

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 04/17/2025
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)
<p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</p> <p>Based on observation and review of facility policy, it was determined facility did not ensure dignity for one of two residents during wound care treatment (Resident R207)</p> <p>Findings include:</p> <p>Review of facility policy 'Resident Dignity,' indicates that staff shall attempt to maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</p> <p>Review of Resident R207's clinical record revealed a medical history of unspecified intellectual disabilities, non-pressure chronic ulcer of back limited to breakdown of skin, muscle wasting and atrophy, orthostatic hypotension, heart failure.</p> <p>Review of R207's care plan, revealed that resident is to be encouraged to allow bed to be in the lowest position when care is not being provided.</p> <p>During hygiene care and wound care treatment on Wednesday, April 16, 2025 at 11:30 am, room [ROOM NUMBER]-B, observed both nursing employees - nurse aide, employee E8 and licensed nurse, employee E7 - leave the room at the same time, leaving R207 on raised bed, exposed - during which time maintenance staff entered the room.</p> <p>28 Pa Code 201.29(j) Resident Rights</p> <p>28 Pa Code 211.12(d)(1) Nursing Services</p> <p>28 Pa Code 211.12 (d)(5) Nursing services</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
---	-------	-----------

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 04/17/2025
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 46993</p> <p>Based on observation and interview with staff, it was determined that facility did not ensure to provide a safe, clean, sanitary and homelike environment for five of 51 rooms observed (Room#'s 200-B, 207-B, 209-B, 210-B, 425-B)</p> <p>Findings include:</p> <p>Review of facility policy 'Homelike Environment,' indicates that residents are to be provided with a safe, clean, comfortable and homelike environment</p> <p>Observations on 2nd floor unit, on Monday, April 14, 2025 at 10:30 am, in room [ROOM NUMBER]-B, revealed two used wash cloths on floor in front of resident's bed, unemptied trash bin, and unemptied bed side commode.</p> <p>Further observations in room [ROOM NUMBER]-B, at 11:00 am, revealed overflowing trash bin as well as excess trash on floor, three separate liquid areas on floor. Upon interview with nurse aide, employee E4, it was revealed that staff from previous shift were responsible for cleaning room [ROOM NUMBER]-B.</p> <p>Further observations of 2nd floor unit, revealed amount of trash under bed in room [ROOM NUMBER]-B.</p> <p>Further observations of 2nd floor unit, revealed food crumbs on floor and unclean bedside table in room [ROOM NUMBER]-B.</p> <p>Further observations of 2nd floor unit, revealed used/unemptied portable urinal on floor next to bed B, room [ROOM NUMBER].</p> <p>On April 14, 2025, at 11:19 a.m., an observation was conducted and confirmed by the Unit Manager, Employee E15, in room [ROOM NUMBER]. The privacy curtain separating the two residents had large yellow and white stains. Additionally, the wall across from the bed in room [ROOM NUMBER]B had multiple brown stains, and the air conditioner vent cover also had visible brown spills. Two empty medication cups were observed on the right corner of the resident's room.</p> <p>28 Pa Code 201.14 (a) Responsibility of licensee</p>		

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 04/17/2025
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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39343</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to refer a resident with a newly diagnosed mental disorder for level II of the PASRR (Pennsylvania Pre-Admission Screening Resident Review) or three of three residents reviewed (Residents R119, R174, and R184).</p> <p>Findings include:</p> <p>The PASRR (Pennsylvania Pre-Admission Screening Resident Review), federally required form to help ensure that all individuals are evaluated for serious mental disorder and/or intellectual disability to ensure applicants are not inappropriately placed in nursing homes for long term care, dated March 1, 2009, lists examples of serious mental illness including mood disorder, bipolar, and depression.</p> <p>The revised PA-PASRR-ID bulletin number dated March 1, 2014, revealed that nursing facilities are responsible for assuring the accuracy of information reported on the PA-PASRR-ID form. If the individual has a change in condition that affects target status a PA-PASRR-EV (Level II) will need to be completed. Nursing facilities will communicate the need to have a PA-PASRR-EV done by notifying the Department's (Department of Public Welfare, now the Department of Human Services) Office of Long-Term Living, Bureau of Quality and Provider Management, Division of Nursing Facility Field Operations via the MA 408 form (a form used to notify the Department of a change in a resident's target status).</p> <p>On April 14, 2025, at 12:53 p.m., review of the PASRR form for Resident R184 completed on September 1, 2021, revealed that under Section III, Mental Health assessment, for question Does the individual have a mental health condition or suspected mental health condition, other than Dementia that may lead to chronic disability , the response was entered No.</p> <p>Review of the PASRR form for Resident R184 completed on September 1, 2021, revealed that under Section VIII, PASRR Level I Screening Outcome, the response was entered as Individual has negative screen for Serious Mental Illness, Intellectual Disability/Developmental Disability, or Other Related Condition; no further evaluation (Level II) is necessary.</p> <p>On April 16, 2025, at 10:01 a.m., review of clinical record for Resident R184 revealed a diagnoses list which indicated that the resident was diagnosed with Schizoaffective Disorder, Bipolar Type (a mental health condition characterized by symptoms of both schizophrenia (like hallucinations and delusions) and a mood disorder (like mania or depression)), on September 30, 2021; Unspecified Mood Disorder (mental health conditions characterized by significant and persistent changes in emotional state, affecting how individuals feel and behave), on September 1, 2021; and Major Depressive Disorder Recurrent, (Major Depressive Disorder, is characterized by an all-consuming feeling of sadness, lethargy and hopelessness), on March 21, 2023.</p> <p>(continued on next page)</p>		

