STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395449	A. Building B. Wing	06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chapel Manor	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, facility policy, and resident and staff interviews, it was determined that the facility failed to provide food and drink that were served at palatable temperatures for one of one meal tray tested on the first floor nursing unit. Findings include: Review of facility policy Food: Preparation, revised 2026, revealed all foods will be held at appropriate temperatures, greater than 135 Fahrenheit (F) (or as state regulation requires) for hot holding, and less than 41 F for cold food holding. Interview with Resident R154 on June 23, 2026, at 11:00 a.m. revealed food always served cold. Interview with Resident R113 on June 23, 2026 at 11:05 a.m. revealed food is cold, they took away the microwave so we have no choice but to eat it cold now. Interview with Resident R83 on June 23, 2025 at 11:10 a.m. revealed food is terrible, it is always cold. Interview with Resident R14 on June 23, 2025 at 11:15 a.m. revealed food could be better, sometimes it is cold. Interview with Resident R137 on June 24, 2026 at 12:05 p.m. revealed food tends to be served on the colder side a lot. Observation of test tray on June 24, 2026, at 12:10 p.m. with Food Service Director, Employee E11, revealed the following food temperatures: Tomato Stew- 122 F Ham- 105 F Macaroni and Cheese- 100 F Apple Juice- 48 F Follow-up interview with Food Service Director, Employee E11, at 12:12 p.m. confirmed that these food items were outside the acceptable temperature range and therefore not palatable. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and interviews with residents, it was determined that the facility failed to provide a safe, clean, comfortable and homelike environment for the main lobby and two out of four nursing units (B and D wing).Findings Include: Observations on June 23, 2026, during a tour on the first-floor nursing unit (B-Wing) revealed the following: -room [ROOM NUMBER]B: Over-bed light inoperable for approximately two months, per an interview with Resident R1. -room [ROOM NUMBER]A: Wallpaper peeling behind the head of the bed; bathroom toilet soiled with feces; ceiling tile displaced exposing pipes; ceiling vent heavily soiled with crusted debris; stained ceiling tiles; night light missing protective cover exposing the light bulb. -room [ROOM NUMBER]: Bathroom ceiling tiles stained. -room [ROOM NUMBER]: Floor mat visibly dirty with a large slit in the center. -Wing B Hallway Bathroom: Brown-stained ceiling tiles observed. Continued observations on June 24, 2026, on B-Wing nursing unit revealed: -room [ROOM NUMBER]: Bathroom ceiling tiles stained with an approximately silver-dollar-sized blackened area. Missing floor tile to the left of sink, and area behind faucets the rear apron of the sink was buckled, and faucets corroded. -room [ROOM NUMBER]: Curtain rod and curtains falling off window. Observation of 1st floor main lobby on June 23, 2026, at 9:00 a.m. revealed strong odor of urine throughout. Observation of Unit D on June 23, 2026, at 10:34 a.m. revealed strong odor of urine throughout hallway. Observation of 1st floor main lobby on June 24, 2026, at 9:00 a.m. revealed strong odor of urine throughout. Observation of Unit D on June 24, 2026, at 10:15 a.m. revealed strong odor of urine throughout hallway. Observation of 1st floor main lobby on June 25, 2026, at 9:00 a.m. revealed strong odor of urine throughout. Observation of Unit D on June 25, 2026, at 12:25 a.m. revealed strong odor of urine throughout hallway. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.14 (a) Responsibility of licensee.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical record, and staff interviews it was determined that the facility failed to develop a comprehensive care plan for one of 34 residents reviewed (Residents R17).Findings include:Review of the facility policy, Person-Centered Care Plan, last revised in September 15, 2025, revealed: The Center must develop and implement a person-centered care plan for each patient/resident (hereinafter patient) consistent with patient rights measurable objectives and timeframes to meet a patient's medical, nursing and mental and psychosocial needs and all services that meet professional standards of quality.Review of the facility policy, Restorative Nursing revised August 7, 2023, revealed practice standards include Develop restorative nursing programs appropriate to the patient's identified needs. Develop specific measurable goals and document goals and interventions on the patient's restorative care plan. Implement the restorative nursing program according to the specifics on the care plan.Review of Resident R17's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of left hip pain, muscle wasting.Review of Resident R17's Physical Therapy Discharge summary, dated [DATE], indicated discharge recommendations and status includes Restorative nursing program including LE/UE (Lower extremity and Upper Extremity) exercise and bed mobility with extensive assistance.Review of Resident R17's comprehensive care plan, no documented evidence of implementation of care plan for restorative nursing program.Interview on June 25, 2026, at 12:00 p.m. with Director of Nursing, Employee E2, confirmed no care plan developed for Resident R17 restorative nursing program.28 Pa Code 211.10(c) Resident care policies28 Pa. Code 211.12(d)(1)(5) Nursing services

