STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395637	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holy Family Home	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility's policy, staff interviews and the review of clinical records, it was determined that the facility failed to clarify a physician's order related to a resident's alcohol consumption for 1 out of 18 residents reviewed (Resident R7).Findings include: Review of the facility policy Alcohol Beverage Consumption, dated April 1, 2026, stated that upon admission, a licensed nurse will review the resident's medications and diagnosis, with the resident's physician, and that the physician will determine if the resident's medication of health status has any interaction of adverse effects with the consumption of alcoholic beverages per facility protocol. Continued review of the policy indicated that the facility has a two glass limit of alcohol beverage of choice to residents participating in any activities or special occasion events. The policy indicated that the two glass limit and the amount of alcoholic beverage that can be consumed will depend on the type of alcohol that the resident chooses (e.g. 12 ounces of beer, wines cooler; 8-9 ounces of malt liquor; 5 ounces of table wine; 3-4 ounces of fortified wine, 2-3 ounces of cordial liquer, Shnapps; 1.5 ounces of Brandy/Cognac/[NAME]/Courvoisier; 1.5 ounces of liquor such as a shot of vodka/gin/scotch/whiskey/[NAME]/tequila. Review of the clinical record for Resident R2 included the diagnoses of anxiety (a feeling of worry, nervousness, or unease about something with an uncertain outcome); anemia (a condition that develops when your blood lacks enough healthy red blood cells or hemoglobin), congestive heart failure (occurs when the heart muscle doesn't pump blood as well as it should); foot pain; hyperlipidemia (high cholesterol); migraine (a headache that can cause intense throbbing pain or a pulsing feeling, usually on one side of the head. It often happens with nausea, vomiting, and extreme sensitivity to light and sound); chronic pain syndrome (a long-term condition where persistent pain is accompanied by emotional and functional difficulties, affecting daily life). Review of Resident R2's April 2026 physician orders included a physician's order dated May 16, 2019, and monthly thereafter stating that the resident can have alcoholic beverages at activities or special occasions. Continued review of the physician orders did not include any parameters related to the consumption of alcohol such as the type of alcohol and the amount that the resident can consume in a specified period of time . Review of the resident physician orders included several medications that the resident is currently prescribed when mixed with alcohol due to the impact on the central nervous system or liver:Tramadol: As an opioid analgesic, tramadol can cause drowsiness, dizziness, and impaired coordination. Alcohol intensifies these effects, significantly increasing the risk of respiratory depression (slowed or stopped breathing), accidents, and falls. Pregabalin: Both the 150 mg and 75 mg capsules act on the CNS. Mixing this with alcohol can lead to severe sedation, cognitive impairment, loss of coordination, and an increased risk of falls. In severe cases, it can cause respiratory failure. Duloxetine: This medication is often used for anxiety and can cause dizziness or drowsiness. Alcohol can increase the risk of these side effects and impair judgment or coordination. Tylenol (Acetaminophen): Alcohol consumption while taking acetaminophen significantly increases the risk of severe or life-threatening liver damage. Eliquis (Apixaban): While there is no direct chemical interaction, alcohol can increase the risk of serious bleeding events, which is a critical concern for someone on an anticoagulant (blood thinner). Rimegepant: Alcohol is a known (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
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	migraine trigger and may worsen the symptoms that the medication is treating, effectively counteracting the benefit of the medication. Protonix: While alcohol does not directly change how this medication works, it can stimulate stomach acid production, which may worsen the GERD symptoms the medication is intended to treat.During an interview with the Director of Nursing on April 1, 2026, at 2:30 p.m., it was discussed that physician orders for the consumption of alcohol were not clarified to document the amount of type, and frequency of consumption of alcohol to ensure continues resident can have. 28 Pa. Code:201.18(b)(1)(3) Management 28 Pa. Code:211.12(d)(1)(5) Nursing services

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on a review of the clinical record, review of facility's policy and staff interviews, it was determined that the facility failed to ensure that re-weights were completed in a timely manner for one of 18 clinical records reviewed. (Resident R7). Findings include: Review of the facility policy, Weight, Loss or gain/re-weights, dated July 2, 2023, indicated that the physician, dietician, and MDS (Minimum Data Set- assessment of resident's care needs) Assessment Coordinator will be notified of the results of the monthly weights as indicated in the physician orders. Continued review of the order indicated that for significant weight loss, labs may be recommended to see if indicators of malnutrition are present. Review of the April 2025 orders for Resident R2 included the following diagnosis: anemia (a condition characterized by a deficiency of healthy red blood cells); chronic pain; diabetes (failure of the body to produce insulin); osteoarthritis (condition in which the protective cartilage that cushions the ends of the bones wears down over time) and depression (is a mood disorder that causes a persistent feeling of sadness and loss of interest). Review of the resident's weight record revealed than on October 17, 2025 the resident weight wa 168.6 pounds. Review of October 24, 2025 weight recorded by nursing staff was 148.8 pounds, totaling a 12.04-pound significant weight loss from October 17, 2025 to October 24, 2025. Continued review of Resident R7's clinical record did not show evidence that a re-weight was completed in a timely manner to ensure accuracy. Further review of the weight records revealed that a reweight was completed 5 days later on October 29, 2025. During an interview with the clinical dietician (Employee E3) on April 2, 2026, the -12.04 significant weight loss from the recorded weights of October 17, 2026 and October 24, 2026 was confirmed. The clinical dietician also reported that a weight discrepancy of 5 pounds or more from a resident's most recent requires a re-weight completed by nursing staff. 28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 211.12(d)(1)(3) Nursing services