

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  04/09/2026
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 0726  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on the review of clinical records, facility documentation, interview with staff, it was determined that the facility failed to ensure that nursing staff possessed the appropriate competencies and skill sets related to the emergency care of residents with tracheostomy tube (opening in the trachea to help air and oxygen reach the lungs) for four of four employee records reviewed (Employee E8, E9, E10, E11).</p> <p>Findings Include:</p> <p>Review of facility policy titled Emergency Tracheostomy Tube Change and Decannulation dated September 2020, revealed An emergency tracheostomy tube change can become necessary for a variety of reasons. An experienced clinician should be able to quickly assess and identify the need for such procedure. Implementation includes: 1. If current trach is blocked, remove the inner cannula first. If still occluded, deflate the tracheal cuff and removed obstructed tube. 2. If the current tube's cuff failed, then proceed to the next step first. 3. Open the bedside resuscitation bag and mask. Apply the mask to the resuscitation bag. 4. Open the back up same sized trach tube and prep for insertion. Replacing the new inner cannula with the provided obturator. 5. Test the cuff. 6. Quickly lube the distal end of the trach tube. 7. Suction trach and mouth if needed and the situation permits. 8. To remove the problem trach tube, first undo the trach ties, next deflate the trach cuff completely. 9. If possible, position the resident in a flat supine position with the shoulders slightly elevated from beneath to allow slight neck hyperextension. 10. You may require an assistant to help stabilize the resident's head and neck during the removal and insertion. 11. Place a thumb and finder of one hand just outside either side of the stoma and apply light pressure. This support to the peri-stoma will help to stabilize the area while you withdraw the failed trach. 12. With the cuffed trach tube, you may feel some resistance upon removal of the failed tube. This is usually [NAME] to the greater diameter of the deflated cuff having to push through and stretching the stoma. This is when considerable stoma tissue trauma can occur. Use the peri-stoma finger support described above. If breathing, wait for the resident to inhale and remove the trach with a motion midline with the neck. And following the path of the tube. 13. Once removed, insert the new tube directly into the center of the stoma. The rounded tip of the obturator should be poking out the end of the trach tube to help smoothly guide the tube through the stoma. Note: If you do not have an obturator with the tube you will want to insert the trach at a right angle to the stoma, rotating downward as it is inserted. 14. Once inserted, the obturator is immediately removed and replaced with the appropriate inner cannulas. 15. Inflate the cuff and fasten trach ties. 16. Administer a few breaths directly to the new tube with a manual resuscitator and listen for equal breath sounds over the lung fields. You may also see the resident cough through the tube projecting mucus which is an indication of proper placement. 17. Place resident back on ventilator, check vitals and ventilator, provide trach care and document findings and actions. Further review of policy revealed The insertion of a new trach tube should take no longer than 30 seconds. If needed give the resident some mask/ bag breaths during difficult insertions. If the difficulty continues beyond (continued on next page)</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
---	-------	-----------

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  04/09/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>30 seconds have a trach one size smaller.</p> <p>Review of staff competencies related to Tracheostomy Care revealed that Employee E8, Licensed Practical Nurse; Employee E9, Licensed Practical Nurse; Employee E10, Registered Nurse; Employee E11, Licensed Practical Nurse did not have competencies related to Emergency Tracheostomy Tube Change and Decannulation.</p> <p>Interview with Employee E2, Director of Nursing, on April 7, 2026, at approximately 2:00 p.m. confirmed no Emergency Tracheostomy Tube Change and Decannulation competencies provided for Employee E8, Licensed Practical Nurse; Employee E9, Licensed Practical Nurse; Employee E10, Registered Nurse; Employee E11, Licensed Practical Nurse.</p> <p>28 Pa. Code: 211.12 (d)(1) Nursing services</p> <p>28 Pa. Code: 211.12(d)(5) Nursing services</p>

