

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/11/2025
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, review of facility policy and interviews with staff, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Findings include: Review of facility policy titled, General HACCP Guidelines for Food Safety undated, indicate that all food must be dated and put away promptly. Continued review revealed rapid cooling instructions included, place cooling items on top shelf or refrigerator in 2-inch shallow pans and stir every 15 to 60 minutes. A tour of the Food Service Department was conducted on September 8, 2025, at 10:12 a.m. with Employee E8, Food Service Director (FSD), revealed the following concerns: Five packages of ground beef (10-15 lbs.) were undated and unlabeled; two packages of beef hot dogs (10lbs) were undated and unlabeled; 3 trays of hashbrowns were uncovered and undated; a container of provolone cheese was expired, dated September 9/6; American cheese was expired, dated 9/6; cup up onions expired , dated 9/6; diced potatoes cooling in the fridge for a salad undated, in a 1/3 size and 4 inch depth steel steam table pan. Interview with the FSD throughout the kitchen tour confirmed the above-mentioned findings. 28 Pa. Code 201.14(a) Responsibility of licensee		

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/11/2025
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)		
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. 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. Findings include: On September 8, 2025, at approximately 10:30 a.m. during the receipt of a food delivery, a delivery truck was parked at the facility's receiving dock. Staff were observed walking boxes of food into the kitchen storage areas through the receiving zone. At the same time, the following unsanitary conditions were observed: Three large grey trashcans were uncovered. One trashcan contained trash with a foul odor, with refuse exposed to open air. A foul, white, milky liquid was observed pooling across the receiving area floor. The liquid appeared to be leaking from the trash compactor and had spread into multiple walking and delivery zones used by staff to transport food into the facility. A strong, pervasive odor was present throughout the receiving area, consistent with decomposing waste. Interview with Food Service Director, Employee E8 along duration of the tour confirmed observations of the receiving and dumpster area. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 207.2(a) Administrator's responsibility		

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 09/11/2025
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)		
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observations, clinical record reviews and staff interviews, it was determined that the facility failed to provide confidentiality of residents' personal health information during medication administration for two of three residents reviewed (Resident R32 and R60). Findings include: Observation of Medication Administration by Employee E4, Licensed Nurse for Resident R32 on September 9, 2025, at 8:58 a.m. revealed that the nurse prepared and administered the medication in the dining room where 9 other residents and other staff were sitting. Continued observation revealed that the staff administered the nasal spray after the pills were administered after telling the resident what she was going to administer which was audible across the room. Observation of the Medication Administration by Employee E4, Licensed Nurse for Resident R60 on September 9, 2025, at 9:03 a.m. revealed that the nurse left the medication cart to administer medication for Resident R60 and the computer screen was left open with Resident R60's information including medications visible to anyone passing through the hallway. Further observation of the Medication Administration by Employee E4, Licensed Nurse for Resident R60 on September 9, 2025, at 9:03 a.m. revealed that the nurse prepared and administered the medication in the dining room where 9 other residents and other staff were sitting. Continued observation revealed that the staff administered the eye drop after the pills were administered which was visible for other staff and residents. Interview with the Director of Nursing on September 10, 2025, at 11:00 a.m. confirmed that the computer screen personal health information should have been covered when the nurse was not attending the medication cart and should provide privacy during medication administration, 28 Pa. Code 211.5(b) Clinical Records.		

