STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on a review of the observations, and an interview with residents and staff, it was determined that the facility failed to ensure that the most recent Department of Health Survey results were readily accessible to residents and visitors in three of three nursing floors.Findings include: On 03/10/2026 at 10:42 a.m., a Resident Council meeting was conducted with five alert and oriented residents (R46, R174, R93, R119, and R131). During the meeting, residents reported that the facility does have a sign at the front desk stating, Survey results are available upon request, but the survey binder itself is not readily accessible and must be requested. On 05/13/2025 at 11:52 a.m., a facility tour was conducted with the Administrator, Employee E1, to observe the placement of the Department of Health Survey binder. Employee E1 reported that the survey binder is located only on the first floor and is available upon request. During observation, a sleeve displaying the sign Survey results are available upon request was noted; however, it was not positioned at a wheelchair-accessible level. The binder containing the survey results was located in the Administrator's office. 28 Pa. Code 201.14(a) Responsibility of licensee

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews with residents and staff, it was determined that the facility failed to provide a clean linen, safe, comfortable, and homelike environment in two of the three nursing units observed (3th and 2nd floor Nursing Units).Findings include: On 03/09/2026 at 9:00 a.m., the front door was observed to stick to the floor, preventing it from opening and closing properly. The facility's receptionist, Employee E7, confirmed the door was broken and required force to operate. On 03/09/2026 at 10:08 a.m., an interview was conducted with Resident R110. The resident reported that the facility does not have enough clean linens and towels available. During the observation, a brown spot was noted on the wall near the railing outside of room [ROOM NUMBER]. The resident stated that housekeeping staff had been notified; however, according to the resident, the area had not been cleaned for several months. On 03/09/2026 at 1:00 PM, an interview was conducted with Resident R72 who reported that his dresser drawer was missing two drawer handles. Resident R72 stated that he had never been offered a key to secure his personal belongings and valuables. Observation of Resident R72's privacy curtain revealed grey dust stripes running from top to bottom, indicating that the curtain was dirty. Resident R72 reported having three additional roommates. Observation of the roommates' furniture revealed that their dresser drawers and closet doors were also missing handles. On 03/09/2026 at 1:10 PM, during an observation conducted with the Administrator, Employee E1 the above concerns were confirmed, including the dirty privacy curtain, the bedside drawer not having a lock, and the dresser drawer missing two handles. During the observation, additional concerns related to the physical environment were identified: In room [ROOM NUMBER], the wall clock located on the dresser was observed to be broken. The dresser drawers were observed to have missing handles. The window seals had visible spider webs. The tall closet was observed to have both door handles missing. In the bathroom, the cover for the sink pipe was observed to be hanging off. In room [ROOM NUMBER], the wall near the room entrance had been patched but not painted, leaving the repair incomplete. In room [ROOM NUMBER], Bed 1 closet was observed to have two missing closet door handles. The middle drawer was completely missing from the drawer unit. The dresser for Bed 3 was missing two drawer handles. The dresser for Bed 4 was observed to have two drawer handles missing. On 03/10/2026 at 9:00 a.m., the front door was observed to still not be functioning properly. The facility had propped the first door open, which was activating the alarm. The receptionist, Employee E7, reported that the door continues to be broken and is not closing properly. On 03/10/2026 at 10:42 a.m., a Resident Council meeting was conducted with five alert and oriented residents (R46, R174, R93, R119, and R131). During the meeting, the residents reported that the facility does not have enough linens available, including washcloths, towels, fitted sheets, and flat sheets, particularly on the 2nd and 3rd floors. On 03/10/2026 at 11:15 a.m., an interview with the Administrator, Employee E1, revealed that the facility conducted an audit and identified additional concerns with missing drawer handles in rooms 300, 301, 305, 306, 307, 315, 227, 224, 218, 217, 214, 205, and 204. On 03/12/2026 at 9:00 a.m., an observation was conducted with the Administrator, Employee E1. The front door was observed sticking to the floor, which prevented it from opening and closing properly. The Administrator reported that they were not previously aware of the issue and stated that maintenance would correct it. On 03/12/2026 at 9:47 a.m., observations were conducted in the laundry area with the Housekeeping Director, Employee E8. Employee E8 reported that the facility provides in-house laundry services for approximately 148 residents. At the time of observation, the following clean linen items were available in the laundry area: 11 towels, 8 fitted sheets, 10 flat sheets, 8 blankets, 8 hospital gowns, and 42 washcloths. Additionally, a storage unit located outside the facility was observed to contain additional linen