STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395330	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Independence Rehab and Nursing	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on observation and staff interview, the facility failed to ensure that an allegation of sexual abuse involving Residents R1 and R2 was properly and timely reported to law enforcement for 2 of 8 records reviewed (Resident R1, R2).Findings include: Review of an incident submitted to the State Survey Agency on June 2, 2026, revealed that on 05/25/2026 at approximately 2:25p.m. nursing staff reported an alleged inappropriate resident encounter involving Resident R1, a male resident and Resident R2, a female resident. The incident reportedly occurred in Resident R1's room located on the 3rd floor. Resident R2 resided on the 1st floor. The allegation was reported by a staff member who entered the room to retrieve lunch trays and observed both residents in bed unclothed. Upon questioning, both residents denied engaging in sexual intercourse or any sexual activity and stated they were just talking. Both residents subsequently dressed independently. Nursing assessment was initiated immediately following the report. Vital signs for both residents were obtained and noted to be stable. Interview conducted on May 26, 2026, at approximately 2:50 p.m., with the Social Work Director, Employee E7, revealed that she responded to the incident and stated that she called the police, however she was unable to provide a dispatch number or any supporting confirmation that law enforcement had been contacted. Employee E7 further indicated that she only documented the action in her personal notebook and did not provide formal verification of the report. Due to the lack of confirmation that law enforcement had been notified, concern was raised regarding whether the allegation had been appropriately reported. Consideration was given to verifying the report directly with law enforcement. On June 2, 2026At approximately 2:58 p.m., the Administrator, Employee E1, contacted 911 (Emergency Medical Services) to verify whether a call had been received related to an allegation of sexual abuse occurring on 5/26/2026 through 5/27/2026. Confirmation of prior notification from the facility was not established at the time of verification. 28 Pa. Code 201.18(b)(1)((e)(1) Management

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, resident and staff interview, the facility failed to serve food at safe temperatures during meal service one of four nursing units. (4th floor)Findings include:A review of the facility policy titled Healthcare Service Group, Inc. Food: Preparation, last revised February 2026, revealed under Procedure #4 that the Dining Services Director/Cook(s) will be responsible for food preparation techniques which minimize the amount of time that food items are exposed to temperatures greater than 41 F and/or less than 135 F, or per state regulations.On June 1, 2026, at 10:01 a.m., an interview with Resident R1 revealed that the food is cold.On June 1, 2026, at 10:49 a.m., an interview with Resident R2 revealed that the food is sometimes cold.On June 1, 2026, at 10:55 a.m., an interview with Resident R3 revealed that the food is bad-everything, temperatures cold.On June 1, 2026, at 11:31 a.m., the Dietary Director, Employee E8, and the surveyor exited the kitchen and followed the food truck to the elevator. Employee, E8 reported that there are only two elevators in the facility and one is out of service, which results in delays in getting meal trays to the units. At 11:36 a.m., the food cart arrived on the 4th floor. There were four trays on top of the food truck that were not enclosed or insulated, but left open on top of the truck.On June 1, 2026, at 11:47 a.m., in the presence of the District Manager of Health Care Services, Employee E9, a test tray observation was conducted on the 4th floor. The following temperatures were obtained:Ham: 122 (F) Fahrenheit Sweet Potatoes: 147 FGreen Beans: 119 FCoffee: 124 FMilk: 45 FApples/Pears: 68 FThe temperatures of the ham (122 F) and green beans (119 F) were below the recommended hot holding temperature of 135 F. Additionally, the milk (45 F) exceeded the recommended cold holding temperature of 41 F.During an interview at the time of the observation, the District Manager of Health Care Services, Employee E9, confirmed the observed food temperatures and acknowledged that the ham and green beans were below the expected hot holding temperature and that the milk exceeded the recommended cold holding temperature.28 Pa. Code 201.18(b)(3) Management