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 04/17/2025
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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On April 15, 2025, at 10:45 a.m., review of the PASRR form for Resident R174 completed on May 4, 2021, revealed that under Section III, Mental Health assessment, for question Does the individual have a mental health condition or suspected mental health condition, other than Dementia that may lead to chronic disability, the response was entered No.</p> <p>Review of the PASRR form for Resident R174 completed on May 4, 2021, revealed that under Section VIII, PASRR Level I Screening Outcome, the response was entered as Individual has negative screen for Serious Mental Illness, Intellectual Disability/Developmental Disability, or Other Related Condition; no further evaluation (Level II) is necessary.</p> <p>On April 15, 2025, at 10:45 a.m., review of clinical record for Resident R174 revealed a diagnoses list which indicated that the resident was diagnosed with Schizoaffective Disorder (like hallucinations and delusions) on January 25, 2021; Anxiety disorder (is a mental health conditions characterized by excessive fear, anxiety and related behavioral disturbances) on May 4, 2021 and Major Depressive Disorder Recurrent, (is characterized by an all-consuming feeling of sadness, lethargy and hopelessness), on May 10 , 2021.</p> <p>On April 16, 2025, at 10:08 a.m., interview with the Social Worker, Employee E16, confirmed that Resident R184, R174 should have had an updated PASRR level II, completed with the diagnoses of Schizoaffective Disorder, Bipolar Type, and Major Depressive Disorder.</p> <p>Review of clinical record for resident R119 revealed that he was admitted to the facility on [DATE] with diagnoses including, but not limited to, hemiplegia and hemiparesis (paralysis affecting only on side of the body) following cerebral infarction (stroke) affecting the right dominant side, non-ST elevation myocardial infarction (heart attack), and aphasia (a language disorder that results from brain damage which affects an individual's ability to communicate).</p> <p>Further review revealed a PASRR, also dated June 29, 2018, which indicated that the resident had no diagnosis of neurocognitive disease or dementia, no serious mental illness, and no intellectual disability, resulting in a negative screening with no need for a level 2 evaluation. This PASRR was dated as reviewed by the state authority on July 26, 2018.</p> <p>Review of all diagnoses for the resident revealed that a diagnosis of psychosis was entered on May 2, 2019, diagnoses of major depressive disorder and anxiety disorder were entered on May 6, 2019, and a diagnosis of dementia was entered on March 24, 2023. There was no indication that the PASRR had been updated to include the new diagnoses.</p> <p>Interview with employee E1, the Nursing Home Administrator on April 17, 2025 at 2:30 p.m. confirmed that the PASRR had not been updated as required.</p> <p>28 Pa Code 201.18(e)(1) Management</p> <p>28 Pa Code 211.12(d)(3) Nursing services</p> <p>28 Pa Code 211.16(a) Social services28 Pa Code 211.16(a) Social services</p>		

