

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  02/26/2025
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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents a notice of rights, rules, services and charges.</p> <p>41471</p> <p>Based on interviews with staff and resident representatives, review of facility documentation, and clinical records, it was determined that the facility failed to inform a resident of facility policy of cannabis use/administration in the facility prior to the admission which resulted in a resident who was on cannabis for seizure disorder did not receive the prescribed medication as ordered by the physician.</p> <p>Findings Include:</p> <p>Review of facility admission documentation signed by the resident and facility representative dated 1/31/2025 revealed that viii.) Pharmacy Services. Federal law requires the Facility to contract with a licensed pharmacist and provide pharmaceutical services to meet the needs of residents. Physicians prescribe medications to residents, and pharmacists fulfill medication orders. The Facility obtains routine and emergency medications and biologicals for all Residents through an agreement with a pharmacy. This pharmacy is the preferred provider and provides pharmacy services to most of the residents. The Resident is permitted to bring prescription and non-prescription medications from the pharmacy of your choosing. If you do not use the pharmacy that is contracted with the Facility, you must ensure the medications are timely delivered so that the Resident's prescribed treatment plan is not disrupted, each medication is in an individual container. Delivery directly to an individual resident is not permitted. In addition, prescribed medication must be obtained and labeled as required by law.</p> <p>Review of facility admission documentation revealed no documented information provided to the resident or resident representative of a policy related to the administration of Cannabis for medical use.</p> <p>Review of hospital record for Resident R1 dated 1/31/2025 revealed an order for Cannabidiol Oral Solution 100 MG/ML (Cannabidiol), Give 2 ml by mouth at bedtime for pain and seizures.</p> <p>Review of physician order for Resident R1 dated 1/31/2025 revealed an order for Cannabidiol Oral Solution 100 MG/ML (Cannabidiol), Give 2 ml by mouth at bedtime for pain and seizures. Further review of the order revealed that the medication was discontinued on February 10, 2025, with reason documented as facility policy.</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 0572</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Medication Administration record for Resident R1 for the month of January and February 2025 revealed that the medication was not administered from January 31, 2025, to February 7, 2025. The medication was discontinued on February 9, 2025.</p> <p>Interview with Resident Representative on February 25, 2025, at 12:00 p.m. stated facility informed her in the beginning that the medication was not available, later the facility informed her that the facility policy did not allow Cannabis administration in the facility. Resident Representative stated she or the resident was not informed of the facility policy prior to or on admission.</p> <p>Interview with Regional Staff, Employee E3 on February 25, 2025 at 2:00 p.m stated, it was the facility policy that the facility do not allow Cannabis administration in the facility regardless of the reason of administration. Employee E3 stated facility staff who reviews the resident referrals at the hospitals was responsible to ensure that the resident medication list contains only those medications that the facility could administer. Employee E3 confirmed that the facility policy of no Cannabis product use in the facility was not relayed to the resident or resident representative prior to or at the time of admission.</p> <p>A request for a copy of No Cannabis use policy was requested to the facility administrator during the survey but no policy was provided.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		