STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395135	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pennypack Rehab and Care Center	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on family interview, review of facility policy and review of clinical record, it was determined that facility did not ensure to timely notify resident representative after change in condition for one of 12 residents reviewed (Resident R5)Findings include: Review of facility policy ?Acute Condition Changes - Clinical Protocol,' revised March 2018, indicates that the policy did not include a protocol/process for notifying the resident representative of changes in the resident's status/condition, including who was responsible for notification, required timeframes, or documentation requirements. Review of Resident R5's clinical record revealed medical history of repeated falls, vascular dementia (progressive degenerative disease of the brain), glaucoma (increase eye pressure resulting in the inability of fluid do drain from the inner eye), acute and chronic respiratory failure, gait and mobility abnormalities, sick sinus syndrome (also called sinus node dysfunction- a group of heart rhythm problems caused by malfunction of the heart's natural pacemaker).Further review of Resident R5's clinical record revealed that on Monday, May 18, 2026, at approximately 2:30 pm, Resident R5 had a fall. Further review of Resident R5's progress notes revealed no evidence of facility notifying Resident R5's representative. Interview with Resident R5's representative (RP), on Tuesday, May 19, 2026, at 10:15 am, revealed no evidence of facility notifying RP of a fall incident; per RP's statement he was still waiting for nursing staff to inform him of what happened on May 18, 2026, since his mother (Resident R5)has been complaining of knee pain and R5's roommate - Resident R23, expressed concern of R5's fall incident. Further review of Resident R5's clinical record revealed additional emergency contact, who was R5's spouse. Further interview with R5's RP revealed no indication that either one of emergency contacts, Resident R5's son or Resident R5's spouse, were notified of fall incident. 28 Pa. Code 211.12(d)(1) Nursing services

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on clinical record review and staff interview, the facility failed to ensure complete and accurate documentation related to a hospital discharged for 1 of 8 resident reviewed. (Resident 53) Findings Include: Review of Resident R53' s nursing notes dated March 13, 2026, at 12:51 p.m. revealed that the resident was transported for an Oncology appointment. Resident R53 was transferred to the local hospital from the Oncology appointment on March 13, 2026, at 6:33 p.m. due to a change in condition. Further review of nursing notes revealed no additional documentation or follow-up communication with the hospital, related to the resident admitting diagnosis, stay and discharge status. Interview with the Director of Nursing, Employee E2 on May 21, 2026, at 2:00p.m. confirmed that there was no follow up documentation related to Resident R53 transfer to the hospital. 28 Pa. Code 211.5(d) Medical records