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 04/17/2025
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on observations of care and services, interviews with staff, reviews of clinical records and policy and procedures, it was determined that the facility failed to develop a comprehensive care plan for oxygen therapy and antipsychotic medication for two out of 35 residents reviewed. (Resident R41 and R190)</p> <p>Findings include:</p> <p>A review of the policy titled Resident Plan of Care dated June 2024, revealed Our facility's Care Planning/Interdisciplinary Team is responsible for the development of a plan of care for each resident. The care plan is based on the resident's assessment and is developed by a Care Plan/Disciplinary Team.</p> <p>A review of a clinical record for Resident R41 revealed an admission on November 24, 2021, with chronic obstructive pulmonary disease (disease process that causes decreased ability of the lungs to perform) and polyneuropathy (a general degeneration of peripheral nerves that spreads toward the center of the body).</p> <p>A review of the physician order dated October 25, 2024, revealed an order for oxygen 2 liter via N/C (per min via nasal cannula), every shift diagnosis of pneumonia.</p> <p>A review of the comprehensive care plan dated March 4, 2025, did not indicate a care plan for oxygen therapy. On April 15, 2025, at 10:37 a.m. an interview with Unit Manager, Employee E9 confirmed that there was no care plan for the oxygen therapy.</p> <p>Review of documentation for Resident R190 revealed that the resident was admitted to the facility on [DATE], with the diagnoses of dementia (progressive degenerative disease of the brain), depression (major loss of interest in activities), and malignant neoplasm (cancer) of the breast.</p> <p>Review of physician orders for the resident revealed an order for Rexulti (an antipsychotic medication which is FDA approved to treat dementia and depression) Oral Tablet 0.5 MG .give 1 tablet by mouth one time a day for behaviors entered on March 6, 2025. Antipsychotic medications carry the potential for adverse reactions such as involuntary movements, restlessness and difficulty with movement.</p> <p>Review of the care plan for the resident revealed that no care plan had been developed to adress the use of the antipsychotic, including the need to monitor for potential adverse reactions. Interview with Employee E2, the Director of Nursing, on April 17, 2025, at 2:30 p.m. confirmed that no care plan had been developed for antipsychotic use.</p> <p>28 PA. Code 211.10(a)(b)(c)(d) Resident care policies</p> <p>28 PA. Code 211.12(d)(2)(3)(5) Nursing services</p>		

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 04/17/2025
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>39343</p> <p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on review of the facility policies and procedures, review of clinical records, and interview with staff, it was determined that the facility failed to implement treatment and services for incontinence management for one of 24 residents reviewed (Resident R88).</p> <p>Findings include:</p> <p>Review of literature revealed that, a Foley catheter is a thin, flexible tube inserted into the urinary bladder through the urethra (the urethra is a tube that carries urine from the bladder out of the body in both males and females) to drain urine. It's used for various reasons, including urinary retention, bladder drainage during surgeries, and when someone cannot urinate on their own. The catheter is held in place by a small balloon filled with water inside the urinary bladder. The French scale is a universal system for sizing Foley Catheters, by measuring its external diameter. In medical terms, Foley size Fr refers to the French scale used to measure the diameter of a Foley catheter. Each French unit (Fr) is equivalent to 0.33 millimeters (mm) in diameter. Choosing the correct size of Foley catheter is crucial to ensure comfort, effective drainage, and to minimize the risk of trauma to the urethra or bladder.</p> <p>Review of physician order for Resident R88, dated February 19, 2025, indicated an order to irrigate Foley Catheter with 60 cc of sterile saline for blockage as needed, with the Foley Catheter of size 18 Fr.</p> <p>Review of Care Plan for R88, dated March 4, 2025, and revised on April 3, 2025, indicated that R88 had Foley Catheter size 18Fr.</p> <p>On April 16, 2025, at 01:21 p.m., it was observed that R88 had a Foley Catheter of Size 14Fr/30 cc Balloon, instead of the physician ordered size of 18Fr. At the time of the finding, confirmed the same with a Licensed Nurse, Employee E17.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		

