

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395360	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2025
NAME OF PROVIDER OR SUPPLIER Germantown Home		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 Germantown Avenue Philadelphia, PA 19119	
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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation, review of clinical record, and staff interview, it was determined that the facility failed to accurately complete a resident assessment for one of 35 residents reviewed (Resident R37). Findings Include: Review of Resident R37's clinical record revealed a progress note dated June 5, 2025, that the resident was assessed and evaluated by the hospice care team. Resident R37 was subsequently admitted on to hospice with a diagnosis of cerebral atherosclerosis (build-up of plaque in the blood vessels of the brain occurs). Review of Resident 37's clinical record revealed a physician order dated June 5, 2025, for hospice care services. Review of Resident R37's significant change Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated June 11, 2025, revealed Section O - Special Treatments, Procedures, and Programs hospice care was marked as no. Interview on August 1, 2025, with the Nursing Home Administrator, Employee E1, confirmed Resident R37's Significant Change MDS dated [DATE], was coded incorrectly for hospice. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12(d)(1) Nursing services		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 395360	If continuation sheet Page 1 of 7

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of clinical records, review of facility policy, and interview with staff, it was determined that the facility did not develop and implement a comprehensive, resident-centered care plan for seven of 35 residents reviewed related to wounds and Enhanced Barrier Precaution's. (Resident R36, R71, R114, R156, R24, R187, and R41) Findings include: Review of facility policy Resident Centered Care Planning, revised on 06/06, indicates that purpose of policy is to utilize the Resident Assessment Process (RAP) according to Federal Regulations; further indicating that RAP is to be completed by Nursing staff for pressure ulcers. Review of Resident R36's clinical record revealed the resident was assessed with Stage IV (ulcer involving loss of skin layers, exposing muscle) pressure ulcer on coccyx. Review of R36's care plan revealed no evidence of goals or interventions related to Enhanced Barrier Precautions (EBP). Review of Resident R71's clinical record revealed the resident was assessed with Stage IV pressure ulcer on sacrum. Review of R71's care plan revealed no evidence of goals or interventions related to EBP's. Review of Resident R114, clinical record revealed the resident was assessed with Stage III (ulcer involving full thickness of skin loss, exposing tissue) pressure ulcer on intergluteal cleft/sacrum. Review of R114's care plan revealed no evidence of goals or interventions related to EBP's. Further review of clinical record revealed [AGE] year-old male resident R156, with diabetic foot ulcer on left lateral foot. Review of R156's care plan revealed no evidence of goals or interventions related to EBP's. Review of Resident R24's clinical record revealed that the resident was assessed with full thickness venous ulcer on left medial lower leg. Review of R24's care plan revealed no evidence of goals or interventions related to EBP's and no evidence of goals or interventions related to venous ulcer. Review of Resident R187's clinical record revealed that the resident was assessed with full thickness arterial ulcer on right lower extremity. Review of R187's care plan revealed no evidence of goals or interventions related to EBP's. Review of Resident R41's clinical record revealed that the resident was assessed with full thickness arterial ulcers on left lower extremity. Review of R41's care plan revealed no evidence of goals or interventions related to EBP's. 28 Pa Code 211.10(a) Resident care policies 28 Pa Code 211.12(d)(5) Nursing services</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review revealed that the facility failed to ensure that a rationale was documented related to pharmacy recommendations for one of 35 residents reviewed. (Resident R2) Findings include: Review of facility policy titled Pharmacy Consultation Recommendations revised on October 1, 2018, revealed The Pharmacy Consultant will review all resident charts monthly and as needed to assess the resident's medication regimen, associated orders to assure proper medication selection, and potential risks associated with pharmacological interventions and to suggest therapeutic changes. Under Procedure, policy states The Unit Manager/ RN supervisor will document the Physician/CRNP's (Certified Registered Nurse Practitioner) response as a verbal order if the Physician/ CRNP has accepted the recommendation, or as a narrative in the progress notes if the Physician/ CRNP has declined the recommendation including the Physician/ CRNP's reason for not accepting the recommendation. Review of Resident R2's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses of Type 2 diabetes (failure of the body to produce insulin), heart disease, and Hypertension (High Blood Pressure). Review of Resident R2's pharmacy review dated May 20, 2025, completed by Employee E9, Consultant Pharmacist revealed This resident receives a fasting blood sugar three times a day with Humalog sliding scale insulin (SSI) coverage. Current geriatric literature recommends avoiding SSI without concurrent Basal Insulin therapy regardless of care setting due to a higher risk of hypoglycemia without improvement in hyperglycemia management. Since SSI is being used minimally, please consider discontinuing SSI. If no changes in current diabetes management are indicated for this resident, please comment. Further review indicated that physician disagreed with the recommendation however provided no further rationale. 28 Pa Code 211.12(d)(1)(3) Nursing services</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, review of facility policy and staff interview, it was determined that the facility failed to ensure that urinary catheter bag were properly position to prevent contact with the floor for one of one residents review with an indwelling urinary catheter. (Resident Review of facility policy titled Urinary Catheter Care, last reviewed on June 20, 2019, revealed the purpose of the policy is to reduce the risk of the indwelling urinary catheter becoming the source of infection and to reduce the transmission of infection to or between residents/ participants with indwelling urinary catheters. Furthermore, Drainage Bags should never touch the floor. Review of Resident R63's clinical record revealed that resident was admitted to the facility on [DATE] with the diagnoses of End stage renal disease (Kidney failure), Aphasia (disorder that affects a person's ability to communicate). Review of Resident R63's physician order date March 20, 2024, revealed Change suprapubic catheter every 4 weeks and irrigate as needed for clots, dislodgement or occlusion. 