

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/28/2025
NAME OF PROVIDER OR SUPPLIER Cheltenham Nursing and Rehab C		STREET ADDRESS, CITY, STATE, ZIP CODE 600 W Cheltenham Avenue Philadelphia, PA 19126	

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>39343</p> <p>Based on observation, staff interview, and clinical record review, it was determined that the facility failed to ensure that a medication label was accurate for one of (Resident R3).</p> <p>Findings include:</p> <p>Review of Resident R3's April 2026 physican orders revealed an order dated March 19, 2025, for Potassium Chloride Liquid 20 MEQ/15ML (10%), Give 20 mEq via PEG-Tube one time a day for Hypokalemia (low Potassium Levels)</p> <p>Observation conducted of the label on the medication for Potassium Chloride revealed Potassium Chloride Liquid 20 MEQ/7.5 ML.</p> <p>On April 28, 2025, at 10:31 a.m., interview with the Director of Nursing revealed that the Pharmacy wrongly labelled the dose of Potassium Chloride Liquid 20 MEQ/15ML (10%), for R3 as to administer 7.5 ML, instead of 15 ML.</p> <p>28 Pa. Code 211.9(a)(1) 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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