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 04/17/2025
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)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>43923</p> <p>Based on a review of clinical records and facility policies and procedures, observations of care and services, and interviews with staff, it was determined that the facility failed to consistently provide respiratory care and supplemental oxygen as ordered by the physician for two of 35 residents reviewed. (Resident R41 and R57).</p> <p>Findings included:</p> <p>A review of the facility policy titled Oxygen Administration-Resident dated March 2020, stated The purpose of this procedure is to provide guidelines for safe oxygen administration. Bulletin # 6 further stated Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen at the rate ordered.</p> <p>A review of a clinical record for Resident R41 revealed an admission on November 24, 2021, with chronic obstructive pulmonary disease and polyneuropathy.</p> <p>Review of Resident R41 physician orders revealed an order obtained October 25, 2024, for oxygen 2 liter via N/C (per min via nasal cannula), every shift diagnosis of pneumonia.</p> <p>On April 15, 2025, at 10:38 a.m., it was observed that Resident R41 had oxygen set at 3 liters per minute via nasal cannula. Unit Manager, Employee E9, confirmed these observations and reported that the setting should be 2 liters and Resident R41 changed the setting. Resident R41 was interviewed and did not report changing the oxygen.</p> <p>A review of a clinical record for Resident R57 revealed an admission on November 16, 2022, with acute on chronic diastolic (congestive) heart failure (excessive body/lung fluid caused by a weakened heart muscle), and chronic atrial fibrillation (rapid heart beat)</p> <p>A review of the physician order dated November 16, 2022, oxygen 3 liter via N/C (per min via nasal cannula), every shift for the diagnosis of congestive heart failure.</p> <p>On April 14, 2025, at 11:55 a.m., it was observed that Resident R41 had oxygen set at 2 liters per minute via nasal cannula. Unit Manager, Employee E9, confirmed these observations.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing services</p>

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 04/17/2025
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)		
<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46106</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered care plan to address a resident's dementia care needs for one of 35 residents reviewed (Resident R169).</p> <p>Findings Include:</p> <p>Review of the admission sheet of Resident R169, revealed that Resident R169 was admitted to the facility on [DATE], with the diagnosis of Dementia (Dementia is not a specific disease but is rather a general term for the impaired ability to remember think, or make decisions that interferes with doing everyday activities).</p> <p>Review the care plan date March 13, 2025, revealed that of Resident 169's care plan revealed no care plan with measurable goals and interventions to address the care and treatment need related with dementia care of Resident R169.</p> <p>During an interview on April 16, 2025, at 12:10 p.m., the Director of Nursing (DON), confirmed that residents with diagnosis Dementia should be care planned.</p> <p>28 Pa Code 211.11(d) Resident care plan</p> <p>28 Pa Code 211.12 (d)(1)(3)(5) Nursing service</p>		

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 04/17/2025
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on observations, interviews with staff, and a review of facility procedures, it was determined that the facility failed to store food in accordance with professional standards for food service safety.</p> <p>Facility Policy:</p> <p>The review of the facility's policy titled Food Storage, dated March 2020 revealed Foods shall be stored in a manner that complies with safe food handling practices. Under fourth sentence All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</p> <p>On April 14, 2025, at 9:23 a.m., a kitchen tour was conducted with the Dietary Supervisor, Employee E10. During the tour, it was observed that the preparation table contained various spices-such as ground cinnamon, chicken herb, Italian seasoning, and poultry seasoning-that were opened and not dated. Additionally, an opened container of [NAME] Parmesan cheese was found stored alongside the spices without a label or date. According to Employee E10, the manufacturer's instructions indicate that Parmesan cheese must be refrigerated once opened.</p> <p>Further observations revealed dry storage room had 3 bags of opened pasta not labeled and dated, traditional stuffing mix seasoning not labeled and dated.</p> <p>Walking refrigerator C had two sandwiches that were on the tray were not labeled and dated.</p> <p>All observations were confirmed by the dietary supervisor, Employee E10.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		

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 04/17/2025
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)		
<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>43923</p> <p>Based on observations and an interview with staff, it was determined that the facility did not ensure that garbage and refuse was disposed of properly.</p> <p>Finding includes:</p> <p>A tour of the Food Service Department was conducted on April 14, 2025, at 9:23 a.m., with the Dietary Supervisor, Employee E10. The following concerns were noted:</p> <p>A 96-gallon commercial trash can was observed leaking a significant amount of yellow and brown liquid as staff transferred it from the dishwasher area to the loading dock. Employee E10 stated that the Administrator had been notified of the issue several weeks ago and that a replacement trash can had been ordered. Two staff members were observed outside cleaning the cement near the dumpster due to residue from the leaking trash can.</p> <p>On April 15, 2025, at 9:25 a.m., further observations revealed ongoing issues. Two 96-gallon commercial trash cans were actively leaking. One can, located near the dishwasher, was in use while staff scraped dirty plates from breakfast trays. A trail of spilled food-including string beans, peas, and chopped carrots-was observed from the dishwasher area to the loading dock. At the loading dock, a second leaking trash can have created a puddle of white and yellow residue, resulting in a slippery surface. Employee E10 confirmed these observations.</p> <p>An interview with the Administrator, Employee E1, conducted on April 15, 2025, at approximately 11:45 a.m., confirmed that the Administrator had been aware since April 4, 2024, that 96-gallon commercial trash cans were broken, which allowed the leakage to occur. The Administrator stated that attempts were made to order replacements; however, there had been no response from the supplier.</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</p>		