supplies that were stored in boxes and had not been opened. These supplies included one box of 72 pillowcases, approximately (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	600 towels (300 x 2), 200 washcloths, 48 fitted sheets, approximately 72 flat sheets (24 x 3), and approximately 36 gowns (3 dozen). On 03/12/2026 at 9:53 a.m., further observations of linen availability were conducted throughout the facility. On the 1st floor nursing unit, which had a census of 23 residents, a linen cart was observed containing 5 fitted sheets, 2 flat sheets, 1 blanket, 5 towels, 7 gowns, 7 washcloths, and 2 pillowcases. On the 2nd floor nursing unit, which had a census of 60 residents in the North Wing, no linen supplies were observed in the supply area. An additional linen cart located in the East Wing contained 2 fitted sheets, 2 flat sheets, 1 blanket, 1 towel, 1 gown, and 1 washcloth available for approximately 60 residents. On the 3rd floor nursing unit, which had a census of 59 residents, the East Wing linen cart contained 1 gown, and a second cart contained 1 gown. The linen closet contained 1 blanket and 2 gowns available for residents on the unit. Based on these observations, it was determined that the 2nd and 3rd floor nursing units did not have an adequate supply of linens available for resident care, including washcloths, towels, fitted sheets, and flat sheets. 28 Pa Code 201.18(b)(1)(3)(e)(2.1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, review of facility policy, interview with staff and residents, it was determined that the facility failed to ensure that a resident's advance directives were accurately documented in resident's clinical record for one of 28 residents reviewed. (Resident R110)Findings include: Review of facility policy ADVANCED MEDICAL DIRECTIVES revealed that section POLICY: Ivy Hill Post Acute and Rehabilitation Center conforms to all applicable laws and regulations. Although no resident will be compelled to designate a surrogate for purposes of establishing an advanced medical directive, all residents will be informed of these options and given the opportunity to make these arrangements at the time of admission to the facility. All professional staff at the facility will be instructed on the recording of advanced directives in resident records. This process will be incorporated into a system of ongoing psychosocial support for residents around issues of illnesses, incapacity, and death and dying. Under section PROCEDURE: #2. As a routine part of resident care, the Social Worker will, at reasonable intervals, ascertain whether initial choice and decisions expressed by the resident at the time of admission continue to reflect his/her wishes. When this is not the case, the Social Worker will document the changes in the resident's wishes. # 4. All medical electronic charts have an advanced section in which there should be either: a. Do Not Resuscitate/Do Not Intubate (DNR/DNI) b. Health Proxy (HCP) c. Durable Power of Attorney d. Living Will ([NAME]) Review Resident R110's clinical record revealed that Resident R110 was admitted to the facility on [DATE], with diagnosis of but not limited to Cerebral Palsy and Acute Respiratory Failure. Review of Resident R110's physicians orders dated December 29, 2025, revealed an order for Full Code (a medical directive indicating that a patient wishes to receive all possible life-saving interventions in the event of cardiac or respiratory arrest). Review of Resident R110's Pennsylvania Orders for Life Sustaining Treatment (POLST) for resident R110 revealed that cardio DNR (do not resuscitate)/ do not attempt resuscitation (allow natural death) was marked X and signed by Resident R110. Interview with Resident R110 conducted on March 10, 2026, at 12:22PM revealed that Resident R110 wanted DNR (do not resuscitate if his/her heart stops beating). Interview with Licensed nurse, Employee E9 revealed that resident was a Full Code. Further, Employee E9 revealed that in the event of a code, she would use the full code indicated on the facility's electronic medical record. Employee E9 was shown by the surveyor Resident R110's POLST. Employee E9 confirmed that the resident was DNR per POLST. Interview with Director of Nursing Employee E2 conducted on March 11, 2026, at 2:55PM confirmed that Resident R110 should have been a DNR and that the facility had corrected the error. 28 PA Code 211.10(c) Resident care policies 28 PA Code 211.12(d)(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on clinical record reviews, and interviews with staff, it was determined that the facility failed to complete a discharge MDS assessment for 2 of 28 residents reviewed (Resident R65, R76).Findings include: Review for Resident R65 MDS (Minimum Data Set) quarterly assessments revealed that the MDS assessment was initiated on November 1, 2025, and completed on November 14, 2025. A clinical record review for Resident R76 revealed that the resident resident's MDS (Minimum Data Set) quarterly assessments revealed that a quarterly MDS assessment was initiated on, October 31, 2025, and completed on November 14, 2025. On March 11, 2026, at 10:25 a.m., an interview was conducted with the Registered Nurse in Extended Care (RNEC), Employee E6 who is responsible for initiating, reviewing, and validating MDS assessments. The RNEC confirmed that the quarterly MDS assessments for Resident R65 and Resident R76 was not completed within the required 7-day timeframe due to a high turnover rate of staff. 