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  04/09/2026
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 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>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 April 7, 2025, at 10:42 a.m., a Resident Council meeting was conducted with thirteen alert and oriented residents (R2, R5, R39, R27, R22, R40, R229, R127, R208, R210, R234, R151, R58). During the meeting, residents reported that they were not aware of the survey binder. On April 8, 2025, at 1:35 p.m., a facility tour was conducted with the Administrator, Employee E1, to confirm the placement of the Department of Health survey binder on the first floor behind the receptionist desk. Copies of the survey binder were also located on the 2nd, 3rd, and 4th floors behind the nursing stations and were not readily accessible to residents. The survey results in the binders on the 2nd, 3rd, and 4th nursing units were last dated April 29, 2025. 28 Pa. Code 201.14(a) Responsibility of licensee</p>		

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  04/09/2026
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to ensure to document the Code Status for one of 35 residents reviewed (Resident R4). Findings Include: Review of Facility Policy on Advance Directives, dated September 2022, revealed; Advance Directive is a written instruction, such as a living will or durable power of attorney for health care, recognized by state law. Nursing staff will document information about whether or not the resident has executed an Advance Directive is displayed prominently in the medical record in a section of the record that is retrievable by any staff, and the attending physician provides information to the resident and legal representative regarding the residents' health status, treatment options and expected outcomes during the development of the initial comprehensive assessment and care plan. Review of Literature indicated that the code status of a resident in a nursing home in Pennsylvania is a critical aspect of their care plan. It specifies the type of emergency treatment the resident would or would not receive if their heart or breathing stops. This information is essential for healthcare providers to determine the appropriate level of care, whether it involves life-saving interventions or comfort care based on the residents' wishes. The code status is documented in the medical record and is a resident's right and dignity issue that sets the tone for person-centered care. Review of Resident R4's clinical record revealed the resident was admitted to the facility on [DATE], and had diagnoses of Acute Renal Failure (the sudden, often reversible loss of kidney function), and Acute Respiratory Failure (a critical, rapid-onset condition where the lungs cannot adequately oxygenate the blood or remove carbon dioxide) Review of Resident R4's electronic medical record revealed no information on the code status for R4. Interview with the Director of Nursing, on April 7, 2026, at 12:50 p.m. confirmed the electronic medical record did not accurately reflect the code status of Resident R4. 28 Pa Code 211.12(d)(5) Nursing services.</p>		

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  04/09/2026
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview with resident, and review of facility provided documentation, it was determined that facility did not ensure to provide evidence that all alleged violation was thoroughly investigated related to incident during smoke break between two residents (Resident R53, R232) Findings include: Review of facility policy 'Abuse, Neglect, Exploitation and Misappropriation Prevention Program,' revised April 2021, indicates one of its objectives is to identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Further review of facility policy revealed that its purpose is to protect residents from abuse, neglect, exploitation or misappropriation of property by anyone including, but not necessarily limited to: facility staff; other residents. Review of Resident R53 clinical record revealed medical history of low back pain, anxiety disorder, major depressive disorder, right artificial hip joint, osteoarthritis of right knee and hip, nicotine dependence, psychoactive substance use. Review of Resident R232 clinical record revealed medical history of bipolar disorder, joint replacement surgery, osteoarthritis, antisocial personality disorder, schizoaffective disorder, tobacco use, psychoactive substance use. Review of Resident R53 interim smoking evaluation, completed on February 4, 2026, indicates that he is not able to smoke independently/follow facility policy. Review of facility provided investigation report, completed on March 10, 2026, revealed that during 1:00 pm smoke break, there was an altercation between Resident R232 and R53. Resident R53 reported that Resident R232 hit R3 with his walker and knocked his cup out of his hand during a smoke break. Resident R232 was placed on one hour safety checks for 12 hours. Interview with Resident R53 on Tuesday, April 7th, 2026, at 9:15 am, revealed that at the time of altercation - there was no staff present on patio. Further review of investigation report revealed that recreation aide, employee E5, was on 1:00 pm smoke break and was walking around the patio area. Further stating that while I was outside I did not witness any type of verbal confrontation. All residents came back together. However, the investigation report also included in-service education provided to employees on 'Abuse,' which included any action/failure to act that causes harm, physical, verbal, sexual, mental, financial, abuse, neglect and misappropriation of property. Protecting residents is everyone's responsibility and zero tolerance for abuse is our standard. Further review of facility provided investigation report revealed no evidence of additional interviews of residents and staff regarding which employee and how many employees were supervising residents during 1:00 pm, smoke break, on March 10, 2026. 28 Pa Code 201.18(b)(1) management</p>