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of clinical records, observations, and staff interviews, it was determined that the facility failed to maintain an environment that was free of accidents and hazards for one of six residents and one of four nursing units reviewed (Resident R163, D Wing). Findings include:Clinical record review revealed Resident R163 was admitted to the facility March 23, 2021 with a diagnosis of hemiplegia and hemiparesis (paralysis/weakness of one side of the body), heart failure (heart muscle does not pump as well as it should), and protein calorie malnutrition (the state of inadequate intake of food). Review of Resident R163's care plan, revised August 05, 2025, revealed the resident is at risk for falls related to impaired mobility, impulsive behavior, and poor safety awareness. Interventions included bilateral floor mat to be implemented for safety. Observation on June 23, 2026, at 10:43 a.m., revealed Resident R163 was lying in bed and did not have left side floor mat next to the bed. Follow-up observation on June 24, 2026 at 9:25 a.m. revealed Resident R163 was lying in bed and did not have left side floor mat next to the bed. Interview on June 24, 2026 at 9:27 a.m. with Nurse Aide, Employee E12, confirmed Resident R163 did not have a left side floor mat next to the resident's bed. Review of facility's emergency management plan revealed This center monitors potential fire risk. Any unsafe condition is reported to a supervisor immediately so corrective measures can be taken promptly. Upon discovering fire or smoke, center staff: i. Remove residents from immediate danger according to evacuation guidelines; ii. make announcement; iii. implement R.A.C.E (rescue, alarm, confine, extinguish/evacuate). Observation of resident room, D216, on June 23, 2026, at 11:15 a.m. revealed room cluttered with resident belongings, piles of clothing stacked in front of PTAC unit (heating and air conditioning unit designed for installation through an exterior wall), and a trash can in close proximity. Continued observation of resident room D216 on June 23, 2026, at 11:20 a.m. revealed odor of burning rubber. Upon further investigation, it was observed that the PTAC unit was smoking. Review of facility investigation revealed At approximately 11:15 AM on 6/23/2026 a burning odor was detected coming from resident room D216A. Staff responded immediately, the fire alarm was activated, and code red was initiated per facility protocol. The odor was identified coming from the air conditioning unit. The unit was immediately unplugged, and residents were promptly and safely removed from the room by staff. No flames were noted and no resident was injured. Following emergency protocols, all residents in the surrounding area were evacuated from their rooms and sheltered in a designated safe area. A head count was conducted, and all residents were accounted for. Interview on June 24, 2026, at 11:45 a.m. with Maintenance Director, Employee E13, revealed the smoke was being produced by a piece of trash bag that had been sucked up into the intake. This was discovered upon removal of the encasement and inspection of the air conditioning unit. Out of abundance of caution, the entire unit was changed out. Employee E13 demonstrated that the bag from the trash can likely was sucked up through the intake because it was left too close to the PTAC unit. Follow up observations during a tour of the facility on June 25, 2026, at 11:30 a.m. revealed the following rooms with trash can left next to the PTAC unit; Room D212, D209, D205, D204 and D215. Findings confirmed on June 25, 2026, at 11:30a.m. with Employee E14, Unit Manager. Interview with Employee E1, Nursing Home Administrator on June 25, 2026, at 2:00 p.m. confirmed plastic was found in the PTAC unit which caused incident on June 23, 2026, in room D216A. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing Services.