

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  04/01/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>39343</p> <p>Based on observation, staff interview, and clinical record review, it was determined that the facility failed to administered medications timely in accordance with physician orders, for one of one resident observed during medication administration. (Resident R2)</p> <p>Findings include:</p> <p>Review of Resident R2's April 2025 physician orders and Medication Administration Record (MAR) indicated the following medications scheduled to be administered at 9:00 a.m.:</p> <p>Acetaminophen Tablet 325 MG (Acetaminophen), Give 2 tablet by mouth every 4 hours as needed for Mild Pain More than 3 doses in 48 hours, notify physician/advanced practice provider(APP).Do not exceed 3mg/day. (standing order) (Ordered on 7/11/2024).</p> <p>Allopurinol Oral Tablet 100 MG (Allopurinol), Give 0.5 tablet by mouth one time a day for gout (Ordered on 7/11/2024).</p> <p>Amiodarone HCl Oral Tablet 200 MG (Amiodarone HCl), Give 1 tablet by mouth one time a day for AFib (Ordered on 2/24/2025). {Atrial fibrillation (AFib), or A-fib, is a common heart rhythm disorder where the heart's upper chambers (atria) beat irregularly and rapidly, potentially leading to blood clots and stroke}.</p> <p>Eliquis Oral Tablet 5 MG (Apixaban), Give 0.5 tablet by mouth two times a day for anticoagulant for 5 Days, and give 1 tablet by mouth two times a day for AFib (Ordered on 9/23/2024).</p> <p>Gabapentin Oral Capsule 100 MG (Gabapentin) Give 1 capsule by mouth three times a day for neuropathy (Ordered on 7/11/2024).{Neuropathy refers to a condition where nerves are damaged or malfunctioning. It can affect any part of the nervous system, including the peripheral nerves (nerves outside the brain and spinal cord) and the autonomic nerves (nerves that control involuntary functions like digestion and heart rate)}.</p> <p>Ferrous Sulfate Oral Tablet 325 (65 Fe) MG (Ferrous Sulfate), Give 1 tablet by mouth one time a day every other day for anemia ( Ordered on 2/27/2025).</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Multivitamin Oral Tablet (Multiple Vitamin) Give 1 tablet by mouth one time a day for vitamin (ordered on 7/11/2024).</p> <p>Observation of the medication administration on April 1, 2025, to Resident R2 revealed that Registered nurse, Employee E4, did not administered all the above listed medications scheduled to be administered at 9:00 a.m., until at 11:12 a.m</p> <p>At the time of the observation, interviewed with Employee E4, and confirmed the findings.</p> <p>28 Pa Code 211.12(d)(1)(2)(5) Nursing Services.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39343</p> <p>Based on observation, clinical record review, review of facility policy and staff interview, it was determined that the facility failed to provide appropriate respiratory care and services for one of seven residents reviewed (Resident R3).</p> <p>Findings include:</p> <p>Review of the Facility Policy and Guidelines for Implementation of Oxygen Administration indicated that the nurse should review and follow the physician's orders while administering oxygen via nasal canula.</p> <p>Review of Resident R3's clinical record revealed that the resident was initially admitted to the facility on [DATE]; diagnosed with Dependence on Supplemental Oxygen.</p> <p>Review of clinical record indicated that Resident R3 was ordered, dated March 15, 2025, oxygen at 2 Liters/Min, via nasal cannula, continuously, every shift for shortness of breath.</p> <p>On April 01, 2025, at 11:01 a.m., Resident R3 was observed with Oxygen at 6 liters/min, via nasal canula., and not 2 liters/min, as ordered by the physician; and the same it was confirmed with a Registered Nurse, Employee E4 at the time of the finding.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		