

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 01/21/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to implement care plan interventions to meet resident needs for one of three residents reviewed (Resident R1). This deficiency was identified as past non-compliance. Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to implement care plan interventions to meet resident needs for one of three residents reviewed (Resident R1). This deficiency was identified as past non-compliance. Findings Include: Review of facility policy Care Planning review 01/07/2026 revealed the facility will comprehensively evaluate and re-evaluate a resident's need for service and develop a plan to promote their highest practicable level of functioning. Review of Resident R1's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated October 9, 2025, revealed the resident was assessed as cognitively intact and had diagnoses of cerebral vascular accident (CVA -damage to the brain from interruption of its blood supply), depression (mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things), and hemiplegia (one sided paralysis). Further review of Resident R1's comprehensive MDS dated [DATE], revealed the resident was dependent on staff for toileting hygiene and shower/bathing, and required partial/moderate assistance with personal hygiene (including combing hair, shaving, applying makeup, washing/drying face and hands). Review of Resident R1's comprehensive care plan dated July 17, 2025, revealed the resident had an activity of daily living self-care performance deficit related to dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities), hemiplegia, and limited mobility. Intervention revised October 23, 2025, indicated that two staff members should participate in all care for Resident R1 (referred to as paired care). Review of Resident R1's comprehensive care plan dated November 3, 2025, revealed the resident was resistive to care and would use foul language/make derogatory statements towards staff. Review of facility incident report dated December 27, 2025, revealed on December 27, 2025, nurse aide, Employee E3, made licensed nurse, E4, aware that Resident R1 had a skin tear to the top of the right hand. Resident R1 stated that nurse aide, Employee E3, hurt his/her hand and was going to report the employee. Continued review of facility documentation revealed a written statement dated December 27, 2025, by nurse aide, Employee E3, that indicated while providing care for Resident R1 the resident became agitated. Nurse aide, Employee E3, stated he/she was trying to clean Resident R1's hand when the resident quickly pulled his/her hand away and subsequently sustained a skin tear. Interview on January 21, 2026, at 10:00 a.m. with the Nursing Home Administrator, Employee E1, confirmed that Resident R1 required paired care. Further interview on January 21, 2026, at 10:00 a.m. with the Nursing Home Administrator, Employee E1, confirmed the nurse aide, Employee E3, failed to implement care plan interventions and provide paired care for Resident R1. On December 27, 2025, following the incident, the facility immediately</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395467	Facility ID: 395467 If continuation sheet Page 1 of 2

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>implemented the following corrective action:On 12/27/2025 [Resident R1] was assessed at the time of incident, the skin tear was cleaned and dressed in a bandage.Resident R1's care plan was reviewed and Resident R1 was found to be paired care for all activities of daily livingA full house audit on current residents who are paired care was completed to ensure paired care still neededAssignment sheets were updated to reflect what resident's require paired careCare plans reviewed for paired care accuracyThe Director of Nursing or Designee will re-educate the nursing staff on reading the assignment sheet and ensuring instructions are followed (completed January 5, 2026)The Director of Nursing or Designee will complete a random audit on 3 residents who are paired care weekly x 4 weeks and then monthly x 2 months to ensure paired care is noted on the assignment sheets.Audits will be forwarded to the Quality Assurance Team for review and any recommendations as neededInterviews on January 21, 2026, with nurse aide staff revealed staff were educated on how to identify a resident who is paired care. Review of facility documentation revealed assignments sheets were updated to reflect residents who require paired care. Review of clinical records confirmed care plans were developed and implemented to reflect pair cared status. This deficiency was identified as past non-compliance.</p>		