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  04/09/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, review with resident and staff, and review of clinical record, it was determined that facility did not ensure to develop and implement a resident centered care plan resulting in falls for one of 36 residents reviewed (Resident R144) Findings include: Review of facility policy 'Comprehensive Person - Centered Care Plans,' revised March 2022, indicates that the interdisciplinary team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. Further review of policy indicates that the comprehensive, person centered care plan reflects currently recognized standards of practice for problem areas and conditions. Review of Resident R144 clinical record revealed medical history of displaced intertrochanteric fracture of right femur, dementia with agitation, dizziness and giddiness, benign neoplasm of cerebral meninges ( non-cancerous tumor that develops in the meninges-the protective layers covering the brain and spinal cord), anxiety disorder, osteoarthritis, falls, gait and mobility abnormalities, cerebral infarction. Review of minimum data set/resident assessment and care screening, completed on March 18, 2026, revealed brief interview for mental status (BIMS) score of 6. Review of resident R144 clinical record revealed she is awake, alert and oriented x 2, forgetful. Further review of Resident R144's clinical record revealed she had three falls since admission on [DATE]; R144 had a fall on March 12, 2026 at approximately 4:45 am, on March 30, 2026 at 4:00 am, and on April 9, 2026 at 12:05 am. Interview with Resident R144 on Thursday, April 9, 2026, at 11:45 am, revealed that she attempts to use restroom during over night shift. Further review of Resident R144 progress notes, dated April 9, 2026, at 12:05 am, revealed that R144 was found laying on her right side next to her low bed. From observation, it looked as if resident used the trash can as a toilet and fell. Review of interim fall risk evaluation completed on march 30, 2026 (score 16) and on April 8, 2026 (score 20) revealed Resident R144 is at high risk for falls. Review of physical therapy evaluation, completed on March 12, 2026, revealed Resident R144 requires maximum assistance with transfer and bed mobility. Review of resident R144 care plan revealed no evidence of goals or interventions post initial fall on March 12, 2026; no evidence of implemented interventions related to repeated falls during night shift. 28 Pa Code 211.10(d) resident care policies</p>		

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  04/09/2026
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and facility policy review, it was determined that the facility failed to develop a comprehensive, person-centered care plan related to enhanced barrier precautions for 1 of 3 residents reviewed (Resident R250). Findings include: Review of the facility policy titled Care plans, Comprehensive Person-Centered last dated 2001, revealed A comprehensive, personal-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implement for resident. It further explains under bulletin #2. The comprehensive , person-centered care plan is developed within seven (7) days of the completion of the reired MDS assessment (Admission, Annual or significant change in status), and no more than 21 days after admission. Review of the clinical record of Resident R250 revealed that the resident was admitted to the facility on [DATE], with diagnoses of encephalopathy (brain dysfunction) and encounter for attention to tracheostomy (a hole in the neck created to help a person breathe). On April 7, 2026, at 9:45 a.m., observation confirmed that the Enhanced Barrier Precautions sign was posted outside Resident R250's door, and personal protective equipment (PPE) was available. On April 8, 2026, at 10:23 a.m., an interview with the Infection Preventionist, Employee E6, confirmed that the clinical record did not contain a comprehensive care plan developed for Enhanced Barrier Precautions. 28 Pa Code 211.10 (d) Resident Care Policies 28 Pa. Code 211.12(d)(1)(5) Nursing Services</p>		

