STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

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
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview with facility staff, it was determined that the facility failed to provide care and services to enhance residents' dignity related to serving meals on disposable paperware and plasticware for one of three units (3rd Floor) and for one of 35 residents reviewed (Resident R8) Findings include: A review of the facility policy and procedure, titled, Resident Rights, revised March 2025, states that it is the facility's policy that employees shall treat all residents with kindness, respect, and dignity. Observations during a follow up visit to the kitchen on July 23, 2025, at 12:05 p.m. revealed that on the tray line all the desserts consisting of mixed tropical fruit and vanilla pudding were prepared in a 4-ounce portion control disposable plastic cup with a plastic lid were being placed on all the trays going to all resident floors. Observations in the third-floor dining room on July 23, 2025, at 12:30 p.m. revealed that all residents' trays had the disposable plastic cups of fruit and pudding. It was noted that two residents at the first table closest to the nursing station also had white plastic forks and spoons on their tray. One resident was eating with her fingers and when the Food Service Director (FSD) put the plastic spoon on her plate she used it to push the food together and then set it down and continued to eat with her fingers. Nursing staff in the dining room did not intervene to help or redirect the resident. Interview with the FSD on July 23, 2025, at 12:30 p.m. confirmed the use of disposable cups and plasticware. Review of Resident R84's clinical record revealed the resident was admitted to the facility on [DATE]. The resident has the following diagnosis: Alzheimer's (a progressive brain disorder that gradually impairs memory, thinking, and reasoning skills), Dementia with behavioral disturbance (neuropsychiatric symptoms that often accompany dementia, including agitation, aggression, delusions, hallucinations, and more), Anxiety (feelings of worry, nervousness, or unease) , and a Cognitive Communicative Deficit(difficulties in communication arising from impairments in cognitive functions like attention, memory, and executive functions).Review of Resident R84's physician orders showed an active order dated April 22, 2025 which stated the resident had an order for Regular Diet, Regular texture, Thin consistency and the directions listed were Disposable Utensils. On July 21, 2025 Resident R84 was observed in the third-floor dining room waiting for her lunch. At 1:06 p.m. Resident R84 was served her lunch. The resident was observed with a meal ticket that had Disposable Utensils listed and the resident was using a plastic fork. Observation of the third-floor dining room during lunch on July 23, 2025 at 1:13 p.m. revealed Resident R84 was again served her lunch meal with plastic utensils. The resident was observed putting down her utensils and using her hands to scoop her chicken, rice, and vegetables.Further review of Resident R84's clinical record revealed no documentation over the past year of any behaviors related to utensils during dining. The facility was unable to provide documentation on when the last behavior related to utensils during dining was. Review of the July physician orders for Resident R8 included the following diagnosis: history of falls; macular degeneration (a medical condition that affects the central part of the retina, leading to blurred or no vision in the center of the visual field); diabetes (a group of diseases that affect how the body uses blood sugar glucose), and depression.During an observation on July 21, 2025 at 10:06 a.m. the resident came up to the nursing station and asked if he could have a cup of ice. When asked, the resident was told by licensed nurse (Employee E19) that he could not have ice and stated the following: no you ask for ice all day every day. You know you can't have ice. He always asking for ice.Review of the resident's clinical record did not include any clinical restrictions to the resident having ice/beverages.During an interview with the Unit Manager (Employee E18) on [DATE] at 10:20 a.m. regarding the incident, the unit manager confirmed that there are no restrictions on any ice/beverages that the resident can have. 28 Pa. Code: 201.18(b)(1) Management 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
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observations, staff interviews and the review of clinical records, it was determined that the facility failed to ensure that a resident was properly assessed for the self-administration of a medication that was located in the resident's room for 1 out of 35 residents reviewed (Resident R160) Findings include:Review of the July 2025 physician orders for Resident R160 included the diagnoses of transient ischemic attack (TIA- a mini stroke); seizures (a sudden burst of electrical activity in the brain that can cause changes in behavior, movements, feelings and levels of consciousness); kidney failure (a condition in which one or both of your kidneys no longer work on their own); diabetes (a group of diseases that affect how the body uses blood sugar glucose), and xerosis cutis(excessive dry skin)Review of the July 2025 physician orders included an order dated February 13, 2025 and monthly thereafter, for the resident to have a medicated lotion Ammonium Lactate External Lotion 12% applied to her legs in the evening: Apply B/L LE (bilaterally legs) topically in the evenings related to