

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 07/07/2025
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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview with residents and staff and review of facility documentation, it was determined that facility failed to ensure that residents' clothing was properly identified for two of eight residents reviewed. (Resident R1, and Resident R2)</p> <p>Findings include:</p> <p>Review of facility policy 'Laundry Services - Personal Clothing, Handling,' unknown date, indicates that all resident clothing must be labeled clearly with the resident's name upon admission or upon new clothing being brought in, and personal clothing is separated from facility linens.</p> <p>Interview with Resident R1 and Resident R1's relative, on fourth floor unit, at 11:45 am, revealed that he has been waiting to receive his personal laundry for about two weeks.</p> <p>Interview with facility's laundry aides, Employee E3 and E4, on [DATE] at 12:10 p.m., revealed that delayed personal laundry services has been an ongoing issue, stating that nurse aides need to label residents' clothing otherwise we will wait until someone complains and asks for their belongings .then nurse aides have to come down here and figure out who it belongs to .</p> <p>During interview with Laundry aide, Employee E3, on [DATE] at 12:10 pm, Employee E3 uncovered a dirty bin filled with bed linens and residents personal belongings mixed.</p> <p>Further observations during laundry room tour revealed a pile of residents' clothing, unidentified.</p> <p>Review of facility provided grievances for months of [DATE] and [DATE], revealed ten submitted grievances related to laundry delay and missing items.</p> <p>Review of grievance report, completed on [DATE], indicated that facility returned deceased Residents R2 belongings to family member in a wet condition.</p> <p>28 Pa Code 201.29(a) Resident rights</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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