

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 02/18/2026
NAME OF PROVIDER OR SUPPLIER Independence Rehab and Nursing		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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on review of facility policies, documentation and clinical records, and interviews with residents and staff, it was determined that the facility failed to ensure all allegations of suspected abuse were reported immediately, as required, to the Department of Health for two of three allegations reviewed (Resident R2 and R10). Findings include: Review of undated facility policy, Abuse, Neglect and Exploitation revealed that the facility will have written procedures that include: Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Review of the grievance for Resident R10 submitted on February 7, 2026, for an ongoing alleged incident of verbal abuse happening most recently on February 6, 2026, by Employee E10. Employee E10 allegedly threatened Resident R10 to get him kicked out of the facility because he was accusing her of telling people about his mental health diagnosis. A review of the Pennsylvania Department of Health (DOH) Event Reporting System (ERS) revealed no reported events by the facility for Resident R10. Interview with the Administrator and Director of Nursing (DON) on February 18, 2026, at 1:30 p.m. confirmed that the February 7, 2026, allegation of an alleged incident of verbal abuse involving Employee E10 and Resident R10 which occurred on February 6, 2026, was not reported to DOH or entered into the ERS. Interview with the DON on February 18, 2026, at 1:20 p.m. revealed that she recalled a discussion with Resident R2 and her daughter about an allegation of verbal abuse that had happened on February 3, 2026. The DON recalled that Resident R2 alleged that a nurse aide who was wearing black scrubs had threatened her to stop ringing her call bell or she would end up dead. The DON recalled that she told the resident and her daughter that the black scrubs meant that the aide was likely from an agency. When asked if this allegation of verbal abuse was reported to the DOH or entered into the ERS she indicated that it was not. A review of the Pennsylvania DOH ERS revealed no reported events by the facility for Resident R2. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395330
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observations and interviews with residents and staff, it was determined that the facility failed to provide residents with their requested foods of preferences for five of seven residents interviewed (Residents R3, R4, R5, R6 and R9). Findings include: Interview with Resident R3 on February 18, 2026, at 12:05 p.m. revealed that she often receives foods that she told them she does not like. Interview with Resident R4 on February 18, 2026, at 12:08 p.m. revealed that she often receives foods that she told them she does not like, but that she eats them because she is so hungry. Observation of her plate from lunch revealed that she had eaten everything on the plate. When asked if she got the ham, broccoli and mashed potatoes, she said that she did and that she really does not like ham. She said that she spoke to the dietitian and is supposed to be getting double portions but never does. She is concerned about losing weight. Further observation of her meal ticket revealed no items were listed as double portions. Interview with Resident R4 on February 18, 2026, at 12:11 p.m. revealed that she does not like the food served and is not eating well. She said that she had a recent diagnosis of cancer and is worried about losing weight. She said she is supposed to be getting a nutritional supplement with her meals but only got this once over a week ago. Interview with Resident R5 on February 18, 2026, at 12:15 p.m. revealed that he often receives foods that he cannot eat and showed a picture on his phone of a black square item on a plate. When asked, he said it was a burnt piece of pizza that was not edible, he said he sent it back and never got a replacement item. When he asked, he was told that the did not send anything, and he said he had to order out again. He said he has also received chicken that had blood in it and he refused to eat the rest fearing of getting worms. Again he said that the did not give him a substitution. Interview with Resident R9 on February 18, 2026, at 12:20 p.m. revealed that she is not getting enough to eat and is often hungry. She said she receives foods that she told them she does not eat, like scrambled eggs and they still send it. 28 Pa. Code 211.6(a) Dietary services 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management</p>		