XEROSIS CUTIS (L85.3) Wash legs with soap and water pat dry, apply lotion.During an observation in the resident's room on July 21, 2025, at 11:35 a.m. a bottle of the medication was observed lying on the resident's dresser along with personal items that belonged to the resident. The resident was asked about the lotion and reported that it belonged to her, and stated, that goes on my legs. They keep it up there (referring to it being on top of her dresser). During an observation on July 23, 2025, at 11:33 a.m. in the resident's room, the resident was asked where all her items were that were on top of her dresser and reported that someone came in and put it in her drawer. During an observation with the Unit Manager on July 23, 2025, at 11:33 a.m. the Unit Manager observed the medication in the unlocked drawer and retrieved it from the drawer and removed it from out of the resident's room.Review of the resident's clinical record provided no evidence that the resident had been assessed by the facility to self-administer any of her medications.During an interview with Employee E3, Assistant Director of Nursing (ADON) on July 24, 2025 at 11:25 a.m. it was confirmed by the ADON that there were no physician orders or assessment completed that indicated that the resident was able to self administer medication.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
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set Assessments (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) accurately reflected the status of one out of 35 residents sampled (Residents R60).Findings include:A review of Resident R60's clinical record revealed that he was admitted to the facility on [DATE], with diagnoses including end stage renal disease (is the final stage of chronic kidney disease, where the kidneys can no longer function adequately, requiring dialysis or a kidney transplant for survival) and dependance on dialysis. Review of July 2025 physician order revealed that Resident R60 was receiving dialysis on Tue, Thu, Sat at 10:30 a.m. at a local dialysis center.Review of Resident R60's admission Minimum Data Set did not identified the resident has receiving dialysis services.Interview with the Director of Nursing (DON) on July 23, 2025, at 1:45 p.m. confirmed that Resident R60 was admitted on dialysis that Section O of the MDS should have been triggered for dialysis. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.5(f) Clinical Records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records, review of facility policy, interview with staff and residents, it was determined that the facility failed to develop a comprehensive person-centered care plan related to COPD (chronic obstructive pulmonary disease), oxygen use and Anxiety/ Dementia Care for three of 35 residents reviewed. (Resident R22, Resident R143 and Resident 163). Findings Include: Review of facility policy on Interdisciplinary Care Planning Protocol revealed section All Admissions - Day of admission #2. Nursing Initiates Interim Care Plan – the interim care plan must address all immediate care needs. Under section Skilled Subacute Care Admissions #2. Interim care plan initiated on the day of admission must be reviewed by the IDCP team and modified by 8th day of admission. Under section Long Term Care Admissions -Within Fourteen Days #3. CAA Summary Sheet – CAA assessment is to be completed and documented in Section V and also in a CAA assessment note - triggered areas will be discussed by the team and the care plan finished no later than seven days after MDS assessment completion date. Under section Interdisciplinary Care Planning #8. Problems established by the team with resident/family input MUST be specific and individualized. Review of Resident R143's clinical record revealed the Resident R143 was admitted to the facility on [DATE], with diagnoses of COPD (Chronic Obstructive Pulmonary Disease-a lung disease that blocks airflow to the lungs making it difficult to breath) Further review of Resident R143's clinical record revealed a physician's order for O2 (oxygen) 3L (liters) via NC (nasal cannula) continuously every shift for COPD-Order Date-07/10/2024. Further, an MDS (Minimum Data Set- a federally required resident assessment completed at a specific interval) dated May 28, 2025, Section O - Special Treatments, Procedures, and Programs, C1 Oxygen therapy, reveled that resident was on oxygen. Further review of Resident R143's clinical record revealed that there was no comprehensive person-centered respiratory care plan in place. Further, there was other care plan addressing Resident R143's Oxygen use. Observation conducted on July 21, 2025, at 10:35AM during tour of the second-floor unit revealed that Resident R143 was in bed with O2 concentrator at 3 liters/minute via nasal cannula. Interview with licensed nurse, Employee E3 conducted on July 24, 2025, at 10:26 AM confirmed that there was no respiratory care plan nor any care plan addressing Resident R143's Oxygen use. Review of Resident R22's clinical record revealed the Resident R22 was admitted to the facility on [DATE], with diagnoses of but not limited to COPD. Further review of Resident R22's clinical record revealed a physician's order for Oxygen 2L via NC Continuously every shift related to Chronic Obstructive Pulmonary Disease -start date -3/12/2022. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Further, an MDS dated [DATE], Section O - Special Treatments, Procedures, and Programs, C1 Oxygen therapy, reveled that resident was on Oxygen. Further review of Resident R22's clinical record revealed that there was no comprehensive person-centered respiratory care plan in place. Further, there was other care plan addressing Resident R143's Oxygen use. Observation conducted on July 22, 2025, at 8:43 AM revealed that Resident R22 was in bed on oxygen concentrator at 2 liters/minute via nasal canula. Interview with Resident R22 conducted at the time of the observation confirmed that she was on oxygen at 2 liters/minute. Interview with licensed nurse, Employee E3 conducted on July 24, 2025, at 10:26 AM confirmed that there was no respiratory care plan nor any care plan addressing Resident R22's Oxygen use. Review of Resident R3 was admitted to the facility on [DATE]. The resident had the following diagnoses: Cognitive Communication Deficit (difficulties in communication that arise from impairments in cognitive functions like attention, memory, reasoning, and problem-solving) and Depression (amental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities). Review of Resident R3's care plan dated July 11, 2025 did not include a care plan or interventions for the resident’s diagnosis of Depression. Review of Resident R63 was admitted to the facility on [DATE]. The resident readmitted to the facility after a hospital stay on May 24, 2025. Review of the resident’s diagnoses revealed new diagnosis is Anxiety and Dementia (a decline in mental ability severe enough to interfere with daily life) dated May 15, 2025. Review of Resident R63's care plan dated July 11, 2025 did not include a care plan or Interventions for the resident’s diagnosis of Anxiety (a normal human emotion that can range from mild unease to intense fear or panic) and Dementia. Review of Resident R143's clinical record revealed the Resident R143 was admitted to the facility on [DATE], with diagnoses of COPD (Chronic Obstructive Pulmonary Disease-a lung disease that blocks airflow to the lungs making it difficult to breath) Further review of Resident R143's clinical record revealed a physician's order for O2 (oxygen) 3L (liters) via NC (nasal cannula) continuously every shift for COPD-Order Date-07/10/2024. Further, an MDS (Minimum Data Set- a federally required resident assessment completed at a specific interval) dated May 28, 2025, Section O - Special Treatments, Procedures, and Programs, C1 Oxygen therapy, reveled that resident was on oxygen. Further review of Resident R143's clinical record revealed that there was no comprehensive person-centered respiratory care plan in place. Further, there was other care plan addressing Resident R143's Oxygen use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observation conducted on July 21, 2025, at 10:35AM during tour of the second-floor unit revealed that Resident R143 was in bed with O2 concentrator at 3 liters/minute via nasal cannula. Interview with licensed nurse, Employee E3 conducted on July 24, 2025, at 10:26 AM confirmed that there was no respiratory care plan nor any care plan addressing Resident R143's Oxygen use. Review of Resident R22's clinical record revealed the Resident R22 was admitted to the facility on [DATE], with diagnoses of but not limited to COPD. Further review of Resident R22's clinical record revealed a physician's order for Oxygen 2L via NC Continuously every shift related to Chronic Obstructive Pulmonary Disease -start date -3/12/2022. Further, an MDS dated [DATE], Section O - Special Treatments, Procedures, and Programs, C1 Oxygen therapy, reveled that resident was on Oxygen. Further review of Resident R22's clinical record revealed that there was no comprehensive person-centered respiratory care plan in place. Further, there was other care plan addressing Resident R143's Oxygen use. Observation conducted on July 22, 2025, at 8:43 AM revealed that Resident R22 was in bed on oxygen concentrator at 2 liters/minute via nasal canula. Interview with Resident R22 conducted at the time of the observation confirmed that she was on oxygen at 2 liters/minute. Interview with licensed nurse, Employee E3 conducted on July 24, 2025, at 10:26 AM confirmed that there was no respiratory care plan nor any care plan addressing Resident R22's Oxygen use. Review of Resident R3 was admitted to the facility on [DATE]. The resident had the following diagnoses: Cognitive Communication Deficit (difficulties in communication that arise from impairments in cognitive functions like attention, memory, reasoning, and problem-solving) and Depression (amental health condition characterized by persistent feelings of sadness, hopelessness, and loss of interest or pleasure in activities). Review of Resident R3's care plan dated July 11, 2025 did not include a care plan or interventions for the resident’s diagnosis of Depression. Review of Resident R163 was admitted to the facility on [DATE]. The resident readmitted to the facility after a hospital stay on May 24, 2025. Review of the resident’s diagnoses revealed new diagnosis is Anxiety and Dementia (a decline in mental ability severe enough to interfere with daily life) dated May 15, 2025. Review of Resident R163's care plan dated July 11, 2025 did not include a care plan or Interventions for the resident’s diagnosis of Anxiety (a normal human emotion that can range from mild unease to intense fear or panic) and Dementia. 