28 Pa. Code 211.12(d)(1) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to incorporate the recommendations from the Pre-admission Screening and Resident Review (PASARR) level II determination and the PASRR evaluation report into a resident's assessment, care planning, and transitions of care for one of 10 residents reviewed (Resident 27) Findings include:Review of Resident 27's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses including schizophrenia, (mental health disorder that changes how you think, feel and act) legal blindness (severe vision loss meeting legal criteria, and atrophy (wasting or shrinkage of body tissue, organs or body parts). Review of the PASARR screening dated July 16, 2024, revealed that the resident required a Level II evaluation. Documentation indicated the resident and/or representative was to be notified of the need for further evaluation. Review of a determination letter dated July 18, 2023, revealed Resident 27 qualified for additional services. Review of Resident R27 clinical record revealed no documented evidence that the facility coordinated with the Office of Long-Term Living to ensure delivery of PASARR Level II recommended services and that the services were obtained, coordinated, or provided. Interview with the mental health counselor, Employee E14 on March 11, 2026, at 9:34 a.m. revealed she was unable to complete full sessions with Resident 27. The counselor stated sessions were limited to redirection, with minimal communication, and the longest session lasting approximately 17 minutes with interruptions. The counselor stated she was unaware of any specialized services associated with the resident's PASARR Level II status. Interview with the Director of Nursing on March 11, 2026, at 1:00 p.m. confirmed that Resident 27 was identified through PASARR Level II; however, the facility was unable to provide evidence of coordination of services or care plan implementation related to PASARR recommendations. 28 Pa. Code 201.29(a) Resident rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, staff interview, and clinical record review, it was determined that the facility failed to ensure that a communication board was available or one of one resident reviewed who spoke a language other than English (Resident R3). Findings Include: A review of Resident R3's clinical record revealed an admission date of February 29, 2012. Review of the resident's comprehensive care plan, dated August 30, 2023, indicated: Communication device: [NAME] communication board at the bedside at all times. A review of Resident R3's clinical record did not indicate the language the resident spoke. Observation conducted on March 9, 2026, at 10:36 a.m., revealed that Resident R3 was unable to speak English. When asked what language the resident spoke, the resident stated Mandarin, Cambodian. When asked if (he/she) had any concerns, Resident R3 began speaking in another language. There was no evidence that an interpreter line or the communication board available in resident's room. Interview with Licensed Nurse, Employee E9, conducted on March 11, 2026, at 12:55 p.m. revealed that when asked what language Resident R3 spoke, Employee E9 stated it was unknown. When asked if the resident had a communication board, Employee E9 stated, I have seen it. Interview conducted on March 11, 2026, at 12:58 p.m., with the Rehabilitation Director confirmed that per resident's care plan, the resident benefit from the communication board. With the resident's permission, the Rehabilitation Director looked for the communication board at the bedside table, closet, and dresser, and there was no evidence of the communication board being present. When asked if Resident R3 had a communication board, the resident was unable to comprehend the question. On March 11, 2026, at 1:31 p.m., an interview was conducted with the Unit Manager, Employee E11. During the interview, Employee E11 brought a communication board to Resident R2. The resident was observed holding the board and reviewing the pictures. A review of the progress note dated March 3, 2026, indicated that Resident R3 refused to attend a cardiology appointment. Employee E11 asked Resident R2, without using the communication board, if he would agree to reschedule the appointment, and Resident R3 shook his head no. Resident R3 was then seated in a wheelchair, and a surveyor used the communication board to ask if he would agree to reschedule and attend the cardiology appointment. Using the board, Resident R3 agreed to attend the appointment. 28 Pa Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(5)(7) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interview, it was determined that the facility failed to obtain treatment orders for one of four residents reviewed with skin impairment. (Resident R145)Findings include: Review of Resident R145's clinical record revealed that Resident R145 was admitted to the facility on [DATE], with diagnosis of but not limited to Cerebral Infarction and Nontraumatic Intracerebral Hemorrhage (brain bleed). Review of Resident R145's Wound Evaluation and Management Summary dated March 4, 2026, revealed a Focused Wound Exam (Site 4), STAGE 3 PRESSURE WOUND OF THE LEFT, DORSAL FOOT PARTIAL THICKNESS Wound Size (L x W x D): 1.5 x 0.5 x 0.1 cm, Care goal(s) this month: Decrease Wound Area, Maintain Skin Integrity, Prevent Infection, DRESSING TREATMENT PLAN Primary Dressing(s): Skin prep apply once daily and as needed: if saturated, soiled, or dislodged. For 9 days. Review of resident R145's physician orders revealed no treatment order for Resident R145's wound on the dorsal area (top side) of