STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395461	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tucker House Nursing and Rehabilitation Center	1001 Wallace Street Philadelphia, PA 19123

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, review of facility policy and clinical record review, the facility failed to maintain and protect personal privacy and dignity while providing care to one of nine residents observed. (Resident R7)Findings Include:Review of facility policy titled Dignity dated April 1, 2022, revealed that all residents shall be cared for in a way that promotes quality of life, dignity, respect, and individuality. Staff must treat residents respectfully, supporting personal choices in grooming, clothing, and activities, while always maintaining privacy and confidentiality. Personal spaces and belongings are protected, and bodily privacy is preserved during personal care and medical procedures. Clinical information is shared discreetly, with sensitive details posted only when necessary for safety, and isolation or precaution status indicated without revealing specific infections. Communication should be respectful, using residents' chosen names, explaining procedures, and keeping them informed of changes. Cognitively impaired residents are treated with sensitivity, and demeaning practices are prohibited. Residents are encouraged to participate in preferred meals and activities, and dignity is supported through timely assistance and appropriate coverage of medical devices. Protecting privacy, honoring choices, and maintaining dignity are central to all aspects of care. Observation on September 30, 2025, 10:00am on the fourth-floor nursing unit outside resident R7's room, the door was left wide open. Nurse aide, Employee E13 was present in the room providing personal care and assisting Resident R7 with dressing. The resident's privacy curtain was also open allowing the activity to be visible from the hallway. Review of Resident R7s quarterly Minimum Data Set (MDS -federal mandated assessment tool for all residents) dated July 7, 2025, revealed that Resident R7 was admitted to the facility on [DATE]. The resident's brief interview for mental status (BIMS) score was 15 indicating he is cognitively intact. Resident medical diagnoses includes cerebral vascular accident (CVA -stroke), aphasia (language disorder that effects communication), anxiety (mental health condition characterized by excessive worry, fear and unease) and depression (Mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest).Further review of Resident R7's MDS revealed that the resident's functional abilities included impairment on one side and required maximal assistance for toileting dressing and personal hygiene. This resident was totally dependent when staff assistance for bed mobility sit-to-stand transfers and bed to chair transfers. The resident is in content incontinent.Interview with nurse aide, Employee E13 at time of the above observation confirmed that he had left the curtain and door open during care stating he did it purposely because the resident is claustrophobic (extreme fear of confined places).Review of Resident R7's nursing notes, current care plan and psychological note revealed there no evidence that Resident R7 was claustrophobic and no documentation that this resident has any preference or need for accommodations of Claustrophobia.Interview with Resident R7 on September 30, 2025, at approximately 10:30 am, resident stated that he is not claustrophobic and would prefer privacy during care. 28 Pa. Code 201.20(a)(5) Staff Development 28 Pa. Code 201.29(a) Resident Rights 28 Pa. Code 211.12(d)(1)(2)(5) Nursing Services

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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the activities program is directed by a qualified professional. Based on observations, review of facility documentation, review of personnel files and interviews with staff, it was determined that the facility failed to ensure that the activities program was directed by a qualified professional for one of one activities personnel files reviewed (Employee E7). Findings include: Review of the facility's Department Heads Contact List revealed that Employee E7 was listed as the Therapeutic Recreation Director. Review of Employee E7's personnel file revealed that the employee was hired by the facility on March 17, 2025, as the Activities Director. Continued review revealed that the job description signed by Employee E7 on March 17, 2025, revealed The Activities Director assumes administrative authority, responsibility and accountability for the provision of a program of therapeutic activities designed to meet the interests and enhance the functional abilities and self-esteem of each resident. Continued review of Employee E7's personnel file revealed that the employee previously worked as a cook and as a housekeeper. Further review revealed that there was no evidence that Employee E7 was a certified therapeutic recreation specialist, or had previous experience in a therapeutic activities program, or was a qualified occupational therapist or completed an approved training course for therapeutic recreation specialists. Observation on September 30, 2025, at 11:18 a.m. revealed Employee E7, Activities Director, was overseeing and assisting with an activities program with residents in the main dining room area. Interview, at the time of the observation, Employee E7 confirmed that he has not completed any credentialling or training courses to be a qualified therapeutic recreation specialist. Employee E7 stated that he trained with another employee for two weeks upon being hired into this position and that he had no prior experience in therapeutic activities programs. 28 Pa code 201.19(3) Personnel policies and procedures