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  04/09/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on clinical record review, resident interview, and staff interview, it was determined that the facility failed to provide care and services to maintain activities of daily living (ADL) (shaving and nail care) for two of 4 sampled residents. (Residents 246, R155) Findings include: Review of the facility policy titled Shaving the Resident, last revised in 2001, revealed, The purpose of this procedure is to promote cleanliness and to provide skin care. Review of the facility policy titled Fingernails/toenails, care of, last revised in 2001, revealed, The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. Review of the clinical record of Resident R246 revealed admission date of April 3, 2026 with diagnosis of frostbite with tissue necrosis of right and left foot (severe cold injury causing tissue death in both feet), of acute kidney failure, other disorders of phosphorus metabolism (imbalance of phosphate levels in the body affecting bone and cellular function), Hidradenitis suppurativa (chronic skin condition that causes painful lumps under the skin). A review of the comprehensive care plan dated April 4, 2026, indicated an ADL focus area: I have an ADL self-care performance deficit related to deconditioning and frostbite to bilateral lower extremities. It further included interventions for personal hygiene: I require supervision/setup with grooming and personal hygiene and require one staff assist with bathing. Review of the clinical record of Resident R155 revealed admission date on February 3, 2026, with diagnosis of cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery (stroke), Hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side (paralysis on the left side after a stroke). Further review of the factsheet of the clinical record indicated I prefer showers. A review of the comprehensive care plan dated February 3, 2026, indicated an ADL focus area: I have an ADL self-care performance deficit related to cva left hemi. It further included interventions for ambulation: I am non-ambulatory and require one staff assist with bathing. On April 6, 2026, at 11:26 a.m., observations of Resident R246 revealed long nails on both hands and facial hair. Resident R246 reported that their nails could be cut and facial hair could be shaved. At the same time, an observation of the roommate, Resident R155, was also conducted, which showed that Resident R155 had facial hair and expressed a desire to shower. When asked when the last shower occurred, Resident R155 reported that it's been a while since I had a shower and I'll take a shower over a bed bath any time. On April 6, 2026, at 11:46 a.m., above observations were confirmed by the license nurse, Employee E8 who was covering both residents. On April 7, 2026, at 1:56 p.m., the licensed nurse, Employee E10, confirmed that Resident R155 had facial hair and had not received a shave, and that Resident R246 had long nails and facial hair that had not been shaved. On April 8, 2026, at 11:08 a.m., the unit manager, Employee E9, confirmed the observation that Resident R155 had been shaved on the cheeks, but facial hair remained on the neck. Employee E9 reported that the neck hair was long and that the shaving razor needed to be soaked to continue shaving Resident R155's neck. Employee E9 stated that they would personally complete the full shave for Resident R155. Resident R246 also continued to have facial hair, and Employee E9 reported that Resident R246 would be set up for a shave today. Employee E9 also confirmed that nail care and shaving of facial hair are part of the nursing assistants' morning ADL care tasks. On April 9, 2026, at approximately 10:31 a.m., an interview with Resident R155 revealed that their neck continued to have facial hair. 28 Pa. Code 211.10 (d) Resident care policies 28 Pa code 211.12.(d)(1)(5) Nursing services</p>		

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  04/09/2026
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, review of facility provided documentation, and interview with staff, it was determined that facility did not ensure resident's environment was free from accident, and hazard for one of 36 residents reviewed (Resident R15) Findings include: Review of facility policy 'Homelike Environment,' revised February 2021, indicates that residents are provided with a safe, clean, comfortable and homelike environment Review of Resident R15 clinical record revealed medical history of vascular dementia (severe), pulmonary fibrosis (progressive lung disease characterized by scarring and stiffening of lung tissue, making it difficult to breathe and reducing oxygen absorption), immunodeficiency, unqualified visual loss of both eyes, glaucoma, history of falling, acquired absence of left toe, mononeuropathy ( the damage or dysfunction of a single peripheral nerve, causing localized pain, numbness, weakness, or tingling in the hands, arms, or feet), schizoaffective disorder/bipolar type. Observations on 3 North unit on Tuesday, April 7, 2026, at 12:49 pm, revealed Resident R15 in bed, room [ROOM NUMBER]-A, with three missing ceiling tiles above her bed, exposing plenum space and electrical wires. Further observations revealed call bell system partially detached from the wall in room [ROOM NUMBER]-A. Review of facility provided maintenance logs for month of March 2026, and April 2026, revealed no evidence of TELS work orders placed to repair ceiling tiles. Interview with licensed nurse, employee E4, on Monday, April 6th, 2026, at 11:00 am, confirmed that Resident R15 has been sleeping and residing in room [ROOM NUMBER]-A for past three or four days. Findings confirmed with facility's administrator, employee E1, on Monday, April 6th, 2026 at 2:15 pm. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18 (e )(1) management responsibility 28 Pa Code 211.12(d)(3) nursing services</p>		