18F/30mL change drainage bag as needed when foley catheter is changed. Observation of Resident R63's room on July 29, 2025 at 11:21am, revealed resident's foley catheter drainage bag touching floor. Interview with Employee E7, Licensed Practical Nurse on July 29, 2025 at 11:25am, confirmed findings of Resident R63's foley catheter drainage bag touching floor. Observation of Resident R63's room on July 31, 2025 at 10:46am, revealed resident's foley catheter drainage bag touching floor. Interview with Employee E8, Licensed Practical Nurse on July 31, 2025 at 10:50am, confirmed findings of Resident R63's foley catheter drainage bag touching floor. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>(continued on next page)</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on review of clinical records, review of policies, and interview with staff, it was determined that facility did not ensure to provide and/or document the provision of pertinent information regarding the immunizations to the resident or the resident's representative such as the benefits and potential side effects of the influenza for 51 of 54 residents reviewed (Resident R41, R26, R28, R29, R30, R34, R42, R3, R43, R50, R12, R64, R65, R73, R75, R86, R97, R114, R117, R119, R120, R132, R136, R140, R141, R143, R11, R146, R151, R154, R171, R8, R178, R18, R24, R77, R107, R130, R139, R1, R152, R162, R173, R175, R21, R22, R25, R10, R27, R32, R35) Findings include: Review of facility policy 'Influenza vaccine - protocol for residents,' reviewed January 14, 2025, indicates that the immunization records of all residents in the facility will be reviewed annually. All residents will be offered the influenza vaccination unless there is a documented contraindication. Residents/Responsible Representative will be offered a copy of the current year Vaccination Information Statement (VIS) annually. Interview with facility's infection preventionist, Employee E6, on Wednesday, July 30, 2025, at 10:00 am, revealed that education on risks vs benefits for influenza immunizations is not completed unless a resident declines the vaccine. Review of facility provided documentation revealed Resident R41, received influenza immunization on October 18, 2024; review of Resident R41's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R26, received influenza immunization on October 2, 2024; review of Resident R26's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R28, received influenza immunization on October 2, 2024; review of Resident R28's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R29, received influenza immunization on October 2, 2024; review of Resident R29's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R30, received influenza immunization on October 2, 2024; review of Resident R30's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R34, received influenza immunization on October 2, 2024; review of Resident R34's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R42, received influenza immunization on October 2, 2024; review of Resident R42's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R3, received influenza immunization on October 2, 2024; review of Resident R3's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R43, received influenza immunization on October 2, 2024; review of Resident R43's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R50, received influenza immunization on October 2, 2024; review of Resident R50's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R12, received influenza immunization on October 2, 2024; review of Resident R12's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R64, received influenza immunization on October 2, 2024; review of Resident R64's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R65, received influenza immunization on October 2, 2024; review of Resident R65's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R28, received influenza immunization on October 2, 2024; review of Resident R28's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R73, received influenza immunization on October 2, 2024; review of Resident R73's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R75, received influenza immunization on October 2, 2024; review of Resident R75's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R86, received influenza immunization on October 2, 2024; review of Resident R86's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R97, received influenza immunization on October 2, 2024; review of Resident R97's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R114, received influenza immunization on October 2, 2024; review of Resident R114's clinical record revealed no evidence of education provided. Review of facility provided</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on review of clinical records, review of policies, and interview with staff, it was determined that facility did not ensure to provide and/or document the provision of pertinent information regarding the immunizations to the resident or the resident's representative such as the benefits and potential side effects of the covid-19 immunizations for seven of seven residents reviewed (Residents R120, R24, R141, R43, R145, R156, R83) Findings include:Review of facility policy 'Covid Vaccine protocol for staff and residents,' reviewed January 14, 2025, indicates that education will be provided for decline referencing CDC guideline.Interview with facility's infection preventionist, employee E6, on Wednesday, July 30, 2025, at 10:00 am, revealed that education on risks vs benefits for covid-19 immunizations is not completed unless a resident declines the vaccine.Review of facility provided documentation revealed Resident R120, received covid-19 immunization on March 25, 2025; review of R120's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R24, received covid-19 immunization on March 28, 2025; review of R24's clinical record revealed no evidence of education provided. Review of facility provided documentation revealed Resident R141, received covid-19 immunization on March 28, 2025; review of R141's clinical record revealed no evidence of education provided.Review of facility provided documentation revealed Resident R43, received covid-19 immunization on March 29, 2025; review of R43's clinical record revealed no evidence of education provided.Review of facility provided documentation revealed Resident R143, received covid-19 immunization on April 5, 2025; review of R143's clinical record revealed no evidence of education provided.Review of facility provided documentation revealed Resident R156, received covid-19 immunization on April 8, 2025; review of R156's clinical record revealed no evidence of education provided.Review of facility provided documentation revealed Resident R83, received covid-19 immunization on April 15, 2025; review of R83's clinical record revealed no evidence of education provided.28 Pa Code 201.18(b)(1)(d) Management28 Pa Code 211.12(c)(d)(1) Nursing services</p>		