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 09/11/2025
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on clinical record review, and staff interview, it was determined that the facility failed to ensure that the resident and/or their representative received written notice notifying them of the transfer and the reason for the move in writing and in a language and manner they understand. Findings Include: Review of Resident R122's medical records revealed that on July 3, 2025, Resident R122 was transferred to the hospital for evaluation. Continued review failed to reveal documentation of a written notification to the residents or resident's representative notifying them of the transfer and the reasons for the move in writing. On June 20, 2025, Resident R122 was transferred to the hospital for an emergency evaluation. Continued review failed to reveal documentation of a written notification to the resident or resident's representative notifying them of the transfer and the reasons for the move in writing. On July 1, 2025, Resident R8 was transferred to the hospital due to a fall. Interview with the facility administrator conducted on September 11, 2025, at 11:25 a.m. confirmed that the facility failed to provide the resident and resident's representative with a written notification indicating the reason for the transfer in writing. Interview with the Administrator and Director of nursing conducted on September 11, 2025, at approximately 2:00 p.m. confirmed that it is not facility practice to provide the resident and the resident representative with a written notice which specifies the duration of the bed-hold policy; and the reasons for the transfer in writing and in a language and manner they understand. 28 Pa. Code 201.14(a) Responsibility of license 28 Pa. Code 201.29(a) Resident rights		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/11/2025
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)		
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on the observations, review of professional standards, clinical records and interview with staff, it was determined that the facility failed to administer medications according to professional standards of practice one of three residents reviewed (Resident R32) Findings Include: According National Library of Medicine (Operated by the United States federal government, a biomedical library and a national resource for health professionals, scientists, and the public) five rights of medication use: the right patient, the right drug, the right time, the right dose, and the right route-all of which are generally regarded as a standard for safe medication practices. Review of FDA (Food and Drug Administration) guidelines for Tacrolimus (medication for the prophylaxis of organ rejection in de novo kidney transplant patients in combination with other immunosuppressants) extended release tablet revealed instructions to take tacrolimus extended-release tablets once daily with fluid (preferably water) on an empty stomach, at least 1 hour before or at least 2 hours after a meal, at the same time each day (preferably in the morning). Review of clinical record for Resident R32 dated July 5, 2023, revealed an order for Tacrolimus ER Oral Tablet Extended Release 24 Hour 1 MG (Tacrolimus), Give 3 tablet by mouth one time a day for anti-rejection. Observation of the Medication Administration by Employee E4, Licensed Practical Nurse for Resident R32 on September 9, 2025, at 8:58 a.m. revealed that the nurse prepared and administered the medication, Tacrolimus extended-release tablet for Resident R32. At the time of the observation, the resident was eating breakfast. Interview with the Unit Manager, Employee E3, on September 10, 2025, at 12:00 p.m. stated she spoke to the pharmacy, and it was recommended by the family the medication should be taken on an empty stomach. Employee stated the medication time would be changed to the appropriate time. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services		

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 09/11/2025
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)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, review of facility policy and staff interview, it was determined that the facility failed to maintain complete and accurate inventory record for two of two residents reviewed. (Resident R12, R36) Findings Include: Review of the facility policy titled Living Reporting Grievances, last revised March 27, 2017, revealed that it is designed to ensure that each resident, responsible person, or resident agent has an opportunity to express their concern or grievance and that a system is in place for them to be heard and their concern resolved. Review of the clinical record for Resident R36, who was admitted on [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating that the resident was cognitively intact. Resident R36's wife, Resident R12, who was admitted on [DATE], had a BIMS score of 99, which indicates that the resident was unable to participate in the assessment due to severe cognitive impairment. On September 8, 2025, at 11:34 a.m., an interview was conducted with Resident R36, which revealed that the resident was missing the following clothing items: 7 undershirts, 18 T-shirts, 6 shirt, and 4 dress blouses (\$32 each) for my wife, Resident R12. This was in January, and I gave it to them in June to review, but they didn't take any action. Last week, they searched for the shirts but couldn't find them. The girl from the laundry came down to see me today, and they still did not locate any of these clothing items. They offered to reimburse me \$300, but these clothes were special to me and cost more than \$300. On September 9, 2025, at 1:45 p.m. an interview with the Social Worker, Employee E9 revealed that she first learned about grievance last Friday August 27, 2025, when laundry staff, employee E10 told her about missing clothing. Clothing is being personal laundry is being done in house. On September 10, 2025, at 10:31 a.m., during an interview with the social worker, Employee E9 revealed that the only inventory sheet, dated March 24, 2025, did not list any clothing. Administration needs to review and determine the system error that resulted in the lack of documentation. Employee E9 was asked to provide his wife's inventory sheet, as he claimed that four blouses were missing. No inventory sheet was provided during the survey. The process for a resident upon admission is as follows: per the admission package, there is a \$25 labeling fee. Clothing is labeled using the machine in the laundry room, ironed with the labels, and then returned to the resident. Families are instructed to place clothing in a bag and give it to nursing staff, who take it to the laundry for labeling and complete an inventory sheet, which is then placed in the resident's clinical file. On September 10, 2025, at 11:45 a.m., Lead Housekeeping Aide, Employee E10, was interviewed and reported that she first learned about the missing clothing for Residents R36 and R12 last week and could not locate any of their clothing items. It was confirmed that nursing staff are responsible for completing inventory sheets. On September 11, 2025, at 2:34 p.m., an interview with the Administrator, Employee E2, and Director of Nursing, Employee E1, confirmed that inventory sheets had not been completed for any of Resident R36 and R12's clothing. It is the responsibility of nursing staff to complete the inventory sheet when family brings in personal belongings. The facility agreed to reimburse Residents R36 and R12 a total of \$500 for all of their missing items. 28 Pa. Code 201.14 (a) Responsibility of licensee.		