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of clinical records, review of facility policy and interview with staff, it was determined that facility did not ensure to provide care according to professional standards of practice for one of 32 residents reviewed related to hypoglycemia management. (Resident R3) Findings include:Review of facility policy ?hypoglycemic management,' revised February 24, 2025, indicates that The licensed nurse will monitor and evaluate for signs of hypoglycemia. These signs may be different for individual patients and may be identified by the patient or responsible party during interview. Signs of hypoglycemia may include diaphoresis, tremors, pallor, tachycardia, cold, clammy skin, lightheadedness, dizziness, changes in vision.Further review of policy indicates that The licensed nurse will follow a standard protocol for diabetic patients. The protocol will be followed unless specific physician orders direct otherwise. This protocol includes: The licensed nurse will complete a finger stick on a patient who is experiencing signs of hypoglycemia. Finger stick blood sugar less than 60: i. If the resident is awake and alert administer: 8oz orange juice with 5 packs of sugar. ii. Repeat finger stick in 30 minutes. iii. Give another 8oz orange juice and sugar if finger stick is LESS than 100. iv. Repeat finger stick in 30 minutes. v. If finger stick is less than 100 administer: IV D5 1/2 normal saline at 100mL per hour x 24 hours. Repeat finger stick in 30 minutes and notify physician.Review of Resident R3's clinical record revealed medical diagnosis of type two diabetes mellitus (failure of the body to produce insulin), end stage renal disease, hypoglycemia (low blood sugar levels), dependance on renal dialysis.Review of Resident R3's fall incident investigation report, dated December 5, 2024, revealed that Resident R3 had an unwitnessed fall in main dining room. Upon arrival resident was lying on his side. Resident was alert and talking and denied pain at the time. Writer observed a huge hematoma on back of resident's head. Per resident he was sitting in the chair and was about to use the restroom and he just fell out.Further review of Resident R3's clinical record as well as investigation report revealed no evidence of facility following their protocol for hypoglycemic management; no evidence of blood sugar check post incident and no evidence of vital signs taken post incident on December 5, 2025. Resident R3 had a fall at 7:15 pm and transferred to emergency room for evaluation at 7:50 pm.Review of hospital records, dated December 9, 2024, indicated his blood glucose upon arrival was 43 mg/dl with mild lethargy from poor PO intake. 28 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility provided documentation, interview with staff and review of clinical records it was determined that facility did not ensure to provide appropriate supervision during smoking break and during Hoyer lift transfer for two of 32 residents reviewed (Resident R7, R111)Findings include: Review of facility policy titled Abuse Dated October 24,2022, revealed the facility is committed to ensuring all residents are free from abuse common neglect, and harm. Neglect is recognized as a form of abuse and occurs when they facility, its staff, or service providers fail to provide necessary goods or services, placing residents at risk of physical harm, pain, or emotional distress. this includes Indifference or disregard for resident care, comfort, or safety, whether from a single incident or a pattern of failures, including not following proper procedures. all staff receive ongoing training to prevent abuse and neglect, and residents are monitored to maintain a safe, protective environment.Review of facility policy titled Lift dated January 1, 2022, revealed that transferring a resident with a Hoyer lift requires two staff members working together. One staff positions the sling under the resident and prepares the lift, while the other ensures the lift and chair are correctly placed. During the transfer, one person operates the lift controls to raise and move the resident, while the second monitors for safety, supports the resident's legs, and prevents the lift from striking the resident. Both staff guide the resident into the chair, lower them slowly, and ensure comfort. One staff removes the sling, while the other confirms the resident is safely positioned. Teamwork ensures a safe, smooth, and comfortable transfer. Review of Resident R7's quarterly Minimum Data Set (MDS -federal mandated assessment tool for all residents) dated July 7, 2025, revealed that Resident R7 was admitted to the facility on [DATE]. The resident's brief interview for mental status (BIMS) score was 15 indicating he is cognitively intact. Resident medical diagnosis's includes cerebral vascular accident (CVA -stroke), aphasia (language disorder that effects communication), anxiety (mental health condition characterized by excessive worry, fear and unease) and depression (Mental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest).Further review of Resident R7's MDS revealed that the resident's functional abilities included impairment on one side and required maximal assistance for toileting dressing and personal hygiene. This resident was totally dependent when staff assistance for bed mobility sit-to-stand transfers and bed to chair transfers. Observation on September 30, 2025, at 10:15 a.m., on the fourth-floor nursing unit outside Resident R7's room, revealed that Nurse aide, Employe E13 was observed providing care to Resident R7 in bed. After completing care, Employee E13 positioned the facility Hoyer lift (mechanical lift that aide with transfers from one surface to another), came to the doorway, looked down the hall, and then closed the door. Approximately five minutes later, nursing aide, Employee E7 opened the resident's door. Resident R7 was observed sitting in his wheelchair. Nurse Aide, Employee E13 was the only staff member in the room during this time. After it was confirmed that the resident had been transferred to the wheelchair and was comfortable, Employee E7 exited the room. Interview at time of the above observation with Nurse aide, Employee E13, revealed that he alone transferred Resident R7 using the Hoyer lift and then into the wheelchair without assistance. He reported that he regularly performs this transfer alone, referring to the resident as his buddy.Interview with Nurse aide, Employee E14 on the fourth-floor nursing unit on September 30, 2025, at approximately 10:30 am, this employee stated that she is frequently assigned to this resident and lift transfers are always required to be performed by two staff members. This is a facility rule for all residents. Review of Nursing aide, Employee E13's employee file revealed that on 8/26/2025, Employee 13 successfully demonstrated competency in transferring residents using both a Stand Assist Lift and a Hoyer Lift. The employee correctly inspected the lifts and slings for defects, prepared the environment by removing hazards, and ensured proper bed/chair positioning. Two staff members were present during each procedure to (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	safely assist with the lift. The employee provided reassurance to residents, positioned them properly, and executed lifts and transfers in a controlled and safe manner, maintaining contact and support throughout. Hand hygiene and proper sling handling were consistently observed. Review of facility policy ?Abuse,' revised October 24, 2022, under E. Investigation, states that It is the policy of this facility that reports of abuse (mistreatment, neglect, or abuse, including injuries of unknown source, exploitation, and misappropriation of property) are promptly and thoroughly investigated.Review of facility reported incident, dated August 28, 2025, at 11:00 am, revealed that Resident R111, was observed on the ground floor of facility sleeping in chair towards the elevators. Resident R111 was observed to have abrasion on the top of his head with scant red blood. Per R111's statement - he fell outside, tripped over the bench.Further review of R111's fall incident report indicated contradictory documentation related to his head injury. Resident R111 was sent to emergency room for evaluation but under ?injury type' R111 was noted with no injuries observed post incident.Further review of fall incident report revealed contradictory documentation related to R111's orientation; stating he is AAOx1 (people) as well as AAO x 4 (people, places, time and situation).Review of Resident R111 Minimum Data Set (MDS) - Resident Assessment and Care Screening, completed on October 10, 2025, indicates his Brief Interview for Mental Status (BIMS) score is 12.Review of statement completed by activities therapist, employee E12, on August 28, 2025, states I supervised residents during smoke break. R111 did not fall. I was present the whole time.Interview with facility's director of nursing and administration on Thursday, October 23, 2025 revealed that activities employee forgot to lock the smoking section area after smoking time was over, therefore - no one witnessed the fall incident. 28 Pa Code 201.14(a) Responsibility of licensee28 Pa Code 201.18(b)(1) Management28 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. Based on clinical record review and staff interviews, the facility failed to ensure pain management was provided in accordance with professional standards of practice for one of one resident reviewed for pain management. (Resident R8) Findings include: Review of facility policy titled Pain Management Program dated October 16, 2024 revealed the facility must ensure that each resident receives care and services consistent with professional standards of practice to effectively manage pain, ensuring that pain does not interfere with the residents functioning or quality of life.Further review of the facilities policy stated that pain assessments are to be