the left foot was obtained. Review of Resident R145's TAR (treatment administration record) for March 2026 revealed no treatment for on Resident R145's wound on the dorsal area (top side) of the left foot. Observation of Resident R145, conducted on March 18, 2026, at 10:24AM during wound care observation with unit manager Employee E13 and licensed nurse Employee E12 revealed that wound care and treatment was performed for Resident R145's sacral wound, right shin wound, left heel wound. There was no treatment performed on Resident R145's wound on the dorsal area (top side) of the left foot. Interview with Employee E12 and Employee E13 conducted at the time of the observation, confirmed that treatment to Resident R145's wound on the dorsal area (top side) of the left foot was not done. Further Employee E13 confirmed that there was no order for treatment on Resident R145's wound on the dorsal area (top side) of the left foot. 28 PA. Code 211.12(c) Resident care policies 28 PA Code 211.12(d)(1)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on direct observation, clinical record review, and interviews with staff, it was determined that the facility failed to ensure enteral feedings were administered and monitored according to professional standards of practice, specifically related to labeling, for one of one resident reviewed for tube feeding (Resident R135).Findings include: A review of the clinical record for Resident R135 indicated that the resident was admitted to the facility on [DATE], with diagnoses including cerebral infarction (stroke), muscle wasting, dysphagia (difficulty swallowing), and hypertension (high blood pressure). A review of the physician's order for Resident R135, dated February 3, 2026, indicated an enteral feeding order as follows: Glucerna 1.5 at a rate of 60 mL/hour via PEG tube, up at 5:00 p.m., down at 3:00 p.m., for a total volume of 1300 mL, total calories 1980 kcal. On March 9, 2026, at 10:17 a.m., an observation was conducted with Licensed Nurse, Employee E9. revealed that Resident R135 was in bed receiving enteral feeding. The feeding bag was not labeled with the time of initiation, the rate of the feed, or the initials of the nurse administering the feed. 28 Pa Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of the manufacturer's recommendations, observations, and staff interview, it was determined that the facility failed to ensure the medications were properly dated when opened for one of two medication rooms (Unit 2). Findings include: Review of manufacturer's recommendations for Tubersol (medication used for tuberculosis testing) revealed when a vial of Tubersol is opened it should be discarded after 30 days. Observation of the refrigerator on Unit 2 medication room on March 09, 2026 at approximately 10:25 a.m. revealed an open vial of Tubersol that did not have an open date, therefore staff was unable to determine the discard date. During an interview at the time of the observation, Licensed Practical Nurse, Employee E12, confirmed that the Tubersol did not have an open date and that it should have been dated upon opening to ensure it could be properly discarded after 30 days. 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on staff interviews and a review of employee credentials, it was determined that the facility failed to employ a qualified director of food and nutrition services.Findings include: An interview on March 9, 2026, at 9:20 a.m. with Employee E3, Food Service Director (FSD), revealed that her responsibilities included oversight of ordering, receiving, storing, preparation and service of food. Further interview with the FSD confirmed that she was not a certified dietary manager (CDM); or a certified food manager (CFM); or had a national certification for food service management and safety from a national certifying body; or had an associate's or higher degree in food service management or hospitality from an accredited institution; and that she had not received frequently scheduled consultations from a qualified dietitian. A review of Employee E12's credentials revealed that Employee E12 did not meet the statutory qualifications of a director of food and nutrition services. During an interview on March 10, 2026, at 12:15 p.m. with Employee E1, the Nursing Home Administrator, acknowledged that the FSD did not possess the regulatory required qualifications to provide operational oversight of the dietary department. 28 Pa Code 201.18(e)(6) Management 28 Pa Code 201.14(a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395525	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ivy Hill Post Acute Nursing & Rehabilitation LLC	1401 Ivy Hill Road Philadelphia, PA 19150

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)
F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility assessment and staff interview, it was determined that the facility failed to ensure the direct care staff and input from residents, resident representatives, and/or family members was included when conducting the facility assessment. Findings include: Review of the facility's facility assessment, dated July 28, 2025, revealed there was no indication that the facility involved direct care staff, input from residents, resident representatives, and/or family members. Interview with Employee E2, Director of Nursing, on March 12, 2026, at 10:20 a.m., confirmed there was no direct care staff, resident representatives, and/ or family members included in the facility assessment. 28 Pa. Code 201.18(b)(3) Management28 Pa. Code 211.12(c)(d)(1) Nursing services