STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395338	A. Building B. Wing	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Immaculatemarycenter for Rehabilitation&healthcare	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on the review of clinical records, podiatry consults reports and interviews with staff, it was determined that the facility failed to implement podiatry recommendation for wound care and promote wound healing for one of five residents reviewed. (Resident R1)Findings Include:According to National Library of Medicine Chronic wounds often occur in patients with diabetes mellitus due to the impairment of wound healing. Impaired healing in diabetes is the result of a complex pathophysiology involving vascular, neuropathic, immune, and biochemical components. Hyperglycemia correlates with stiffer blood vessels which cause slower circulation and microvascular dysfunction, causing reduced tissue oxygenation. Blood vessel alterations observed in diabetic patients also account for reduced leukocyte migration into the wound, which becomes more vulnerable to infections. The hyperglycemic environment itself can compromise leucocyte function. In addition, peripheral neuropathy can lead to numbness of the area and reduced ability to feel pain, which can lead to chronicization of wounds that are not immediately noticed and properly treated. The described features are particularly relevant in the lower limbs and particularly the foot, more exposed to even minor wounds and thus more susceptible to chronicization. In addition, alterations of motor and sympathetic functions lead to physical deformation of the foot and increased plantar pressure, as well as excessive skin dryness which can further favor cracks and unnoticed small wounds.Review of care plan for Resident R1 dated April 10, 2025, revealed that the resident had a potential for alteration in skin integrity related to decreased mobility, incontinence, aged skin, related lateral ankle wound, opening to sacrum, peripheral vascular disease, and history of diabetics.Review of clinical record for Resident R1 dated August 15, 2025, revealed that the resident had wounds to heel/plantar foot deep tissue injury (DTI), and lateral foot wounds. Review of podiatry consult report dated August 7, 2025, revealed that the resident had right dorsal foot, lateral foot and heel deep tissue injury. The recommendations included betadine wet to dry dressing with abdominal pads, secure with tape. Optimize nutrition for healing, optimize glucose for healing with a blood glucose level less than 180 mg/dl.Review of podiatry consult report dated August 14, 2025, revealed that the resident had right dorsal foot, lateral foot and heel deep tissue injury. The recommendations included betadine wet to dry dressing with abdominal pads, secure with tape. Optimize nutrition for healing, optimize glucose for healing with a blood glucose level less than 180 mg/dl.Review of podiatry consult report dated August 21, 2025, revealed that the resident had right dorsal foot, lateral foot and heel deep tissue injury. The provider documented that the right heel was concerning and worsened depth with border line exposed bone. The recommendations included betadine wet to dry gauze with abdominal pads cover with kerlix or Kling, tape and apply Tubigrip. The recommendation included a glucose level of 140-180 mg/dl for healing. Review of podiatry consult report dated August 15, 2025, revealed that the right dorsal foot 2.5cm x2cm x0, 10% eschar, 90% granulation tissue, peeled skin, and Peri wound intact. Plan- betadine moistened adaptic due to dressing adherence. Right heel surgical wound measured 6.5cmx5cmx0.2cm, 25% slough, and 75% granulation tissue, moderate serous drainage, and peri wound erythema. Right Plantar DTI measured 5cmx2cmx0cm 100% dry eschar. Plan- continue Betadine-soaked gauze, gauze, abdominal pads, kerlix then ace wraps. Follows only by Podiatry. Review of physician order for Resident R1 revealed an order to check blood glucose level twice daily, notify physician for blood glucose below 70 or above 250.Review of Medication Administration Record (MAR)for Resident R1 for August 2025 revealed that the resident was noted with blood sugar of260 on 8/5/25 at 4:30 p.m.284 on 8/11/25 at 4:30 p.m.259 on 8/14/25 at 4:30 p.m. 260 on 8/15/25 at 4:30 p.m.324 on 8/16/25 at 4:30 p.m.289 on 8/19/25 at 4:30 p.m.257 on 8/21/25 at 4:30 p. m.262 on 8/22/25 at 4:30 p.m.279 on 8/24/25 at 4:30 p.m.302 on 8/25/25 at 4:30 p.m.333 on 8/26/25 at 4:30 p.m.286 on 8/27/25 at 6:30 a.m.256 on 8/27/25 at 4:30 p.m.271 on 8/28/25 at 4:30 p.m.Further review of the MAR revealed that after the podiatrist made the recommendation to keep the blood sugar below 180 on August 7, 2025, the resident was noted with 39 blood glucose level entries out of 43 entries above 180. Review of Resident R1's clinical record from August 7 to August 28, 2025 revealed no documented evidence that the physician was notified of the elevated blood sugar blood sugar or facility attempted or modified nutritional or pharmacological interventions to control the elevated blood sugar.Review of clinical record for Resident R1 dated August 29, 2025, revealed that the resident was sent to the emergency from doctors' appointment for wound infection.Review of clinical record for Resident R1 dated August 29, 2025, revealed that the resident was admitted to the hospital with osteomyelitis (an infection of the bone)Interview with the Director of Nursing on September 15, 2025, at 2:30 p.m. confirmed that the podiatry recommendation for