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  04/09/2026
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on review of facility policies and procedures, review of clinical records, and staff interview, it was determined that the facility failed to implement ordered treatment and services related to incontinence management for two out of 35 residents reviewed (Resident R125, R223). Findings Include: Review of clinical literature indicates that a catheter is a flexible medical tube inserted into the body to drain or deliver fluids, most commonly used to remove urine from the bladder when a person cannot void (urinate or empty the bladder) naturally. A Foley catheter and a suprapubic catheter are both types of urinary catheters but differ in placement and use: a Foley catheter is inserted through the urethra-the tube that carries urine from the bladder to the outside of the body-while a suprapubic catheter is surgically placed through the lower abdomen directly into the bladder, often for long-term use or when urethral catheterization is not appropriate; suprapubic catheters (SPCs) are generally preferred for long-term use, offering increased comfort, lower risk of urinary tract infections (UTIs), and less urethral trauma compared to Foley catheters. Catheter size is measured in French units (Fr), where 1 Fr equals 0.33 mm in diameter, and selecting the correct size helps ensure adequate drainage while minimizing trauma to the urethra and surrounding tissues. The catheter balloon, located near the tip, is inflated with sterile water to keep the catheter securely in place inside the bladder, with common balloon sizes usually inflated with 5 mL, 10 mL, or 30 mL for specific clinical situations; choosing the correct balloon size is important because an oversized balloon can cause bladder irritation, spasms, or tissue damage, while an undersized balloon may result in displacement or accidental removal. Administering the correct ordered catheter and balloon sizes is essential for patient safety, as incorrect sizing can lead to pain, urethral injury, leakage, ineffective drainage, and other complications. Review of the physician's order for Resident R125, dated January 3, 2025, revealed an order for, Urinary Catheter, maintain Foley catheter with 16 F, 10 mL balloon size. On April 8, 2026, at 12:57 p.m., in the presence of the Charge Nurse, a Registered Nurse (E7), assessed Resident R125 for the presence of the ordered Foley catheter, and observed that Resident R125 has Foley catheter with 16 F, 30 mL balloon size. At the time of the finding, the same was confirmed with E7. Review of the physician's order for Resident R223, dated November 22, 2025, revealed an order for, Supra Pubic Catheter #16 / 10mL balloon inflation to Urinary Drainage Bag, change monthly and as needed and monitor for signs and symptoms of infection or obstruction. On April 7, 2026, at 2:03 p.m., in the presence of the Charge Nurse, a Registered Nurse (E13), assessed Resident R223 for the presence of the ordered Supra Pubic Catheter, and observed that Resident R 223 has Supra Pubic Catheter with 16 F, 30 mL balloon size. At the time of the finding, the same was confirmed with E7. 28 Pa. Code S211.12(d)(5).</p>		

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  04/09/2026
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility documentation, review of clinical records, observations, and staff and resident interviews it was determined that the facility failed to implement interventions consistent with resident assessed needs for one of two residents reviewed for nutrition (Resident R3). Findings Include: Review of Resident R3's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated February 20, 2026, revealed the resident was deemed cognitively intact, had diagnoses of muscle weakness and dementia (decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities), and had an unhealed pressure ulcer (localized injury to the skin and/or underlying tissue). Continued review of Resident R3's comprehensive MDS dated [DATE], revealed the resident required setup or clean up assistance with eating, had an unplanned weight loss of 5% or more in the last month or weight loss 10% or more in the last six months, and was prescribed a therapeutic diet. Review of Resident R3's comprehensive care plan dated February 9, 2026, revealed the resident had a pressure ulcer and/or was at risk for pressure ulcer development. Interventions dated February 9, 2026, included to consult Registered Dietitian as needed, monitor nutritional status, and serve diet as ordered. Review of Resident R3's nutrition note dated March 11, 2026, by Registered Dietitian, Employee E11, revealed Resident R3's sacral wound had worsened, and baseline nutritional needs increased to support wound healing. Recommendations included adding double portions at mealtimes and fortified foods. Observations on April 6, 2026, at 12:17 p.m. revealed Resident R3 was served cottage cheese with diced peaches on top for the lunch time meal. A review of Resident R3's meal ticket, that was placed directly on the meal tray, indicated Resident R3 was ordered fortified foods. There was no evidence of other fortified food items added to the plate. Interview on April 6, 2026, at 12:17 p.m. with nurse aide, Employee E12, confirmed no additional fortified food items were served with Resident R3's lunch. Observations on April 8, 2026, at 12:34 p.m. revealed Resident R3 was served rice with gravy and a side toss salad. There was no evidence of other fortified food items added to the plate. Interview on April 8, 2026, at 12:34 p.m. with nurse aide, Employee E13, confirmed no additional fortified food items were served with Resident R3's lunch. Interview on April 9, 2026, at 10:30 a.m. with Registered Dietitian, Employee E11, revealed fortified food items include mashed potatoes, cereal, or pudding. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing services.</p>		

