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| 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 02/04/2026 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of clinical records and interview with staff it was determined that the facility failed to accurately document medical diagnosis for one of three residents reviewed (Resident R2). Findings Include: Review of facility policy, Medication Monitoring dated January 2024, stated Medication Regimen Review (MRR) or Drug Regimen Review is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes review of medical record in order to prevent, identify, report and resolve medication-related problems, medication errors, or other irregularities, their family, and /or resident representative. Review of Resident R2's clinical record revealed Resident R2 was admitted to the facility on [DATE], with diagnosis of Essential tremor, Major depressive disorder. Review of clinical records revealed Resident R2's physician order, dated January 2, 2024, Depakote Oral Tablet Delayed Release 250 MG, Give 1 tablet by mouth one time a day for Seizures. Review of Resident R2's clinical record revealed physician order, dated January 3, 2024, Primidone Oral Tablet 50 MG, give 0.5 tablet by mouth at bedtime for Seizures Take 25mg by mouth nightly. Review of Resident R2's clinical record revealed no diagnosis of seizures. Interview with Employee E1, Nursing Home Administrator on February 4, 2026, at 2:15 p.m. confirmed the above mentioned findings. 28 Pa. Code 211.12(d)(3)(5) 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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