

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 03/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on review of facility policy, review of clinical record, and resident interview it was determined that that the facility failed to ensure dependent residents received the necessary assistance to maintain personal hygiene for one of six residents reviewed (Resident R1).</p> <p>Findings Include:</p> <p>Review of facility policy Activities of Daily Living (ADL) revised March 2018 revealed appropriate care, and services will be provided for residents who are unable to carry out activities of daily living (ADLs) independently, with the consent of the resident and in accordance with the plan of care.</p> <p>Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], was alert and oriented x 3 (alert to person, place, and time) and able to make needs known.</p> <p>Review of Resident R1's care plan dated March 12, 2025, revealed Resident R1 had an activities of daily living self-care performance deficit related to recent fall with hip fracture. Intervention dated March 13, 2025, revealed Resident R1 required 1-staff assistance with bathing, transferring, dressing, and toileting.</p> <p>Interview on March 24, 2025, at 11:15 a.m. with Nurse Aide, Employee E3, revealed each nursing unit has a shower schedule book that details when each resident has a scheduled shower.</p> <p>Review of the 4th floor nursing unit shower schedule book revealed Resident R1 was scheduled for a shower on Saturdays.</p> <p>Interview on March 24, 2025, at 12:05 p.m. with Resident R1 the resident reported that she required assistance from staff with showering. Further interview Resident R1, the resident denied being provided with/offered a shower on Saturday March 22, 2025.</p> <p>Review of Resident R1's clinical record revealed a nursing kardex (documentation system that allows nursing staff to organize and reference key patient information) task for bathing. Review of Resident R1's bathing task revealed did the resident receive a shower or bathing per care plan? which was subsequently blank.</p> <p>Review of Resident R1's entire clinical record revealed no documented evidence Resident R1 was provided with/offered a shower on Saturday March 22, 2025.</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 - Few</p>	<p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		