28 Pa Code 201.18(b)(1) Management (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa Code 211.10(a) Resident care policies 28 Pa Code 211.12(d)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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. Based on observations, staff interviews, review of facility policy and the review of clinical records, it was determined that that the facility failed to ensure that a physician was notified of a rapid and significant weight gain, and failed to clarify a physician's order for 1 out of 35 residents reviewed (Resident R160) Findings include:Review of the facility policy Weight Assessment, Management and Intervention Procedure, with a date of 3/25, indicated that nursing staff will measure resident weight on admission and monthly or as ordered by physician and that any weight change of 5% or more since the last monthly weight assessment will be retaken for confirmation, and if the weight is verified, nursing will notify the Dietitian. The policy also indicated that the Dietitian will respond within 24-72 hours of receipt of notification.Continued review of the policy indicated that resident assessment information shall be analyzed by the interdisciplinary team and conclusions shall be made regarding: Resident's target weight range (including rationale if different from ideal/usual body weight); approximate calorie, protein, and other nutrient needs compared with the resident's current intake; whether and to what extent weight stabilization or improvement can be anticipated, the resident cognitive status, in addition to analyzing the relationship between the resident's current medical condition or clinical situation, and recent fluctuations in weight.Review of Resident R160's July 2025 physician orders included the following diagnoses: transient ischemic attack (TIA- a mini stroke); seizures (a sudden burst of electrical activity in the brain that can cause changes in behavior, movements, feelings and levels of consciousness); kidney failure (a condition in which one or both of your kidneys no longer work on their own); diabetes (a group of diseases that affect how the body uses blood sugar glucose), xerosis cutis(excessive dry skin); shortness of breath, and congestive heart failure (CHF-a condition that affects the heart's ability to pump blood often leading to fluid retention in the body, symptoms of swelling, shortness of breath, rapid weight gain, and requires careful management through medications and lifestyle changes). Review of the resident's July 2025 physician orders included a physician's order dated February 13, 2025, and monthly thereafter for the administration of the medication, Furosemide tablet 40 milligrams give 1 tablet by mouth every 24 hours as needed for shortness of breath, increase weight over 2 pounds related to chronic systolic (congestive) heart failure.Review of the resident's Weight Summary report indicated that on June 26, 2025, the resident's weight was recorded by nursing staff as being 125.6 pounds. On July 2, 2025, 7 days later, the resident's weight was recorded by nursing staff as being 137.2 pounds, indicating a 11.6 pound weight gain, and a significant weigh gain of 9.2% in 6 days. During an interview with the Regional Dietician (Employee E12) on July 24, 2025 at 11:25 a.m. the resident's weights were reviewed and it was confirmed by the Regional Dietician that the resident had a significant weight gain of 9.2% and gained 11.6 pounds in 6 days.Review of the clinical record provided no evidence that the physician was notified of the resident significant weight gain that occurred within a 6 day time period. During an interview with the Assistant Director of Nursing (ADON), Employee E3 on July 25, 2025 at 11:25 a.m. it was confirmed that no information could be produced to show evidence that the physician was notified of the resident's significant weight gain. Further, review of the physician's orders for Furosemide did not include any instructions for how often the physician wanted the resident weighed and when the resident should be administered the Furosemide (e.g. administer if the resident weight increased greater that 2lbs overnight/2 days/1 day). During an interview with the ADON, Employee E3 on July 25, 2025 at 11:25 a.m. the physician's order for Furosemide was reviewed with the ADON and it was confirmed during this time that the physician order was no clarified so that staff would know the frequency to administer the Furosemide when weight gain was recorded for the resident.The facility failed to ensure that a physician was notified of a rapid and significant weight gain and failed to clarify a physician's order for Resident R160.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the review of clinical records, observations and staff interviews, it was determined that the facility failed to develop and implement interventions such as turning and repositioning or offloading of heels for resident with total dependence to prevent the development of a pressure ulcer for one of three residents reviewed (Resident R17).Review of Resident R17's clinical record revealed Resident R17 was readmitted to the facility on [DATE] with diagnoses of, but not limited to, Dementia (progressive degenerative disease of the brain) and Chronic Kidney Disease.Review of Resident R17's quarterly Minimum Data Set assessment (MDS-federally mandated standardized assessment process conducted periodically to plan resident care) dated June 13, 2025, revealed Resident R17 required extensive assistance and 2- person physical assist for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture).Review of Resident R17'S care plan initiated on April 28, 2025, revealed that resident is at risk for alteration in skin integrity related to impaired mobility, incontinence, blanchable redness sacrum.Review of Resident R17's clinical record failed to reveal documented evidence that facility provided turning and repositioning for resident at high risk of developing pressure ulcers.Review of Resident R17's nursing progress note dated July 7, 2025, revealed that resident's