

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER St Francis Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1412 Lansdowne Avenue Darby, PA 19023	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview and review of facility policy, it was determined that the facility failed to ensure that medications were stored in a safe manner during medication administration. Findings include: Review of facility policy on Medication Storage date March 2020, section Policy Statement revealed that the facility shall store all drugs and biologicals in a safe, secure, and orderly manner. Under section Policy Interpretation and Implementation #1. The nursing staff shall be responsible for maintaining medication storage AND preparation areas in a clean, safe, and sanitary manner. #2. Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing. #3. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals unless permitted by the physician. #7. Drugs shall be stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications shall be assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents. #9. Only persons authorized to prepare and administer medications shall have access to the medication room, including any keys. Observation conducted on July 15, 2025, at 8:50AM during medication administration revealed that a zip-lock bag containing Spiriva (oral inhalation spray) and Fluticasone Propionate (nasal spray) was on top of the medication cart. Further observation revealed that Spiriva and the Fluticasone were labelled with Resident R65's name. Further observation revealed that licensed nurse Employee E17 went into room [ROOM NUMBER] to administer medications to a resident in room [ROOM NUMBER] and left the Spiriva and fluticasone medications unattended on top of the medication cart. Upon Employee E17's return to the medication cart, she proceeded to put away the Spiriva and Fluticasone. Interview with Employee E17 conducted at the time of the observation confirmed that she left the Spiriva and Fluticasone unattended on top of the medication cart. Further medication administration observation conducted on July 15, 2025, at 9:38AM revealed that a bottle of MiraLAX was on top of the medication cart. Further observation revealed that Employee E17 went to room [ROOM NUMBER] to administer medication to a resident room [ROOM NUMBER] leaving the MiraLAX lax unattended on top of the medication cart. Interview with Employee E17 conducted at the time of the observation confirmed that she left the MiraLAX unattended on top of the medication cart while she went to room [ROOM NUMBER] to administer medication to a resident. 28 Pa. Code 201.18(b)(l) Management 28 Pa. Code 211.12(d) Nursing Services 28 Pa. Code 211.9 (i) Pharmacy 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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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>Based on interviews with staff, and review of clinical records it was determined the facility failed to obtain laboratory services to meet the needs of one of 38 resident records reviewed (Resident R105). Findings include: Review of Resident R105 clinical records revealed the resident was diagnosed with hypothyroidism (underactive thyroid). Physician orders dated May 14, 2025, instructed a Thyroid stimulating thyroid test (measures the amount of TSH levels in the blood) in five weeks. On July 16, 2025, during an interview with the Unit Manager, Licensed Practical Nurse, Employee E18 stated the doctor has in the progress notes continue to monitor but failed to show the May 2025 order for TSH levels was completed. PA 28 Code 211.12(d)(3)(5) Nursing services.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>(continued on next page)</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility failed residents with food preferences. Based on interviews with residents, observations of the food service and a test tray evaluation, interviews with dietary staff, reviews of policies and procedures and reviews of resident council and food committee meeting minutes, it was determined that each resident was not receiving foods and drinks to accommodate their individualized preferences. Appealing food and drink options of similar nutritive value were not being planned and provided on facility menus. (Residents R58, R47, R164, R145, R 207, R208, R220, R77, R117, R196, R64, R194, R144, R219, R86, R50, R234 and R115). Findings include: A review of the facility policy titled resident food committee dated March 2020 revealed that the facility staff were responsible for supporting the food committee established by the residents. The purpose of the residents meeting was to review the menus planned by the Food and Nutrition Department, review special food activities and give the residents a chance to voice concerns about facility food. The policy also said the food service director was responsible for documenting the minutes of the food committee concerns, needs and actions taken to reasonably resolve the food and nutrition issues. The policy indicated that the quality assurance and performance improvement committee would be responsible for overseeing the food committee concerns and accomplishments as part of quality review. A review of the policy titled menu standards dated March 2020 revealed that menus are developed according to standards of menu planning, production and service. The policy indicated that the menu was planned to ensure nutritional adequacy, regulatory compliance, operational efficiencies and to enhance residents' quality of life. The policy indicated that menus are planned to meet national guidelines, to reflect religious, cultural and ethnic needs of the residents based on the advice of the resident council and food committee. A group meeting held with residents at 11:00 a.m., on July 16, 2025 and individual interviews held throughout the days of the survey July 14 to July 18, 2025 revealed that Residents were dissatisfied with the menu planning, foods and fluids being served from the food and nutrition services department. Residents reported that they were not getting foods that they preferred. Residents reported that the menu items planned were not consistently served. The residents reported that the foods lacked variety. There was no variety in the foods provided for a lactose intolerant resident. Residents that were lactose intolerant were asking for a variety of lactose free desserts. The residents were upset that hot dogs and Italian sausage items were taken off the menu. The residents did not like the preparation method and type of meat used for the cheese steak hoagie. The residents reported that the preparation method of the vegetable soup was poor too oily and from a can. The residents were requesting that gravy be served with the chopped steak. The residents were asking that turkey bacon be added to the menu. The residents were reporting that chicken fingers and French fries were being served too often. Residents said that they never get a fried egg and that they were interested. The residents wanted regular coffee. The residents reported that decaffeinated coffee was only offered. Review of the resident council and food committee meeting minutes for the months of April, May and June 2025 revealed that the residents had been complaining about the preparation methods of foods, accuracy of foods and fluids delivered for point of service, entrees selected for the menus not satisfactory and that their individual food preferences were not being honored. Interview with the director of dietary services, Employee E10 at 10:30 a. m., on July 17, 2025, confirmed the on-going (April, May and June, 2025) food and beverage concerns from the residents. The director of dietary also confirmed during this interview that there was a lack of documentation related to the minutes kept for the food committee concerns, needs and actions taken to reasonably resolve the food and nutrition issues. A review of the likes and dislikes listed by the dietitians for Residents R47, R50, R145, R77, R207, R208 were not revised to reflect their food preferences. Resident R47 was allergic to eggs however there was no documentation to indicate that food preferences were updated related to egg substitutes or cottage cheese or cream cheese or yogurt for breakfast instead of eggs. Resident R47 wanted regular coffee. There was no documentation to indicate that this resident preferred decaffeinated coffee. Resident R50 was requesting bacon cheeseburgers be added to her diet routinely. There was no documentation to indicate that this resident's food preferences were updated to reflect her needs. Resident R145 was requesting more variety for the menus the resident asked for hot dogs as a menu item. There was no documentation to indicate that this resident's food preferences were updated to reflect her request. Resident R145 also wanted regular coffee. There was no documentation to indicate that Resident R145 preferred a decaffeinated beverage. Resident R77 wanted fresh fruit not canned fruit for her meals. There was no documentation to indicate that the fresh fruit preference was revised as a like for</p>		