

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395449	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Chapel Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Welsh Road Philadelphia, PA 19115	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interviews with facility staff, the facility failed to ensure that a safety device was properly function and monitor for one of one resident (Resident R2). Findings include: Review of Resident R2's clinical records dated August 3, 2025, revealed that the resident was admitted to the facility on [DATE], with a BIMS (Brief Interview of Mental Status) score of 12, indicating the resident had moderate cognitive impairment. Review of Resident R2's care plan, date-initiated January 27, 2025, revealed that the resident was at risk for elopement related to impaired cognition. Continued review of the resident's care plan revealed interventions including resident to wear a wander guard (device placed on resident's wrist or ankle which activates a door locking mechanism), date-initiated May 27, 2025. Review of Resident R2's elopement evaluation dated July 25, 2025, revealed a score of three, indicating that the resident was at risk for elopement. Further review of Residents R2's elopement evaluation dated October 21, 2025, revealed a score of zero, indicating that the resident was not at elopement risk and currently not making any attempts to leave the unit. Review of nursing Notes for Resident R2, dated October 21, 2025, revealed that the resident no longer required staff to perform safety checks every 15 minutes as resident was no longer at risk for elopement. Continued review of nursing notes, dated October 22, 2025, at 3:58 p.m. revealed that code silver announced. Resident was found sitting on the benches near the parking lot . and that the resident stated, he was leaving. Review of facility investigation dated October 23, 2025, revealed that at approximately 2:15 p.m. Resident R2 left the building unattended and was found sitting on the bench outside the facility by staff, stating he wanted to go to the police department to tell them He didn 't want to be here and planned on coming back. Resident R2 was redirected and brought back into the facility at 2:20 p.m. by staff. Continued review revealed that Resident R2 ' s wander guard was not functioning properly. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1) 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
---	-------	-----------