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  04/09/2026
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>Based on review of facility policy, review of facility documentation, review of clinical records, and staff interview it was determined that the facility failed to ensure medication regimen reviews were timely addressed by the physician for three of five residents reviewed (Resident R3 and R5). Findings Include: Review of facility policy Medication Regimen Reviews revealed medication regimen reviews (MRR) are conducted at least monthly by a licensed pharmacist. The MRR involves a thorough review of the resident's medical record to prevent, identify, report, and resolve medication related problems, errors, and other irregularities. Review of Resident R3's Medication Regimen Review Recommendation to Prescriber dated December 22, 2025, revealed the following recommendation [Resident R3] currently receiving abilify (antipsychotic medication). Abnormal involuntary motion scale (AIMS) test recommended every 6 months to assess for the development of side effects of neuroleptic medication. Last documented in May 2025. Due now, please consider ordering Further review of Resident R3's MRR dated 12/22/2025 revealed the physician agreed with the recommendations acknowledged by a signature but no date of when the MRR was reviewed. Review of Resident R3's clinical record revealed Resident R3 didn't receive an updated AIMS test until February 3, 2026. Review of Resident R5's Medication Regimen Review Recommendation to Prescriber dated February 23, 2026, revealed recommendations to reassess need for Pantoprazole medication (proton pump inhibitor). The physician did not review and acknowledge the MRR until April 1, 2026. 28 Pa. Code 211.12 (d)(5) Nursing services.</p>		

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  04/09/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to implement enhanced barrier precautions for 1 of the three residents reviewed. (Resident R250). Findings include: Review of the facility policy titled Enhanced Barrier Precautions, December 2024, revealed that Enhanced Barrier Precautions (EBP) are utilized to prevent the spread of multidrug-resistant organisms (MDROs). Under bullet #2, Enhanced Barrier Precautions apply when a resident is infected or colonized with a CDC-targeted MDRO but does not have a wound or an indwelling medical device and does not have secretions or excretions that cannot be covered or contained; or when a resident not known to be infected or colonized with any MDRO has a wound or an indwelling medical device and does not have secretions or excretions that are unable to be covered or contained, and contact precautions do not otherwise apply. Under bullet #4, it further states that standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status. Review of the clinical record of Resident R250 revealed that the resident was admitted to the facility on [DATE], with diagnoses of encephalopathy (brain dysfunction) and encounter for attention to tracheostomy (a hole in the neck created to help a person breathe). Resident R250 had a physician order dated March 31, 2026, for change disposable inner cannula once daily on the day shift. Inner cannula type: Shiley inner cannula size #6. On April 7, 2026, at 9:45 a.m., observation of tracheostomy care was conducted with Registered Nurse Employee E3, who performed a change of the disposable inner cannula and was not wearing an Enhanced Barrier Precautions gown during the care. The Enhanced Barrier Precautions sign was posted outside Resident R250's door, and personal protective equipment (PPE) was available. On April 8, 2026, at 10:23 a.m., an interview with the Infection Preventionist, Employee E6, confirmed that when providing tracheostomy care and changing the inner cannula, staff are required to follow Enhanced Barrier Precautions and Employee E3 should have been wearing a PPE gown. 28 Pa. Code 211.10 (d) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services. 28 Pa Code 211.12 (d)(1)(5) Nursing services</p>		