

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 11/15/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>43277</p> <p>Based on review of clinical record, observations, and staff interview, it was determined that the facility failed to provide nail care for a dependent resident for one of 30 residents reviewed (Resident R65).</p> <p>Findings Include:</p> <p>Review of Resident R65's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated August 21, 2024, revealed the resident was cognitively impaired and had diagnoses of hemiplegia (paralysis on one side of the body) affecting the left side and muscle weakness. Further review of the MDS revealed Resident R65 was dependent on staff for personal hygiene.</p> <p>Review of Resident R65's comprehensive care plan revised August 25, 2021, revealed the resident had an activities of daily living self-care performance deficit related to decreased mobility. Intervention revised on September 30, 2019, included to check nail length and trim and clean on bath day and as necessary.</p> <p>Review of Resident R65's nursing kardex (a documentation system that enables nurses to write, organize, and easily reference key patient information that shapes their nursing care plan) revealed the resident received a bed bath on November 14, 2024.</p> <p>Observations on November 12, 2024, at 10:30 a.m. revealed Resident R65's left hand was contracted. Resident R65 made a fist with the left hand due to contracture.</p> <p>Observations on November 15, 2024, at 9:15 a.m. with Licensed Nurse, Employee E10, revealed Resident R65's fingernails on bilateral hands were significantly long and required trimming.</p> <p>28 Pa. Code 211.12 (d)(5) 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
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39343</p> <p>Based on review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to implement treatment and services for incontinence management for one of five residents reviewed with incontinence concerns (Resident R137).</p> <p>Findings include:</p> <p>Review of Resident R137's clinical record revealed that the resident was admitted to the facility on [DATE] with the diagnoses of Neuromuscular Dysfunction of Bladder (a condition that occurs when the nerves and muscles that control the bladder don't work properly. This can be caused by damage to the brain, spinal cord, or nerves, and can lead to a loss of bladder control).</p> <p>Review of physician order for Resident R137, dated October 24, 2024, indicated an order for urinary Foley catheter size 16FR (french)/10ML.</p> <p>On November 12, 2024, at 11:07 a.m., it was observed that Resident R137 had a Foley Catheter of 18FR/10ML. At the time of the finding, confirmed the same Employee E4, a Registered Nurse.</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>