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on the review of clinical records, observations, and interviews with resident representative and staff, it was revealed that the facility failed to provide appropriate services to promote and maintain hearing abilities for one of five residents reviewed. (Resident R3)Findings Include:Review of Resident R3's MDS (Minimum Data Set-Assessment of resident care needs) dated February 28, revealed that resident's ability to hear had moderate difficulty and Resident R3 was using a hearing aide.Review of Resident R3's MDS (Minimum Data Set-Assessment of resident care needs) dated February 28, revealed that resident's ability to hear had moderate difficulty and Resident R3 was using a hearing aide.Interview with Resident R2's representative on September 15, 2025, at 10.50 a.m. revealed that the resident had difficulty hearing and she was missing her hearing aid. Resident R5 was not using a hearing aid when she was admitted to the facility however a week after her admission the hearing aid was missing. Resident representative said the resident was not seen by an audiologist or the hearing aid was replaced. Review of care plan for Resident R2 dated November 7, 2024, revealed that the resident had communication problems related to hearing loss/deafness and language barrier. The interventions included communication device, use hearing aids.Review of clinical record revealed no evidence that the resident was seen by an audiologist or scheduled to visit an audiologist to manage hearing impairment or potentially replacing lost hearing aids.Review of an audiology consult report dated March 10, 2025, revealed that the audiology consult was cancelled and a comment was provided patient could not understand. Italian is her main language.Interview with Director of Nursing, Employee E2, on September 15, 2025, at 2:30 p.m. confirmed that the resident was not seen by an audiologist and the resident did not have hearing aids.28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services28 Pa. Code: 201.18 (b)(2) Management28 Pa. Code: 211.10 (d) Resident care policies

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. (continued on next page)

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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 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on clinical record review and staff interviews, the facility failed to ensure that a physician assessment was completed and that changes in medical status were addressed in accordance with professional standards of practice for diabetic management to promote wound healing for one of five residents reviewed (Resident R1).Findings Include:According to the National Library of Medicine, Chronic wounds often occur in patients with diabetes mellitus due to the impairment of wound healing. Impaired healing in diabetes is the result of a complex pathophysiology involving vascular, neuropathic, immune, and biochemical components. Hyperglycemia correlates with stiffer blood vessels which cause slower circulation and microvascular dysfunction, resulting in reduced tissue oxygenation. Blood vessel alterations observed in diabetic patients also account for reduced leukocyte migration into the wound, making it more vulnerable to infections. The hyperglycemic environment itself can compromise leukocyte function. In addition, peripheral neuropathy can lead to numbness of the area and reduced ability to feel pain, which can lead to chronic wounds that are not immediately noticed and properly treated. The described features are particularly relevant in the lower limbs, particularly the foot, which is more exposed to even minor wounds and thus more susceptible to chronic wounds. In addition, alterations of motor and sympathetic functions lead to physical deformation of the foot and increased plantar pressure, as well as excessive skin dryness, which can further favor cracks and unnoticed small wounds.Review of the care plan for Resident R1 dated April 10, 2025, revealed that the resident had a potential for alteration in skin integrity related to decreased mobility, incontinence, aged skin, lateral ankle wound, opening to sacrum, peripheral vascular disease, and history of diabetes.Review of the clinical record for Resident R1 dated August 15, 2025, revealed wounds to the heel/plantar foot with deep tissue injury (DTI) and lateral foot wounds.Review of the podiatry consult report dated August 7, 2025, revealed right dorsal foot, lateral foot, and heel deep tissue injury. The recommendations included betadine wet-to-dry dressing with abdominal pads secured with tape, optimizing nutrition for healing, and optimizing glucose for healing with a blood glucose level less than 180 mg/dL.Review of the podiatry consult report dated August 14, 2025, revealed right dorsal foot, lateral foot, and heel deep tissue injury. The recommendations included betadine wet-to-dry dressing with abdominal pads secured with tape, optimizing nutrition for healing, and optimizing glucose for healing with a blood glucose level less than 180 mg/dL. Review of the podiatry