

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER Rosemont Center		STREET ADDRESS, CITY, STATE, ZIP CODE 35 Rosemont Avenue Rosemont, PA 19010	
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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on review of employee personnel records and staff interview it was determined that the facility failed to complete annual performance review at least once every twelve months for three out of three nurse aides reviewed (Employee E13, Employee E14, and Employee E15). Findings Included: Review of facility documentation and employee personnel files revealed the following nurse aides did not have (a completed) an up-to-date annual performance review: Employee E13, Employee E14, and Employee E15. Interview on July 30, 2026, at 2:30 p.m. with Nursing Home Administrator, Employee E1, confirmed the facility failed to complete annual performance reviews for the following employees Employee 13, Employee 14, and Employee 15. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.19 (2) Personnel records.		

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