

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Graduate Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1526 Lombard Street Philadelphia, PA 19146	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27155</p> <p>Based on review of clinical records, as well as resident and staff interviews, it was determined that the facility failed to maintain clinical records that were complete and accurately documented for one of four residents reviewed (Resident R1) .</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record revealed that the resident was admitted to the facility on [DATE], for skilled nursing care. The resident had been an inpatient at an acute care hospital and had undergone a surgical procedure on his right plantar (sole of foot) foot.</p> <p>Review of December 2024 physician orders revealed an order dated December 25, 2024, to cleanse right plantar foot with normal saline and gently pat dry, dress with non adherent dressing, then cover with ABD pad and kerlix, secure with transpore white tape daily every night shift for wound.</p> <p>Additional review of the clinical record did not reveal any documentation that the wound care regimen had been completed as ordered by the primary care physician.</p> <p>An interview was conducted with the facility administrator on January 23, 2025, at 1:30 p.m. The administrator confirmed that there was no electronic or written documentation to verify the physician orders for wound care had been performed as instructed.</p> <p>28 Pa. Code 211.5(f)(vii) Clinical Records</p> <p>28 PA Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395485	Facility ID: 395485 If continuation sheet Page 1 of 1