

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Holy Family Home		STREET ADDRESS, CITY, STATE, ZIP CODE 5300 Chester Avenue Philadelphia, PA 19143	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>44882</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not maintain complete and accurate medical records related to fall investigation for one of eight records reviewed (Resident R6).</p> <p>Findings include:</p> <p>Review of facility reported incidents revealed that resident R6 sustained an unwitnessed fall on January 17, 2025. A request was made to employee E2, the Director of Nursing, at 1:30 p.m. on April 9, 2025, to provide the surveyors with the fall investigation report.</p> <p>On April 10, 2025, at 9:30 a.m. the facility provided the report. Employee E2 stated that they could not find the original report and that she had recapitulated it to a new form. Review of the form revealed that the document was dated as 4-9-25 for event 1-17-25.</p> <p>Interview with employee E2 on April 10, 2025, at 12:00 p.m. confirmed that because the facility was unable to locate the original document, the records for resident R6 were incomplete.</p> <p>28 Pa. Code 211.12(c) Nursing service</p> <p>28 Pa. Code 211.12(d)(1) Nursing service</p> <p>28 Pa. Code 211.12(d)(2) Nursing service</p> <p>28 Pa. Code 211.12 (d)(5) Nursing service</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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