

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 07/24/2025
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>Based on a review of resident clinical record, interview with staff and review of facility policy, it was determined that the facility failed to notify the ordering physician of a critical laboratory results for one of eight resident records reviewed (Resident R2). Findings include: Review of the facility policy titled, 'Clinical Guideline; Labs and Diagnostics', dated 2021, without date and Month, indicated; 'Facility staff will notify the ordering prescriber of results that are outside of clinical reference ranges or per prescribers' order. The prescriber or designee prescriber will sign and date that notification has occurred, and this can be done manually or by e-signature, if available'. Review of Resident R2's clinical record revealed that Resident R2 was admitted in the facility on August 30, 2025. Resident R2's diagnoses included Malignant Neoplasm of Unspecified site of Right Female Breast (commonly known as breast cancer, is a cancerous tumor that develops in breast tissue. These tumors are characterized by their ability to grow rapidly, invade surrounding tissues, and potentially spread to other parts of the body), and cellulitis of left lower limb (an infection of the deeper layers of the skin and subcutaneous tissues. It is usually caused by bacteria entering the skin through a break or cut, such as a wound, surgical incision, or even insect bites). Review of Resident R2's clinical record revealed a laboratory result of a BNP (is a peptide (a short chain of amino acids) that the heart and blood vessels make. It works as a hormone) which indicated critical values on June 6, 2025. Review of nursing note by a Registered Nurse, Employee E4, dated June 7, 2025, revealed; Critical lab value received at 1:24 a.m Efforts to reach MD for review proved futile. Nursing will continue to reach out to MD for review and new orders. On July 24, 2025, at 12:43 p.m., interview with the Nursing Home Administrator, revealed that the Registered Nurse, Employee E4, was not available for interview. On July 24, 2025, at 1:57 p.m., interviewed the Medical Director, E3. revealed I am unclear why the nurse was unable to call the lab result of [Resident R2] into the physician on call. On July 24, 2025, further review of the clinical records indicated no documented evidence the physician was informed of the results. 28 Pa Code 211.12(d)(1) Nursing services 28 Pa Code 211.12(d)(3) 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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