

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Immaculatemarycenter for Rehabilitation&healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 2990 Holme Avenue Philadelphia, PA 19136	

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	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record, facility documentation, and interviews with staff, it was determined that the facility failed to report an injury of unknown origin to the local State Survey Agency as required for one of four resident records reviewed (Resident R1). Findings include: Review of facility policy Abuse Prevention/Reporting, revised 2023, revealed Staff is trained upon orientation and annually on the abuse prevention program. The training will include types of abuse, stress management tips, and the recognition of signs and symptoms of abuse which may include, but are not limited to the following: a. bruises, skin tears, welts, etc., of unknown origin; b. unexplained injuries. The facility will report all alleged violations involving mistreatment, neglect or abuse to the Department of Health, Division of Nursing Facilities, and to other agencies required by law and Act 13 (Ombudsman, Police, Department, Department of Aging Services, Protective Services). The facility will conduct an investigation of all suspected cases of abuse. The final report will be completed and sent to the respective agencies. The procedure for investigation, results, and corrective action must be included in the report. Review of clinical record revealed Resident R1 was admitted to the facility on [DATE] with a diagnose that included atrial fibrillation (irregular and often rapid heart rhythm), muscle wasting and atrophy (thinning of muscle tissue), and chronic kidney disease (condition that affects your kidney's ability to filter blood). Review of Resident R1's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), dated June 30, 2025, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 0 indicating severe cognitive impairment. Review of Resident R1's nursing progress note, dated July 25, 2025, revealed resident noted with pain, redness, and swelling to RLE (right lower extremity). Skin warm to touch. Further review of Resident R1's nursing progress note, dated July 26, 2025, revealed resident had a stat (immediate) order for an x-ray due to redness and swelling to RLE. X-ray completed today showing results of a fracture. Resident transferred to ED (Emergency Department) per physician order. Review of facility investigation, initiated on July 26, 2025, revealed resident found in bed with redness and swelling to RLE. X-ray ordered and results showed a fracture. Investigation revealed Resident R1 may have injured his/her leg while sitting near the nursing station. Review of 12 witness statements revealed no staff witnessed or was aware of an injury or change in Resident R1's condition prior to Resident R1 stating he/she was in pain. Review of July 2025 reports provided to the State Survey Agency from the facility revealed no submission of Resident R1's injury of unknown origin that resulted in a fibula fracture (lower leg) from the facility as required. Interview on August 08, 2025 at 11:30 a.m. with Director of Nursing (DON), Employee E1, confirmed that the facility failed to report Resident R1's injury of unknown origin to the state agency in the required timeframe. 28 Pa. Code:201.14(a)(c) Responsibility of licensee. 28 Pa. Code:201.18(b)(1)(e)(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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