

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 04/27/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, it was determined that the facility did not provide a safe and homelike environment related to the condition and functionality of resident sinks for four out of nine-bathroom sinks. (First-floor nursing unit).Findings Include:On April 27, 2026, at 9:27 a.m., an interview was conducted with the Maintenance Director, Employee R3, and the Director of Nursing, Employee E2, who confirmed the following observations:room [ROOM NUMBER] had a sink with slow water drainage.room [ROOM NUMBER] had a hole by the Bed B below the windowOn April 27, 2026, at 10:00 a.m., during an interview, Resident R1 reported that the bathroom sink sometimes does not shut off properly and that both faucet knobs must be aligned in order for the water to be turned off.On April 27, 2026, at 10:46 a.m. observations were conducted with the Administrator, Employee E1 and revealed the following:room [ROOM NUMBER]: No light in the bathroomroom [ROOM NUMBER]: Sink had slow drainage of waterroom [ROOM NUMBER]: Broken faucet that would not shut off water; no knob on the left side of the faucetroom [ROOM NUMBER]: Sink faucet would not shut off water28 Pa. Code 201.18(e)(2.1) 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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0912</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility measurements, and staff interviews, it was determined that the facility failed to ensure resident bedrooms provided at least 80 square feet of usable living space per resident for multi-occupancy rooms, excluding toilets, bath areas, closets, lockers, wardrobes, alcoves, and vestibules, for two of two rooms reviewed (rooms [ROOM NUMBERS]). Findings Include: A review of the facility policy titled Room Square Footage, last revised November 1, 2025, revealed under section 4.2 that semi-private resident rooms shall provide a minimum of 80 square feet of usable floor space per resident. On April 27, 2026, at 9:27 a.m. observations and measurements were conducted with the maintenance director, Employee R3 and Director of Nursing, E2 which revealed: room [ROOM NUMBER] bed B provided (9 feet 4 inches x 7 feet) 65.8 square feet room [ROOM NUMBER] bed C provided (9 feet 4 inches x 7 feet) 65.8 square feet room [ROOM NUMBER] bed A revealed (9 feet 5 inches x 6 feet 5 inches) 61.75 square feet room [ROOM NUMBER] Bed revealed (7 feet 3 inches x 8 feet 5 inches) 61.62 square feet room [ROOM NUMBER] Bed C revealed (7 feet 3 inches x 6 feet 5 inches) 47.12 square feet On April 27, 2026, at approximately 10:15 a.m., a meeting was conducted with the Director of Nursing and the Administrator to review the above-calculated resident room square footage. Upon review, the Administrator, who was not in the building at the time the measurements were taken, requested that the rooms be remeasured to verify the findings and to determine whether any alcoves or vestibules could be included in the calculation as usable living space. On April 27, 2026, at 10:22 a.m. observations and measurements were conducted with the maintenance director, Employee R3 and Administrator, Employee E1 and revealed the following: room [ROOM NUMBER] Bed B revealed (9 feet 4 inches x 7 feet), 65.8 square feet with an additional 5.33 square feet of common area before entering the room, resulting in a total of 71.13 square feet. room [ROOM NUMBER] bed C provided (10 feet x 7 feet) 70 square feet with an additional 5.33 square feet of common area before entering the room, resulting in a total of 75.33 square feet. room [ROOM NUMBER] bed A revealed (10 feet 5 inches x 6 feet 7 inches) 70.35 square feet room [ROOM NUMBER] Bed revealed (10 feet x 7 feet) 70 square feet room [ROOM NUMBER] Bed C revealed (10 feet 10 inches x 7 feet 5 inches) 75.1 square feet The Nursing Home Administrator confirmed that the room sizes were less than 80 square feet as required. 28 Pa. Code: 205.20(f) Resident bedrooms</p>		