completed upon a mission, on a routine basis, and whenever there's a change in the residence condition or behavior that may indicate pain. The policy emphasizes that all pain management should be individualized to meet the specific needs of each resident, incorporating both pharmacological and nonpharmacological interventions. Non drug approaches such as repositioning application of heat or cold, relaxation techniques, or other comfort measures are encouraged as first line or supportive strategies. When oh poisoned clinically appropriately, they are to be used only as the lowest effective dose and for the shortest duration necessary. The policy further directs that pain control and medication effectiveness must be continuously reassessed and thoroughly documented to ensure appropriate management. A review of the National Institute of Health NIH .gov revealed that oxycodone is an opioid medication used to relieve moderate to severe pain it works by binding to specific receptors in the brain and spinal cord, reducing the perception of pain. It is typically prescribed for pain following surgery, injury, or chronic conditions. Side effects can include dizziness, drowsiness, constipation, nausea, and respiratory depression if taken in high doses. Because it can be habit forming, it is prescribed. Monitored with caution by health care providers.Review of Resident R8's quarterly minimum data set (MDS- a federal mandated assessment tool for all residents) dated September 5, 2025, indicated the resident was admitted into the facility on November 11, 2022. The residents brief interview for mental status (BIMS) score was 15 indicating intact cognition. Resident's diagnoses included stroke (a sudden interruption of blood flow to the brain), hemiplegia (paralysis or severe weakness on one side of the body), anxiety (mental health condition characterized by excessive worry, fear and unease), depression (mental health condition characterized by persistent sadness, hopelessness and loss of interest), and muscle wasting atrophy (decrease in size or wasting away of body part or tissue). The residents routinely receive antidepressants and opioid medications.Review of resident's care plan initiated in November 2022 and revised on March 30, 2023 identified the resident as being at risk for pain related to spasms and nerve pain. Interventions included administration of analgesic as ordered by the physician, anticipating the residents need for pain relief and responding promptly, and evaluating the effectiveness of all interventions while notifying the physician. If the interventions were unsuccessful or if the resident pain complaints indicated a significant change in condition. Review of resident's physician orders revealed in order day that June 24, 2025, for the pain medication Oxycodone 5 milligrams, to be administered every eight hours as needed for moderate pain, with documentation of pain level, location and non- pharmacological interventions.Further review of active and discontinued Physician orders showed that Resident R8 had been receiving Oxycodone continuously since November 11, 2022, without any documented re-valuation or tapering.Review of Resident R8's medication administration record (MAR) revealed the following: July 2, 5, 17, 19, 24, 25, and 26, 2025 the resident's reported pain levels ranged from 0-1 (no or very mild pain). Oxycodone was administered for moderate pain. August 24 and 28, 2025 pain level recorded as 1. Oxycodone was administered.September 6, 2025 pain level recorded as 0, Oxycodone was administered. On September 11 and 12, 2025 pain level recorded as 1, and Oxycodone was again administered.October 8, 21, and 23, 2025 pain level recorded as 0, and Oxycodone was administered.Interview with Director of Nursing (DON), Employee 2 on October 23, 2025 at approximately 1:30 PM, confirmed that the medication administration records for the resident were accurate and that the resident had received Oxycodone (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	even when reporting little or no pain. Employees E2 further acknowledge that the facility did not have a defined pain scale to guide staff in distinguishing between mild moderate or severe pain levels. Additionally, it was confirmed that the residents care plan did not include any nonpharmacological interventions to address pain management or provide comfort measures. 28 Pa. Code 211.2(c)(3)(9) Medical Director28 Pa. Code 211.9 (b)(d) Pharmacy Services28 Pa. Code 211.12(d)(1)(2)(5) 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 observations, review of facility policy/protocols, and interview with staff, it was determined that facility did not ensure to store drugs and biologicals according to professional standards of practice in two of two medication storage rooms observed (2nd floor and 3rd floor units) Findings include:Review of facility policy ?Medication Storage,' reviewed December 17, 2024, indicates that medication preparation and storage areas will have sufficient lighting, and medications requiring refrigeration will be stored in a refrigerator that is maintained between 2 - 8 degrees Celsius (36 to 46 degrees F) . temperatures will be checked daily to ensure it is within the specific range. If temperature is out of range, the refrigerator