATE], and was discharged to another facility on November 14, 2024. Clinical record review revealed a physician's progress note dated November 14, 2024, that indicated Resident C11 was being discharged today to [facility's name] for continued close follow-up with the primary care physician. Clinical record review revealed a physician's progress note dated November 14, 2024, that confirmed Resident C11 was admitted to the facility on [DATE], after a hospital stay for cerebral vascular accident, right arm weakness and atrial fibrillation. The physician indicated that Resident C11 was alert and oriented and ordered rehabilitation services with physical therapy upon admission to the facility. Clinical record review revealed an admission comprehensive assessment MDS (an assessment of care needs) dated January 12, 2024, for Resident C11. The assessment indicated that this resident was admitted to a Medicare and/or Medicaid certified facility. The assessment also indicated that this resident was cognitively intact. A review of the personal funds accounting records for Resident C11 revealed that the facility did not establish and maintain a complete accounting of funds, according to generally accepted accounting principles for Resident C11. Resident C11 was admitted to the facility on [DATE]. There was no accounting documentation available for review that indicated Resident C11 was admitted on [DATE]. There was no documentation available for review that indicated the business office manager or facility administrator assisted Resident C11 to establish a personal funds account to paid for his stay during (January 8, 2024, through November 14, 2024). Interview with the administrator, Employee E1 and the business office manager, Employee E3, at 2:00 p.m., on January 2, 2026, confirmed that the facility had no documentation concerning the accounting records or financial transactions involving Resident C11's funds, although the facility did accept the responsibility for the resident's financial affairs. Interview with the administrator, Employee E1 and the business office manager, Employee E3, at 2:15 p.m., on January 2, 2026, revealed that they were both unaware what insurances, pensions and private pay funds were scheduled to be deposited into Resident C11's personal funds account to pay for his stay (January 8, 2024, through November 14, 2024). 28 PA. Code 211.10(a)(b)(c)(d) Resident care policies 28 PA. Code 201.14(a) responsibility of licensee 28 PA. Code 201.18(b)(2)(3)(d)(e)(1)(1)(g)(h) Management</p>		