

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Tucker House Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Wallace Street Philadelphia, PA 19123	

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 0567</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>46106</p> <p>Based on clinical record review, interviews with staff and review of facility policy, it was determined that the facility did not ensure that a resident had reasonable access to their personal funds for one of one clinical record reviewed (Resident CL1).</p> <p>Findings include:</p> <p>Review of the facility policy titled Resident Trust Policy, dated April 1, 2022 revealed upon the discharge, eviction, or death of resident with a personal fund deposited with the facility, the facility shall convey within 90 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p> <p>Reviewing Resident CL1's clinical record revealed that Resident CL1 was discharge from the facility and transferred to a different facility on November 30, 2023.</p> <p>Interview with the business office, Employee E3 on May 16, 2024, at 12:13 p.m., provided resident account documentation and confirmed that the Resident CL1's account was closed on February 1, 2024, it was late and the request for refund was send to corporate on February 20, 2024.</p> <p>Review Resident CL1's fund account revealed that they account was closed on February 1, 2024, and facility still needed to refund the resident \$3,418.20.</p> <p>An interview with the Nursing Home Administrator, Employee E1, on May 16, 2024, at approximately 2:43 p. m. revealed that refund request was never received by the corporate office and the refund check was never send out to the resident.</p> <p>28 Pa. Code 201.29(a)(c)(d)(e) Resident rights</p> <p>28 Pa. Code 201.18(a)(b)(3) Management</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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