

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/12/2025
NAME OF PROVIDER OR SUPPLIER  Cathedral Village		STREET ADDRESS, CITY, STATE, ZIP CODE  600 East Cathedral Road Philadelphia, PA 19128	

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 - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records, facility documentation, and staff statements, it was determined that the facility failed to provide assistance with activities of daily living related to nutrition, incontinence care, and positioning for five residents reviewed. (Resident R1, R2, R3, R4, and R5). This was identified as past non-compliance. Findings Include: Review of Resident R1's clinical record revealed a quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated June 2, 2025, indicated diagnoses including progressive neurological conditions, dementia (loss of cognitive functioning), Parkinson's disease (neurovegetative disorder that affects movement), paralytic gait (difficulty initiating movement), and dysphasia (language disorder); and had a BIMS score of six, indicating cognitive impairment. Further review revealed that Resident R1 was dependent with eating, oral hygiene, toileting and personal hygiene. Review of Resident R2's clinical record revealed a quarterly MDS dated [DATE], which indicated that Resident R2 was admitted to the facility with diagnoses including progressive neurological conditions and Alzheimer's disease (degeneration of the brain). Further review revealed that the resident required maximal assistance with toileting hygiene. Review of Resident R3's clinical record revealed a quarterly MDS dated [DATE], which indicated that Resident R3 was admitted to the facility with diagnoses including aphasia (inability to understand or produce speech), dementia, hemiparesis (one sided muscle weakness), and neuralgia (pain along the course of a nerve). The continuing review revealed the resident was dependent with sitting and lying to sitting. Review of Resident R4's clinical record revealed a quarterly MDS dated [DATE], which indicated that Resident R4 was admitted to the facility with diagnoses including aphasia. Further review revealed that Resident R4 was dependent on staff for mobility. Review of Resident R5's clinical record revealed a quarterly MDS dated [DATE], which indicated that the resident was admitted to the facility with diagnoses including neurological conditions, Parkinson's disease, restless leg syndrome (strong urge to move the legs), and spinal stenosis (loss of the normal structure of the spine). Further review revealed that Resident R4 was dependent on staff for mobility. Review of facility documentation originally submitted to the State Survey Agency on July 17, 2025, alleged that on July 17, 2025, Resident R1, R2, and R3, did not receive incontinent care and Resident R4 was noted to have food in mouth after evening meal had completed. Further review revealed that Nurse Assistant, Employee E4, was observed asleep in a resident room by multiple staff which resulted in residents R1, R2, R3, R4, and R5, being unkempt, soiled, and uncomfortable, and placed them at risk for skin breakdown, infection, and decreased dignity. The continued review revealed that Resident R1 was observed lying flat with food in her mouth unsupervised. Resident R2 was observed with a bowel movement that had spread up her back and soiled her shirt. Resident R3 was observed in bed with his head hanging off one side of the mattress and his feet hanging off the opposite end. Residents R4 and R5 were observed to be wet and in need of incontinent care that appeared to have been for an extended period. Review of statement by Nurse Aid, Employee E3, dated July 18, 2025, revealed that at approximately 5:00 p.m. Employee E3 witnessed Nurse Aid, Employee E4 in the back by the computers on long hall with her head down on the desk, it appeared to be she was sleeping. After dinner, another Nurse Aid notified Employee E3 that Employee E4 was observed sleeping. Review of documented interview with Nurse Aid, Employee E4, confirmed, I was tired so yes, I did close my eyes. This deficiency was cited as past non-compliance. Review of facility Action plan/Follow up documentation revealed the following information. 1. Identified residents in neglect allegation had skin assessments completed and were interviewed with statement obtained as able on care and services received. Police, Area Office on Aging, DOH, resident representative, and physician/physician extender were notified of allegations of neglect. The alleged perpetrator was on administrative leave at the time the investigation was initiated 7/25/25.2. Current residents on the 3rd floor were interviewed and received skin assessments by 7/26/2025. An audit was completed of 3rd floor resident progress notes for current residents between 7/17/2025 to 7/25/25 to review for any changes in condition documented and to identify any abuse or neglect allegations. The Director of Nursing and Nursing Home Administrator were provided with re-education on 7/25/2025 by the organizations VP Clinical Excellence on neglect allegation follow up required and actions to be taken.3. Current nursing staff were reeducated by Executive Director or designee on the facility Abuse Neglect or Exploitation Policy by 7/28/2025. If a nursing team member is not scheduled and not able to be reached, education will occur prior to their next scheduled shift 4. The Nursing Home Administrator or designee will conduct a random</p>		