thermostat will be adjusted.Review of ?Refrigerator temperature control log,' for month of October 2025, on 3rd floor unit, indicated that The RN (Registered Nurse) or LPN (Licensed Practical Nurse) will check and record the refrigerator temp. every shift, initial and sign. Temp (F- Fahrenheit) should be between 36 degrees - 46 degrees F. If out of range, readjust temp. If still out of range, notify maintenance and document in the maintenance log.Further review of temperature log on 3rd floor unit, revealed no record that the temperature was monitor and documented on the following dates/shifts: October 1, 2025 day and evening shift, October 2, 2025 day and evening shift, October 6, 2025 through October 23, 2025 day shifts, October 9, 2025 evening shift, October 11, 2025 through October 13, 2025 evening shift, October 15, 2025 through October 23, 2025 evening shift, October 22, 2025 night shift.Further observations of medication storage room on 3rd floor unit indicated refrigerator temperature out of range - at 48F. Finding confirmed by charge nurse, Employee E10 at the time of the observation.Further review of temperature log in 2nd floor medication storage room revealed missing temperature checks, dates and initials on following dates: October 1, 2025 through October 8, 2025 day shifts, October 11, 2025 through October 22, 2025 day shifts, October 5, 2025 through October 6, 2025 evening shifts, October 11, 2025 through October 12, 2025 evening shifts, October 17, 2025 evening shift, October 20, 2025 through October 22, 2025 evening shifts, October 3, 2025 through October 5th, 2025 night shifts, October 9, 2025 night shift, October 11, 2025 night shift, October 15, 2025 night shift, October 17, 2025 through October 18, 2025 night shift, October 21, 2025 through October 22, 2025 night shift.Findings confirmed with 2nd floor unit charge nurse, Employee E11 on Thursday, October 23, 2025, at 11:54 am.28 Pa Code 211.12(d)(5)(e) Nursing services

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, resident and staff interviews, and a review of facility documentation, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for four of 32 residents reviewed (Residents R24, R79, R32, and R63). Findings include: A review of the undated Bedrock Food and Nutrition Services Test Tray Evaluation form revealed that the acceptable temperature range for hot food and beverages was greater than 135 degrees and for cold food and beverage was 50 degrees or less and for milk 45 degrees or less. Interview with Resident R24 on September 29, 2025, at 11:15 a.m revealed that she did not like a lot of the food that they serve. Interview with Resident R79 on September 29, 2025, at 11:23 a.m. revealed that she can't eat the meals, that the food is really bad, and that all she is able to eat is the chicken noodle soup and they don't always have that. Interview on September 29, 2025, at 10:29 a.m. Resident R63 stated that the food was served cold, the meats were rubbery, that the coffee doesn't taste good and that the beverages taste watered down. Interview on September 29, 2025, at 10:58 a.m. Resident R32 stated that the food was not good and that the food was served cold. Observations during a test tray conducted on October 1, 2025, at 12:45 p.m. revealed that the last tray was passed at 12:45 p.m. Temperatures were taken by the Food Service Director (FSD), Employee E3, which revealed that the chicken and dumplings served over rice were only 129.4 degrees, and the spinach was only 123.4 degrees, all outside the acceptable temperature range for palatability. During the taste test the spinach was very bland and not warm enough and the dumplings were melted and stuck to the chicken and tasted slimy and uncooked dough, which was very starchy and unpleasant. An interview with the FSD, on July 23, 2025, at 12:55 p.m. confirmed that these food items were outside the acceptable temperature range and therefore not palatable, and that the cook was having trouble with the dumplings and that they did not turn out right. Observations in the second-floor dining room at 1:00 p.m. revealed that many of the residents were not eating the chicken and dumplings. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews with staff it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.Findings include: An initial tour of the Food Service Department (FSD) was conducted on September 29, 2025, at 9:45 a.m. with Employee E3, Food Service Director, which revealed the following: Observations in the area near the compacting dumpster revealed a large blue container (10 gallons) of roofing adhesive, a case of four silver pouches of roofing sealant with 6 long screws and several tubes of roofing caulk. Also, a large pile of old resident equipment including a bedside commode, wheelchair, leg rests, walker, bedside nightstand and a microwave oven piled up next to the trash compactor. Observation in the dry food storage room revealed a large cardboard box of dishware sitting directly on the floor. Observation in the walk-in freezer revealed no thermometer to monitor temperatures. Observation in the walk-in cooler revealed a stainless-steel pan of cooked roast beef labeled September 24, 2025, or six days old. Observation in the prep sink revealed semi-frozen chicken