

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER St John Neumann Ctr for Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 10400 Roosevelt Avenue Philadelphia, PA 19116	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on review of facility policy, and review of clinical record, it was determined that facility did not ensure to develop and implement a care plan related to incontinence care and bed side rails for one of seven residents reviewed. (Resident R2) Findings include: Review of facility policy 'Comprehensive Person - Centered Care Plans,' indicates that a person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Further review of policy indicated that the care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Review of Resident R2's clinical record revealed a medical history of anemia (low red blood count), history of falling, chronic kidney disease, type two diabetes mellitus (failure of the body to produce insulin), high blood pressure, dementia (progressive degenerative disease of the brain). Further review of Resident R2's clinical record revealed a nursing note, dated April 4, 2026, at 9:10 pm, indicating resident was incontinent of bowel and bladder. Further review of Resident R2's clinical record revealed bed rail evaluation completed on September 10, 2025, at 3:47 pm, indicating approved bed side rails to promote independence. Review of Resident R3's care plan revealed no evidence of goals or interventions related to incontinence care or use of bed side rails. 28 Pa Code 211.12(d)(1)(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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