

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395413	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Wesley Enhanced Living Pennypack Park		STREET ADDRESS, CITY, STATE, ZIP CODE 8401 Roosevelt Boulevard Philadelphia, PA 19152	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on review of clinical records and review of facility provided documentation, it was determined that facility did not ensure complete documentation related to pressure ulcers treatment for one of three residents reviewed (Resident R1) Findings include:Review of facility policy 'Wound Care,' revised in October 2010, indicates that the following information is to be documented in residents' medical record post wound treatments:1. The type of wound care given2. The date and time the wound care was given3. The position in which the resident was placed4. The name and title of the individual performing wound care5. Any change in the resident's condition6. All assessment data (i.e., wound bed color, size, drainage, etc.) obtained when inspecting the wound7. How the resident tolerated the procedure8. Any problems or complaints made by the resident related to the procedure9. If the resident refused the treatment and the reason(s) why.10. The signature and title of the person recording the data.And notify the supervisor if the resident refuses the wound care.Review of Resident R1's clinical record revealed medical diagnosis of hemiplegia and hemiparesis (paralysis/weakness) affecting left non-dominant side, pressure ulcer of sacral region - stage 4 (ulcer involving loss of skin), Review of Resident R1's clinical record revealed no documentation of wound treatments completed on October 17, 2025, and October 28, 2025, to right buttock and right heel.Further review of Resident R1's clinical record revealed no documentation to wound treatments on October 17, 2025, to sacrum and left ischial.Further review of Resident R1's clinical record revealed no documentation to wound treatments on November 23, 2025, to left ischial, sacrum and right heel.Further review of Resident R1's clinical record revealed no documentation of wound treatments on December 1, 2025 to left ischial, sacrum, right heel and lateral ankle.28 Pa Code 211.12(d)(1)(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
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