breast floating in standing water. Observations in the second-floor dining room revealed the undershelf on the steam table covered in dirt and dust and the metal was oxidizing and could not be wiped clean. Observations in the refrigerator in the second-floor pantry revealed three Styrofoam containers of leftover food, seven plastic leftover food containers, one gallon jug of milk, and three plastic shopping bags of food and none were labeled with dates or names. There were three nutritional supplements labeled with resident names that were dated September 14, 2025. Interview with FSD on September 29, 2025, at 9:55 a.m., confirmed the above findings. Observation of the 4th floor resident food pantry on September 30, 2025, at 9:11 a.m. revealed that there was a frozen Styrofoam cup of juice with a straw in it that was unlabeled (no resident identification) and undated; a container of potato salad dated September 8 but was unlabeled; an open container of almond milk that was unlabeled and no date as to when the container was opened; and two containers of sushi that were purchased on September 29, 2025 but was unlabeled. Interview on September 30, 2025, at 9:25 a.m. Employee E9, unit manager, confirmed the above findings. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395461	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tucker House Nursing and Rehabilitation Center	1001 Wallace Street Philadelphia, PA 19123

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations and interviews with staff, it was determined that the facility did not ensure that that trash and recyclables were properly disposed of in the receiving and dumpster area.Findings include: An initial tour of the Food Service Department was conducted on September 29, 2025, at 9:45 a.m. with Employee E3, Food Service Director, (FSD) which revealed the following: Observations in the area near the compacting dumpster revealed a large blue container (10 gallons) of roofing adhesive, a case of four silver pouches of roofing sealant with 6 long screws and several tubes of roofing caulk. Also, a large pile of old resident equipment including a bedside commode, wheelchair, leg rests, walker, bedside nightstand and a microwave oven piled up next to the trash compactor. Interview with the FSD on September 29, 2025, at 9:50 a.m. confirmed the above findings. Interview with the Administrator on September 29, 2025, at 1:20 p.m. confirmed that the facility recently had roof work completed and that these chemicals and other debris should not be left outside of the dumpster. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. Based on observations, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that staff were knowledgeable of smoking policies during one of one smoke breaks observed (September 30, 2025, morning smoke break). Findings include: Review of facility policy, Smoking Safety Policy dated October 3, 2024, revealed, It is the facility policy to provide a safe environment for our residents, staff and visitors by defining and enforcing safe smoking practices. Continued review revealed, The facility will maintain safety equipment near and/or at the designated smoking area: emergency fire blanket, fire extinguisher . [and] aprons for residents if they are not on their possession. Review of the facility's smokers list revealed that four residents required smoking aprons, including Resident R83. Observation on September 30, 2025, at 9:31 a.m. of the morning smoke break revealed that Resident R83 was smoking in the designated smoking area. Resident R83 had a cigarette hanging from her lips while seated in her wheelchair with her hands resting at her sides. Resident R83 was observed not wearing a smoking apron. Interview, at the time of the observation, Employee E8, Business Office Manager, revealed that she was monitoring the residents during the smoke break. Employee E8 stated that she did not know which residents required smoking aprons and that no aprons or list of smokers were ever provided to her. Continued interview revealed that Employee E8 did not know where the smoking aprons or emergency fire blanket were located. Employee E8 revealed that she did not know what a fire blanket was or how to use one. Employee E8 stated that Employee E7, Activities Director, was responsible for overseeing the resident smoking program. Interview, on September 30, 2025, at 9:38 a.m. Employee E7, Activities Director, revealed that he did not have the list of smokers, including which smokers required smoking aprons, readily available and that he would have to retrieve it from his office. Employee E7, Activities Director, confirmed that there was no emergency fire blanket in the designated fire blanket storage box next to the entrance of the smoking area. Employee E7, Activities Director, did not know where the smoking aprons were stored and confirmed that they were not readily available to staff responsible for monitoring the smoking area. After searching the area for several minutes, Employee E7, Activities Director, found two smoking aprons in a dining room kitchen cabinet. Employee E7, Activities Director, was not able to find any additional smoking aprons to accommodate all the residents that were listed as needing smoking aprons. 28 Pa code 209.3(a) Smoking