

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 01/29/2026
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)		
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of facility policy, clinical record review and interview with staff and residents, it was determined that the facility did not maintain complete and accurate medical records for one of 12 records reviewed (R1) Findings Include: Review of clinical record revealed that resident R1 was admitted to the facility on [DATE], with diagnoses including, but not limited to, low back pain, end stage renal disease, chronic pancreatitis, and osteoarthritis. The resident died in the facility on [DATE]. Review of physician orders for resident R1 revealed an order for OxyCODONE HCl Capsule 5 MG Give 1 capsule by mouth every 4 hours as needed for Pain. The order was active from [DATE], to [DATE], when it was discontinued following her death. A nursing note for resident R1 signed by employee E3, dated [DATE], at 3:09 a.m. stated s/s (signs and symptoms) of pain. x1 prn (as needed) med oxycodone given. [Positive] result. Review of the narcotic reconciliation log revealed that an oxycodone was signed out on [DATE] at 1:38 a.m. Review of the medication administration record (MAR) revealed that the dose was not signed out in the MAR. An interview was conducted on [DATE], at 2:00 p.m., with employees E1, the Nursing Home Administrator, and E2, the Director of Nursing. They confirmed that no dose of oxycodone was signed out on [DATE], and that it is the expectation of the facility that all narcotics be signed out both in the narcotics log and the MAR.		

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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