sacrum and coccyx redden. Treatment ordered for redden area.Review of Resident R17's physician order dated July 8, 2025, revealed order for Balsam Peru Castor Oil External Ointment, apply to sacrum.Review of Resident R17's clinical record revealed no documented evidence of wound team consult after reddened area noted.Review of Resident R17's body check dated July 9, 2025, revealed no newly identified issues.Review of Resident R17's nursing progress note dated July 17, 2025, revealed that resident has change in skin condition and wound care consulted.Review of Resident R17's Skin/ Wound care notes dated July 18, 2025, revealed that resident had an open area on the sacrum 5 cm x 3cm. Wound bed with visible slough, no active bleeding. Surrounding skin with mild erythema. No signs or symptoms of infection. Area cleansed with Normal Saline, patted dry and applied calcium alginate, covered with bordered gauze.Review of Resident R17's wound evaluation and management summary dated July 23, 2025 revealed resident has end-stage skin failure sacrum full thickness, wound measurements of 3.2 cm x 4 cm x 0.5 cm.Interview with Employee E16, Licensed Practical Nurse on July 23, 2025 at 11:15am confirmed she is the nurse assigned to Resident R17. Interview further revealed that resident R17 is a total assist with turning and repositioning. Confirmed that resident is not on a turning and repositioning program and there is no way to document or confirm when resident was last turned and repositioned.Review of Resident R17's physician orders dated July 7, 2025, revealed offload heels with pillow every shift.Observation of Resident room on July 23, 2025 at 11:15am revealed resident laying in bed with head of bed flat on back and resident's heels are offloaded.Interview with Employee E16, Licensed Practical Nurse on July 23, 2025 at 11:15 am confirmed Resident R17's heels were not being offloaded while in bed.Review of Resident R17's Comprehensive Care Plan revealed no evidence of off-loading heels intervention in place.Interview with Employee E2, Director of Nursing on July 23, 2025 at 12:20 pm confirmed that facility does not have policy in place for turning and repositioning of residents that require total dependence. All residents are expected to be turned and repositioned by staff every 2 hours. Confirmed no documented evidence of this intervention for Resident R17.Interview with Employee E17, Nursing Aide on July 24, 2025 at 12:00pm revealed there was no set schedule to turn and reposition Resident R17, I try to do it before breakfast, lunch and before I leave for the day. Further revealed that there was no documentation involved in turning and repositioning of resident.Observation of resident's room on July 24, 2025 at 12:10pm revealed the resident in bed sitting with head of bed at 90 degrees and resident's heel not being offloaded. Interview with Employee E17, Nursed Aide on July 24, 2025 at 12:10pm confirmed resident heels were not offloaded. 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(c)(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
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policies, clinical record review and interview with staff and residents, it was determined that the facility failed to ensure that resident significant weight gain was assessed in a timely manner for one resident (Resident R160), and failed to ensure that the nutrition and hydration status were properly assessed related to the use of a PEG tube (feeding tube inserted into stomach) for another resident (Resident R10) for 2 out of 35 residents reviewed.Review of the facility policy Weight Assessment, Management and Intervention Procedure, with a date of 3/25, indicated that nursing staff will measure resident weight on admission and monthly or as ordered by physician and that any weight change of 5% or more since the last monthly weight assessment will be retaken for confirmation, and if the weight is verified, nursing will notify the Dietitian. The policy also indicated that the Dietitian will respond within 24-72 hours of receipt of notification.Continued review of the policy indicated that resident assessment information shall be analyzed by the interdisciplinary team and conclusions shall be made regarding: Resident's target weight range (including rationale if different from ideal/usual body weight); approximate calorie, protein, and other nutrient needs compared with the resident's current intake; whether and to what extent weight stabilization or improvement can be anticipated, the resident cognitive status, in addition to analyzing the relationship between the resident's current medical condition or clinical situation, and recent fluctuations in weight. Review of Resident R160's July 2025 physician orders for the resident included the following diagnosis: transient ischemic attack (TIA- a mini stroke); seizures (a sudden burst of electrical activity in the brain that can cause changes in behavior, movements, feelings and levels of consciousness); kidney failure (a condition in which one or both of your kidneys no longer work on their own); diabetes (a group of diseases that affect how the body uses blood sugar glucose); shortness of breath, and congestive heart failure (CHF-a condition that affects the heart's ability to pump blood often leading to fluid retention in the body, symptoms of swelling, shortness of breath, rapid weight gain, and requires careful management through medications and lifestyle changes).Review of Resident R160's July 2025 physician orders included a physician's order dated February 13, 2025, and monthly thereafter for the administration of the medication, Furosemide 40 milligrams five 1 tablet by mouth every 24 hours for shortness of breath and for the treatment of congestive heart failure; increase weight >2 pounds. related to chronic congestive heart failure. Review of the resident's Weight Summary report indicated that on June 26, 2025, the resident's weight was recorded by nursing staff as being 125.6 pounds. On July 2, 2025, 7 days later, the resident's weight was recorded by nursing staff as being 137.2 pounds, indicating a 11.6 pound weight gain, and a significant weigh gain of 9. 