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 04/17/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39343</p> <p>Based on observation, review of facility policy and procedure and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related with appropriate cleaning techniques for medical equipment, on two of the four Medication Administration Reviews; (R106, R96) and Enhanced Barrier Precautions for three of four residents during wound treatment (Residents R96, R113, and R539).</p> <p>Findings include:</p> <p>Review of Facility Policy effective date September 2024, on Enhanced Barrier Precaution, indicated that Enhanced Barrier Precautions are infection control intervention designed to reduce the transmission of novel or Multi-Drug-Resistant Organisms (MDROs). Enhanced Barrier Precautions require to employ the use of targeted Personal Protective Equipment (PPE) during high contact patient/resident activities. It utilizes targeted gown and glove use during high-contact resident care activities to reduce the transmission of MDROs. Further review of policy points out examples of high - contact resident care activities requiring gown and gloves for EBP include but are not limited to: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central lines, urinary catheter, feeding tubes, tracheostomy, ventilator, wound care; any skin opening requiring a dressing.</p> <p>Review of Facility Policy on Infection control indicated that the staff would follow established infection control procedures such as hand washing, antiseptic technique, use of gloves, and isolation precautions for administration of medications, as applicable. It also indicated that all reusable equipment will be decontaminated and/or sterilized between residents at the point-of-care.</p> <p>On April 15, 2025, 9:02 a.m., during medication administration, to Resident R106, Employee E5, a Licensed Nurse, used the sphygmomanometer (an instrument for measuring blood pressure), without disinfecting it, which was used for checking blood pressure of other residents. At the time of the finding, Employee E6 confirmed the same.</p> <p>On April 15, 2025, at 9:50 a.m., review of Admission Sheet of Resident R96 revealed that Resident R96 had Methicillin-Resistant Staphylococcus Aureus (MRSA) infection. Review of literature indicated that MRSA is a bacterial infection resistant to many common antibiotics, including methicillin, penicillin, and amoxicillin. MRSA can cause various infections, primarily skin and soft tissue infections, but can also lead to bloodstream infections, pneumonia, and other serious illnesses. MRSA can spread through direct contact with an infected person or object contaminated with the bacteria. Preventing MRSA involves practicing good hygiene, such as frequent handwashing, avoiding contact with open wounds, and not sharing personal items.</p> <p>Observation on April 15, 2025, at 9:50 a.m., revealed that a Licensed Nurse, Employee E6, was applying Nicotine Transdermal Patch 24 Hour 21 MG/24 HR (Nicotine), Trans dermal, to Resident R96 as ordered. Employee E6 also checked the oxygen saturation of Resident R96, and changed the oxygen tubing of Resident R96. Employee E6 did not wear the PPE, even though Resident R96 was on Enhanced Barrier Precautions. The findings were confirmed with Employee E6.</p> <p>(continued on next page)</p>		

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 04/17/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on April 16, 2025, at 11:47 a.m., revealed that a Licensed Nurse, Employee E5, was administering wound treatment to Resident R113, as ordered. Licensed nurse, Employee E5 did not follow Enhanced Barrier Precaution Protocol, as E5 could not disposed of the used gown (PPE) in a designated trashcan for soiled PPE. Employee E5 did leave the used PPE on the PPE cart at the entrance of the room of ResidentR113, in the hallway, meant for keeping clean gowns and other clean PPE items, even though Resident R113 was on Enhanced Barrier Precautions. Findings were confirmed with Licensed Nurse, Employee E5 at the time of the observation.</p> <p>Review of R539's clinical record revealed medical history of type 2 diabetes mellitus, hyperosmolality and hypernatremia, retention of urine.</p> <p>Review of R539's physician orders revealed an active order for foley catheter care each shift; observations on Monday, April 14, 2025, at 10:30 am revealed R539's in bed, foley bag hanging off of side of his bed, touching the floor.</p> <p>Further observations revealed two nursing employees, nurse aide, employee E8 and licensed nurse, employee E7, providing hygiene care and wound care treatment without wearing PPE.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 201.18(d) Management</p> <p>28 Pa Code 211.12 (d)(1)(5) Nursing services</p>		