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interview it was determined that the facility failed to timely assess nutrition status to maintain acceptable parameters of nutritional status for one of eight residents reviewed (R94). Findings Include:Review of Resident R94's Minimum Data Set (MDS -federally mandated resident assessment and care screening) dated May 11, 2026, revealed the resident was admitted to the facility in July 2025 and has diagnoses of hypernatremia (elevated sodium level in the blood), hyperlipidemia (elevated levels of cholesterol and or triglycerides in the blood), dementia (a progressive disorder affecting memory, thinking and the ability to perform daily activities), and malnutrition (inadequate nutritional status resulting from insufficient intake or utilization of nutrients).Further review of Resident R94's MDS dated [DATE], revealed the resident has a Brief Interview for Mental Status (BIMS) score of 0, indicating severe cognitive impairment, and is dependent on staff for all activities of daily living (ADLs). The MDS documented that the resident weighed 90 pounds and measured 61 inches in height.Review of resident R94's comprehensive care plan dated July 10, 2025, revealed the resident is at nutritional risk related to the need for a mechanically altered diet, the need for significant assistance with most meals, and a diagnosis of dementia.Review of Resident R94's clinical record revealed the following documented weight history:March 3, 2026 - 104.0 pounds (lbs.)April 2, 2026 - 90.2 lbs.May 2,2026 - 88.4 lbs.May 4,2026 - 91.6 lbs.June 1, 2026 - 88.2 lbs.Review of Resident R94's weight history revealed the resident sustained a significant 13.8-pound weight loss over one month (March 3rd to April 2, 2026).Continued review of Resident R94's clinical record revealed the weight loss was not addressed until April 30, 2026.Review of Resident R94's nutrition assessment dated [DATE], revealed the resident triggered for significant weight loss over one, three, and six months. Per the nutrition assessment, recommendations in response to the weight loss included a re-weigh to confirm accuracy of weight loss and weekly weights for monitoring.Review of Resident R94's clinical record revealed no documented evidence a reweigh was obtained or weekly weights were completed per recommendations.Interview on June 25, 2026, at 9:16 AM with Registered Dietitian, Employee E15, confirmed Resident R94's weights were not obtained per nutrition recommendations and subsequently was unable to accurately assess weight changes.28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing services.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and interview with staff, it was determined the facility failed to ensure pain assessment was completed prior to administration of PRN (as needed) pain medication for one of two residents reviewed for pain management (Resident 134).Findings include:Review of Resident R134's clinical record revealed the resident was admitted to the facility on [DATE], with a diagnosis of benign neoplasm of pituitary gland (noncancerous tumors on pituitary gland that may cause hormonal/vision problems), hypertension (high blood pressure), and chronic pain syndrome. Review of Resident R134's physician order, dated May 12, 2026, revealed an order for Hydromorphone (opioid medication) 2 milligram tablet- give 3 tablets by mouth every 12 hours as needed for pain for 30 days. Review of Resident R134's Medication Administration Record (MAR) for the month of June revealed the resident received PRN Hydromorphone on the following dates:-June 1, 2026-June 3, 2026-June 4, 2026-June 6, 2026-June 7, 2026-June 8, 2026 -June 9, 2026Review of Resident R134's pain assessments, nursing notes, and MAR documentation revealed there was no documented pain level assessment prior to administration of the PRN Hydromorphone. Interview on June 26, 2026, at 9:38 a.m. with Employee E2, Director of Nursing, confirmed no pain level was documented prior to the pain medication administration in Resident R134's clinical record. 28 Pa. Code 211.10(c) Resident care policies28 Pa. Code 211.12(d)(1) Nursing services

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and staff interview, the facility failed to ensure medications were stored according to required temperature ranges.Findings Include:Review of facility documentation Medication Room Temperature Log states, temperatures are to remain between 36-46 degrees.Observations on June 23, 2026, at 10:30 am, with Nurse Manager, Employee E10, of Wing B Medication Room Refrigerator (located behind the Nurses Station) revealed ten out of thirty-one days in the month of May 2026, May 3, May 4, May 5, May 10, May 11, May 16, May 17, May 29, May 30, and May 31, the refrigerator temperatures were not documented. Observations on June 24, 2026, at 10:30 am, with Nurse Manager, Employee E11, of Wing C Medication Room Refrigerator revealed three out of twenty-four days in June 2026, June 10, June 12, and June 23, the refrigerator temperature was documented below the acceptable range of 36-46 degrees.Interview on June 24, 2026, at 1:47 p.m., Nursing Home Administrator, Employee E1, confirmed that the facility failed to notify maintenance of the temperature variance and failed to remove or quarantine medications exposed to out of range temperatures.28 Pa. Code 201.14 (a) Responsibility of licensee.