2% in 6 days. Continued review of the clinical record did not show evidence that the resident significant weight gain was acknowledged and/or addressed/assessed by the facility's dietician. During an interview with the Regional Dietician (Employee E12) on July 24, 2025 at 11:25 a.m. the resident's weights were reviewed and it was confirmed by the Regional Dietician that the resident had a significant weight gain of 9. 2% and gained 11.6 pounds in 6 days. During the above referenced interview, the Regional Dietician confirmed that the significant weight gain was not acknowledged and/or addressed by the facility dietician. Review of Resident R10's clinical record revealed resident was admitted to the facility on [DATE] with the diagnoses of, Dysphasia (swallowing difficulties), Type 2 Diabetes, and muscle weakness.Review of Resident R10's nutrition assessment dated [DATE], resident continues to receive bolus tube feeds via PEG tube (feeding tube that goes through the stomach wall) 2 times a due to need for additional nutrition and combat weight loss. Further review revealed resident is tolerating tube feed, will continue with current regimen. Tube feed provides 40% calorie needs, 55% protein needs, 43% fluid needs. Need for nutritional support via PEG.Review of Resident R10's nursing progress notes, dated December 28, 2025, revealed was called in by CNA (nurse aide), nurse went to observe patient feeding tube on her belly, patient did not seem in any discomfort or pain, patient smiling at nurse. Nursing Supervisor notified, 16F foley inserted, MD notified explained that patient eats all three meals being fed by nursing staff, MD and nursing supervisor agreed to remove feeding tube, nursing care continued.Review of Resident R10's nursing notes, dated December 28, 2025 revealed notified by charge nurse, resident had G-tube dislodgement. On assessment, resident stoma had no signs of bleeding. G-tube was found with balloon inflated. Resident had no signs or symptoms of pain or discomfort. 16 F foley was inserted while awaiting orders. New order given by doctor to discontinue G-Tube. Stoma site is cleaned and covered. Resident was made comfortable. Care plan updated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical record, review of facility policy and interview with staff, it was determined that the facility failed to ensure that resident was administered oxygen according to physician's order for one resident of one resident reviewed on oxygen therapy. (Resident R158) Findings include: Review of facility policy on Oxygen Therapy revealed that under section POLICY: Oxygen is administered appropriately to resident to improve oxygenation and provide comfort to residents experiencing respiratory difficulties. Oxygen is administered by licensed staff and with a physician's order. Under section PROCEDURE: #12. To use oxygen with a resident: a. Turn on the Oxygen. Start the flow of Oxygen s ordered by the physician. Review of Resident R158's clinical record revealed that Resident R158 was admitted to the facility on [DATE], with diagnoses of but not limited to Asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breath). Further review of Resident R158's clinical record revealed a physician's order for O2 (oxygen) @ 2L via N/C (nasal cannula) PRN(as needed) for SOB (shortness of breath) Review of Resident R158's MDS (minimum data set- a federally required resident assessment completed at a specific interval) dated June 6, 2025, Section O - Special Treatments, Procedures, and Programs, C1 Oxygen therapy, reveled that Resident R158 was on Oxygen. Observation conducted on the second-floor dining area on July 21, 2025, at 1:28 PM revealed that Resident R158 was in a wheelchair with oxygen concentrator at 3 liters/minute via nasal cannula. Interview with unit manager, Employee E13 confirmed that resident's oxygen was at 3 liters/minute. Further, Unit Manager proceeded to adjust Resident R158's Oxygen to 2 liters/minute. 28 Pa. Code 211.12(d)(1) Nursing services28 Pa. Code 211.12(d)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that medications were properly labeled and dated for two of three units reviewed (Second floor unit, First floor St. [NAME] unit) and properly stored for one of one resident observed with medication in the room. (Resident R160) Findings include: Review of facility policy on Storage of Medication section Policy Statement revealed that The facility shall store all drugs and biologicals in a safe, secure and orderly manner. Under section Policy Interpretation and Implementation #4. The faciality shall not use discontinued, outdated or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.Observation of the Second-floor medication room conducted with licensed nurse Employee E14 and Unit Manager, Employee E13 conducted on July 21, 2025, at 11:46AM reveled that two opened vials of Tuberculin Purified Protein Derivative vials (PPD-a substance injected into the skin to test for tuberculosis exposure) was in the medication refrigerator. Further observation revealed that one of the opened vials was inscribed 4/2 and the