

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 04/07/2025
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46993</p> <p>Based on observations, interview with staff and residents, it was determined that the facility failed to ensure an effective pest control program resulting in presence of rodents on one of four units observed (2nd floor unit)</p> <p>Findings include:</p> <p>Review of facility policy 'Pest Control,' indicates that facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p> <p>Observations on April 7, 2025, at 11:45 am, on 2nd floor unit, revealed a rodent in room [ROOM NUMBER]; finding confirmed with licensed nurse, employee E3.</p> <p>Interview with E3, revealed that she observes rodents one to two times each working shift.</p> <p>Interview with Resident R1, on April 7, 2025, at 12:45 pm, revealed the resident has seen rodents in the room, further stating that mouse traps placed in the room were ineffective.</p> <p>Interview with Resident R2, on April 7, 2025, at 1:00 pm, revealed concern of continuous rodent infestation in facility.</p> <p>28 Pa Code 201.18(a)(b)(1) Management</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</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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