

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Roosevelt Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7800 Bustleton Avenue Philadelphia, PA 19152	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interviews and record reviews, the facility failed to provide a resident environment free of accident hazards for one resident (Resident R1), resulting in Resident R1, who was diagnosed with dementia, accessing the facility's main kitchen unattended and unsupervised during nighttime/after-hours. One of five residents reviewed. Findings include: Review of the clinical record for Resident R1 revealed diagnoses that included dementia (a range of medical conditions characterized by a decline in memory, language, and thinking skills severe enough to reduce a person's ability to perform everyday activities) and anxiety. Review of the MDS (assessment of resident needs) dated August 22, 2025, revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 3, which indicated that the cognitive status for Resident R1 was severely impaired. Review of the facility investigation dated August 27, 2025, revealed that staff responded to a fire alarm activated in the kitchen and found Resident R1 in the kitchen, seated in her wheelchair, stating she had been looking for a snack. Further review of the investigation revealed that the resident was on the third floor at 8:30 p.m., and at 8:45 p.m., staff could not locate the resident when they heard the fire alarm. The resident went to the first floor and stated she pulled something and did not know what it was. Observation of the first-floor kitchen with the Administrator on January 14, 2026, at 1:00 p.m., revealed that the fire alarm pull switch was located in the middle of the kitchen after passing through the stove and other kitchen equipment. There were two fire doors and one regular door next to the switch, which led to the exterior of the building. Interview with the Administrator on January 14, 2026, at 1:00 p.m., stated that Resident R1 was located in the kitchen after staff responded to the fire alarm that was triggered by the resident. The Administrator stated that after kitchen staff leave, the kitchen should be locked so residents do not enter or access the kitchen, which contains equipment that may place residents and/or others at risk. The Administrator confirmed that on August 27, 2025, kitchen staff did not lock the kitchen, which resulted in Resident R1 accessing the kitchen. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on the review of facility documentation, clinical records and interviews with resident and staff, it was determined that the facility failed to provide necessary pharmaceutical services for one of five residents reviewed. (Resident R2) Findings include: Interview with Resident R2 on January 26, 2026, at 11:00 a.m., stated she did not receive her medication muscle relaxant for the past two weeks, resident stated she was routinely taking it before sleeping to relive muscle spasm. Resident stated staff told her the medication was not available from the pharmacy. Interview with Employee E3 on January 26, 2026, at 12:00 p.m., confirmed that the medication was not available in the cart to give it to the resident. Review of physician orders for Resident R2 dated November 10, 2025, revealed medication orders for Cyclobenzaprine HCl Tablet 10 MG Give 1 tablet by mouth every 8 hours as needed for muscles spasms. Review of medication administration record (MAR) for Resident R2 for the month of December 2025 revealed that the resident received the medication, Cyclobenzaprine HCl Tablet, 15 times for the month, 11 of the 15 administration was at bedtime between 8 p.m. and 10 p.m. The last recorded administration was on December 28, 2025. Review of medication administration record for Resident R2 for the month of January 26, 2026 revealed did not receive, Cyclobenzaprine HCl Tablet for the month. Resident did not receive the medication after December 28, 2025. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.9(a)(1)(f)(2)(4)(k) Pharmacy services.</p>		