other opened PPD vial was not labeled or dated.Interview conducted at the time fo the observation with Unit Manager, Employee E13 confirmed that that 2 opened Tuberculin Purified Protein Derivative vials (PPD-a substance injected into the skin to test for tuberculosis exposure) was in the medication refrigerator. Further unit manager confirmed that one of the opened vials was inscribed 4/2 and the other opened PPD vial was not labeled nor dated. Further interview with unit manager, Employee E13 revealed that multidose vials are discarded 30 days after opening. Observation of the St. [NAME] Medication room with Unit Manager, Employee E15 conducted on July 22, 2025, at 12:38PM revealed one unopened bottle of Pedialyte with an expiration date of [DATE].Interview with unit Employee E15 confirmed that the bottle of Pedialyte had an expiration date of October 1, 2021 Review of Resident R160 July 2025 physician orders included the diagnoses of transient ischemic attack (TIA- a mini stroke); seizures (a sudden burst of electrical activity in the brain that can cause changes in behavior, movements, feelings and levels of consciousness); kidney failure (a condition in which one or both of your kidneys no longer work on their own); diabetes (a group of diseases that affect how the body uses blood sugar glucose), and xerosis cutis(excessive dry skin).Review of Resident R160's July 2025 physician orders included an order dated February 13, 2025 and monthly thereafter, for the resident to have a medicated lotion (Ammonium Lactate External Lotion 12%) applied to her legs in the evening as follows Ammonium Lactate External Lotion 12% applied to her legs in the evening: Apply B/L LE (bilaterally legs) topically in the evenings related to XEROSIS CUTIS (L85.3) Wash legs with soap and water pat dry, apply lotion.During an observation on July 23, 2025, at 11:33 a.m. in the resident's room, the resident was asked where all her items were that were on top of her dresser the other day and reported that someone came in and put it in her drawer. Observation confirmed that the above referenced medicated lotion was stored in the resident the resident's unlocked drawer, along with the resident's personal belongings that had been on the top of her dresser 2 days ago. This bottle of medication found in the unlocked drawer with no name or properly labeling on it had room [ROOM NUMBER] W written on it with a black marker. Resident R160's room number is in room [ROOM NUMBER]. During an observation with the Unit Manager on July 23, 2025 at 11:33 a.m. the Unit Manager observed the medication in the unlocked drawer and retrieved it from the drawer and removed it from out of the resident's room.28 Pa Code 211.9(a)(1) Pharmacy services28 Pa Code 211.12(d)(2) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 (Employees E7). Findings include: An interview on July 21, 2025, at 9:45 a.m. with Employee E7, Food Service Director (FSD), revealed that his responsibilities included oversight of ordering, receiving, storing, preparation and service of food. Further interview with the FSD confirmed that he was not currently 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; and that he had not received frequently scheduled consultations from a qualified dietitian. A review of Employee E3's credentials revealed that Employee E7 did not meet the statutory qualifications of a director of food and nutrition services. During an interview on July 24, 2025, at 11:15 a.m. with Employee E1, Administrator, the FSD's personnel file and his qualifications were discussed which revealed he had been working at the facility for several years and was not a Certified Dietary Manager or Certified Food Manager. Employee E1 confirmed that the FSD had not completed these requirements. The Nursing Home Administrator was unable to provide evidence that the FSD was Certified, and therefore unqualified to direct the dietary department.28 Pa. Code 211.6(c)(d) Dietary services28 Pa Code 201.18(e)(1)(6) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, resident and staff interviews, and a review of facility documentation, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for five of 35 residents reviewed (Residents R18, R22, R60, R104, and R187). Findings include: A review of the undated Room Test Tray Evaluation form from Nutrition Services, Inc., revealed that the Standard for cold food is 40-55 degrees and for hot food 135-160 degrees.Interview with Resident R60 on July 21, 2025, at 10:30 a.m. revealed that he did not like that the hot food was often cold and the milk could be colder.Interview with Resident R187 on July 21, 2025, at 10:35 a.m. revealed that he is at the end of the hallway and his food is always cold, and that the French fries the other day were not even cooked, and that the eggs are terrible when they are cold. Interviews were held on July 23, 2024 with 12 alert, and oriented residents during resident council. Residents had complaints about the food served at the facility. Resident R18 stated, the food is cold, just about every day. Resident R22 stated, the food it cold, especially breakfast who wants cold toast or eggs. Resident R104, the food is garbage on a plate, it's always cold. Observations during a test tray conducted on July 23, 2025, at 12:45 p.m. revealed that the tray cart left the kitchen at 12:20 p.m. and the last tray was passed at 12:45 p.m. Temperatures were taken by the Food Service Director (FSD), Employee E7, revealed that the chicken was only 110 degrees, the rice was only 122 degrees, the mixed vegetable was only 122 degrees, the mixed fruit cup was 78 degrees, the apple juice was only 67 