STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395537	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Roosevelt Rehabilitation and Healthcare Center	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observations, staff interviews, and clinical record reviews, it was determined that the facility failed to administer medications in accordance with physician orders for two of two residents reviewed. (Residents R1, R4)Findings include: Review of Literature on ?Administering Medications,' indicates that the individual administering the medication must check the label to verify the right medication, right dosage, right time and right method of administration before giving the medication. Review of Medication Administration Record of Resident R1 revealed that the following medications were administered beyond the allowable time window for medication administration: Nifedipine ER Tablet Extended Release 24 Hour 90 MG Give 1 tablet by mouth one time a day, Schedule Date and Time: 8:00a.m.; Administration Time: 04/26/2026 10:23 a.m. Protonix Tablet Delayed Release 40 MG (Pantoprazole Sodium) Give 1 tablet by mouth one time a day for GERD *DO NOT CRUSH; 04/26/2026 8:00 a.m.; Administration Time: 04/26/2026 10:22 p.m. Losartan Potassium Oral Tablet 50 MG (Losartan Potassium) Give 1 tablet by mouth two times a day; 04/26/2026 8:00 a.m.; Administration Time: 04/26/2026 10:24 p.m. Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 26 unit subcutaneously with meals diabetes mellitus (failure of the body to produce insulin), call physician if glucose level is above 400 or below 70. Hold insulin dose if not eating meal or glucose level less than 150. 04/26/2026 8:00 a.m.; Administration Time: 04/26/2026 10:24 a.m. Labetalol HCl Tablet 200 MG Give 1 tablet by mouth every 12 hours, 04/26/2026 9:00 a.m.; Administration Time: 04/26/2026 10:20 a.m. Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 26 unit subcutaneously with meals for Diabetes mellitus call physician if glucose level above 400 or below 70; Hold insulin dose if not eating meal or glucose level less than 150. ROTATE SITE; 04/26/2026 12:00 p.m.; Administration Time 04/26/2026 2:08 p.m. Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 26 unit subcutaneously with meals for DM CALL MD IF GLUCOSE LEVEL ABOVE 400 OR BELOW 70; Hold insulin dose if not eating meal or glucose level less than 150. ROTATE SITE, 04/27/2026 8:00 a.m., Administration Time: 04/27/2026 10:03 a.m. Losartan Potassium Oral Tablet 50 MG (Losartan Potassium) Give 1 tablet by mouth two times a day, 04/27/2026 8:00 a.m.; Administration Time: 04/27/2026 10:08 a.m. Review of the physician's order for Resident R4 indicated that the following medications were to be administered at 9:00 a.m. On May 6, 2026, at 11:30 a.m., it was observed that Licensed Nurse Employee E8 administered those medications to Resident R4 at 11:30 a.m., which is one and a half hours beyond the allowable time window for morning medication administration. Glucophage Tablet 1000 MG (MetFORMIN HCl) Give 1 tablet by mouthAspirin EC Tablet Delayed Release 81 MG (Aspirin) Give 1 tablet by mouthBumex Oral Tablet 1 MG (Bumetanide) Give 1 tablet by mouthCholecalciferol Tablet 1000 UNIT Give 1 tablet by mouthcloZAPIne Oral Tablet Disintegrating 150 MG by mouthDocusate Sodium Capsule 100 MG Give 1 capsule by mouthEliquis Oral Tablet 5 MG (Apixaban) Give 1 tablet by mouthFenofibrate Tablet 145 MG Give 1 tablet by mouthFerrous Sulfate Tablet 325(65 Fe) MG Give 1 tablet by mouthFolic Acid Oral Tablet 1 mg, Give 1 tablet by mouthMetoprolol Tartrate Tablet Give 12.5 mg by mouthoxyBUTYnin Chloride Oral Tablet 5 MG (Oxybutynin Chloride) Give 1 tablet by mouthPhenazopyridine HCl Oral Tablet 200 MG (Phenazopyridine HCl) Give 1 tablet by mouth On May 6, 2026, at 1: 43 p.m., the above findings were confirmed with the Director of Nursing. Pa Code 211.12(d)(1)(2)(5) Nursing Services.

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, review of facility policy and procedure and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related with the Enhanced Barrier Precautions for one of one resident treatment reviewed (Resident R3).Findings include: A review of the literature indicates that Enhanced Barrier Precautions (EBP) are infection prevention measures used to reduce the transmission of multidrug-resistant organisms (MDROs). The literature further indicates that staff are expected to follow established infection control practices, including proper hand hygiene, appropriate use of personal protective equipment (PPE), and changing gloves as needed during care to prevent cross-contamination between body sites. Review of clinical records indicated that on March 25, 2026, the physician ordered EBP for the resident R3 due to the presence of a Percutaneous Endoscopic Gastrostomy (PEG) tube (a flexible feeding tube inserted through the abdomen into the stomach to deliver nutrition, fluids, and medication directly, used when oral intake is not possible), and a Suprapubic tube (a thin, flexible tube surgically inserted through a small abdominal incision directly into the bladder to drain urine), which required the use of gowns and gloves during high-contact resident care activities, including bathing and hygiene care. On May 6, 2026, at 11:15 a.m., observed that while providing cleansing care to Resident R3, Employee E7, a nurse aide, wore gloves but did not wear a gown and did not change gloves between cleansing the resident's face, eyes, and various areas of the body, which was not consistent with recommended infection control practices under EBP. The finding was confirmed with E7 and Director of Nursing on May 6, 2026, at 11:35 a.m. 28 Pa Code 211.12 (d)(1)(5) Nursing services