consult report dated August 21, 2025, revealed right dorsal foot, lateral foot, and heel deep tissue injury. The provider documented that the right heel was concerning with worsened depth and borderline exposed bone. The recommendations included betadine wet-to-dry gauze with abdominal pads covered with Kerlix or Kling, tape, and apply Tubigrip. The recommendation also included maintaining a glucose level of 140-180 mg/dL for healing.Review of physician orders for Resident R1 revealed an order to check blood glucose levels twice daily and notify the physician for blood glucose below 70 or above 250. Review of the Medication Administration Record (MAR) for Resident R1 for August 2025 revealed the following blood sugar results:260 on 8/5/25 at 4:30 p.m.284 on 8/11/25 at 4:30 p.m.259 on 8/14/25 at 4:30 p.m.260 on 8/15/25 at 4:30 p.m.324 on 8/16/25 at 4:30 p.m.289 on 8/19/25 at 4:30 p.m.257 on 8/21/25 at 4:30 p.m.262 on 8/22/25 at 4:30 p.m.279 on 8/24/25 at 4:30 p.m.302 on 8/25/25 at 4:30 p.m.333 on 8/26/25 at 4:30 p.m.286 on 8/27/25 at 6:30 a.m.256 on 8/27/25 at 4:30 p.m.271 on 8/28/25 at 4:30 p.m.Further review of the MAR revealed that after the podiatrist recommended maintaining blood glucose below 180 on August 7, 2025, the resident had 39 out of 43 blood glucose entries above 180.Review of Resident R1's clinical record from August 7 to August 28, 2025, revealed no documented evidence that the physician was notified of the elevated blood sugars, nor that the facility attempted and/or modified nutritional or pharmacological interventions to control the elevated blood sugar.Review of the clinical record revealed that podiatry recommendations for optimal diabetic management dated August 7, 14, and 21, were not addressed by the physician, and the resident demonstrated elevated blood sugar levels during most checks.Review of the clinical record for Resident R1 dated August 29, 2025, revealed that the resident was sent to the emergency department from a doctor's appointment for wound infection.Review of the clinical record for Resident R1 dated August 29, 2025, revealed that the resident was admitted to the hospital with osteomyelitis (an infection of the bone).Interview with the Director of Nursing on September 15, 2025, at 2:30 p.m. confirmed that the podiatry recommendations for diabetic management for Resident R1 to promote wound healing were not addressed by the physician.28 Pa. Code 211.12(d)(1)(2)(5) Nursing services

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Findings Include:Review of facility policy Enhanced Barrier Precautions dated September 2024 revealed that Enhanced barrier precautions (EBP) utilizes targeted gown and glove use during high-contact resident care activities to reduce the transmission of MDRO's(Multi drug Resistant organisms). Examples of high contact resident care activities requiring gown and gloves for EBP include but are not limited to Dressing, Wound care: any skin opening requiring a dressing.According to CDC (Centers for Disease Control and Prevention) guidelines Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings revealed that Wound care supplies such as dressing materials and equipment should be selected and gathered prior to entering the patient/resident care area to avoid accessing the supply cart/clean storage area during the procedure. Only the materials needed for an individual patient/resident should be brought into the patient/resident's room or treatment area and placed on a clean surface and away from potential sources of contamination (e.g., away from splash zones of sinks) prior to beginning wound care activities. Use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient, Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices, Before moving from work on a soiled body site to a clean body site on the same patient, After touching a patient or the patient's immediate environment, After contact with blood, body fluids or contaminated surfaces, Immediately after glove removalObservation of Resident R5's room on September 15, 2025, at 10.00 a.m. revealed that the resident was sitting in a wheelchair. Employee E4, Licensed Practical Nurse and Employee E5, Nurse Aide was observed doing wound care. Both employees were not wearing a gown and gloves. It was observed on the resident door a sign of EBP. Interview with Licensed nurse, Employee E3, on February 24, 2023, at 10:00 a.m., confirmed that Employee E4, and Employee E5 did not wear appropriate personal protective equipment while providing wound care for Resident R5.A wound care observation of Resident R4 on September 16, 2025, at 11:00 a.m. with Licensed nurse, Employee E6, revealed the employee placed the dressing supplies including gloves, gauze, saline bottle, border dressing and wound care medication on resident's bed at the foot of the bed. It was observed that the employee wore clean gloves, removed old dressing and wound was cleaned with saline, it was observed that the saline was dripping from the gauze to the bed while employee was cleaning the wound.Further observation of the procedure revealed that the employee removed the worn gloves and applied new gloves from the gloves that were on the bed. There was no hand washing after the wound was cleaned and before applying the new dressing.28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1) Nursing services