degrees and the whole milk was 58 degrees all outside the acceptable temperature range for palatability. An interview with the FSD, on July 23, 2025, at 12:55 p.m. confirmed that these food items were outside the acceptable temperature range and therefore not palatable.28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews with staff, it was determined that the facility did not ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety.Findings include: A tour of the Food Service Department was conducted on July 21, 2025, at 9:30 a. m. January 28, 2025, at 10:00 a.m. with Employee E7, Food Service Director (FSD), revealed the following concerns:Observation in the dry storage area revealed no designated area for dented cans.Observation in the walk-in freezer revealed an open box of chocolate chip cookie dough with the inner plastic bag open, and a box of pizza shells with the inner plastic bag open and a box of bacon with the inner plastic bag open to the circulating air.Interview with the FSD on July 21, 2025, at 9:40 a.m. confirmed the above findings and that he had slipped and fallen in the dish room getting bleach on his clothing.Observation during a follow up visit to the kitchen on July 23, 2025, at 9:40 a.m. revealed that when the dish machine drained between the wash and rinse cycle the water overflowed the open floor drain trough and splashed all over the floor causing an unsafe surface with soapy water up to an inch deep. The grout around the floor tiles in this area was wearing away and the water was leaking into the grease trap which was missing a plug. Observations on July 23, 2025, at 12:10 p.m. during tray-line operation the FSD slipped on the wet floor, the milk was in an ice bath in a plastic pan that was leaking and dripping onto the floor causing a slipping hazard.Interview with the FSD on July 23, 2025, at 9:40 a.m. and 12:10 p.m. confirmed the above findings.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
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on a review of facility documents and interviews with staff, it was determined that the facility failed to ensure that terms of a binding arbitration agreement included required language to protect the rights of the resident or resident representative.Findings include: Review of Binding Arbitration Agreement, enclosed in the admission Agreement revealed that the agreement did not contain language that would allow the resident or anyone else (e.g., resident's representative) to communicate with federal, state, or local officials such as federal and state surveyors, other federal or state health department employees and representative of the Office of the State Long Term Care Ombudsman.Interview on July 24, 2025, at 11:45 a.m. with Employee E1, Nursing Home Administrator and Employee E8, Regional Operations Director confirmed that the arbitration agreement did not contain the required language as state above.28 Pa. Code: 201.14(a)(b) Responsibility of licensee.28 Pa. Code: 201.18(b)(3) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395558	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Monica Center for Rehabilitation & Healthcare	2509 South Fourth Street Philadelphia, PA 19148

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on staff interview, review of hospice documentation and review of clinical records, it was determined that the facility failed to ensure that a recommendation from the contracted hospice agency related to a resident's medication management was addressed and/or implemented for 1 out of 1 hospice record reviewed (Resident R90). Findings include: Review of the facility policy, Hospice Program dated 3/25, indicated that when a resident participates in the hospice program, a coordinated plan of care between the facility, hospice agency and resident/family will be developed and shall include directives for managing pain and other uncomfortable symptoms. The care plan shall be revised and updated as necessary to reflect the resident's current status.Review of Resident R90's July 2025 physician orders included the following diagnosis: multiple sclerosis (a disease that causes breakdown of the protective covering of nerves and can cause numbness, weakness, trouble walking, vision changes and other symptoms), chronic obstructive pulmonary disease (COPD- a term for lung and airway diseases that restrict an individual's breathing); dementia (a term used to describe a group of symptoms affecting memory, thinking and social abilities, and anxiety (includes persistent and excessive anxiety and worry about activities or events).Continued review of the physician orders included a physician's order for hospice services with a start date of July 3, 2025. Admit to Hospice. Admitting DX (diagnosis) Senile degeneration of the brain. Review of the hospice communication sheet from the hospice agency, Recommendations for Symptom Management, dated February 14, 2025, included a recommendation from the hospice agency nurse for Ativan 1milligram (mg) (0.5ml) po (by mouth /SL (sublingual) q (every) 2 h (hours) prn (as needed) for breakthrough agitation. Review of the physician orders obtained on July 22, 2025, included no indication that the medication Ativan was order by the physician.During an interview with the Assistant Director of Nursing, Employee E3 on July 24, 2025, at 11:25 a.m. it was confirmed by the Assistant Director of Nursing that that there was no indication in the clinical record that the recommendation for Ativan by the hospice nurse was addressed and/or implemented by the facility. 28 Pa. Code 211.10(c) Resident care policies28 Pa. Code 211.12(d)(1) Nursing services