STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, policy and interviews with staff, it was determined that the facility failed to ensure sanitary food handling practices were followed by dietary staff. Findings include:Observations during food preparation and service, conducted on January 11, 2026, at approximately 9:30 a.m. with the Food Service Director (FSD), Employee E13, revealed the following staff were observed not adhering to required personal protective equipment and hygiene practices: Dietary aid, Employee E14, was observed handling ready-to-eat food without wearing gloves.Dietary aid, Employee E15 and Cook, Employee E16 was observed preparing food without a hair net.Dietary aide, Employee E17, was observed wearing a hair net that did not fully cover all hair. Dietary aid, Employee E18, was observed wearing a beard covering that did not fully contain facial hair while engaged in food preparation. Dietary aid, Employee E19 and Employee E20, were observed in the main kitchen area without a hair net. These observations occurred during active food preparation and handling of resident meals. Interview with the FSD during observations confirmed that staff are expected to wear hair nets, beard/facial hair coverings as applicable, and gloves when handling food. Continued interview confirmed that the facility does not currently utilize or indicate use-by or discard-by dates on prepared or opened food items. 28 Pa. Code 201.14(a) Responsibility of licensee

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
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 0574 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	The resident has the right to receive notices in a format and a language he or she understands. Based on review of facility policy, observations, and staff interviews, it was determined that the facility did not ensure posting of required State Survey Agency contact information was readily accessible on two of two nursing floors. (Second-Floor and Third-Floor Nursing Units) Findings Include: Review of facility policy titled, Resident Rights with a revised date of February 2011 states, Policy Statement- Employees shall treat residents with kindness, respect, and dignity. Further review of the policy states, Policy Interpretation and Implementation- 1. Federal and state laws guarantee basic rights to all residents of this facility. These rights include the resident's right to:.u. voice grievances to the facility, or other agency's that hears grievances, without discrimination or reprisal and without fear of discrimination or reprisal; v. have the facility respond to his or her grievances; w. examine survey results x. communication with outside agencies (e.g., local, state, or federal officials, state and federal surveyors, state long-term care ombudsman, protection or advocacy organizations etc.) regarding any matter. A tour was taken with the Director of Social Services, Employee E6 to look for required postings. During an observation of Second-Floor nursing unit on January 12, 2026, at 10:00 a.m. it was revealed there was no posting for the required Department of Health contact information. A tour of the dining room revealed there was a standard size page posted on the door that read DOH Field Office Contact Information 610 270 3485. During an observation of Third-Floor nursing unit on January 12, 2025 at 10:15 a.m. revealed there was no posting for the required Department of Health contact information. A tour of the dining room revealed there was a standard size page posted on the door that read DOH Field Office Contact Information 610 270 3485. A search revealed the number listed was for the Department of Health Building Safety Inspection. Interview held with Employee E1 the Nursing Home Administrator at 10:13 a.m. revealed they have had this sign up in the building since the last survey January 2025.The Director of Social Services Employee E6 and the Nursing Home Administrator confirmed at 10:15 a.m. that there were no postings for the required Department of Health contact information on either on the nursing units due to renovations of the units and the bulletin boards had been taken down. (Second-Floor and Third-Floor). It was determined that the facility did not ensure required postings including accurate Name, Addresses, and telephone number for the State Survey Agency were posted in prominent places throughout the facility including a statement that the resident may file a complaint with the State Survey Agency in relation to resident abuse, neglect, exploitation, misappropriation of resident property in the facility. 28 Pa. Code: 201.18(a)(e)(1) Management28 Pa. Code: 201.18(b)(1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policies, medical records, observations, and interviews with residents and staff, it was determined that the facility failed to ensure proper infection prevention and control practices for three of five residents observed (Residents R31, R20, and R95). Specifically, the facility failed to implement Enhanced Barrier Precautions (EBPs) during wound care, medication administration via feeding tube, and personal care, placing residents at risk for transmission of multidrug-resistant organisms (MDROs).Findings include:The facility policy titled Enhanced Barrier Precautions (revised December 2024) states that EBPs are implemented to prevent the transmission of MDROs. EBPs are required for residents who are infected or colonized with CDC-targeted MDROs or who have wounds or indwelling medical devices, including feeding tubes, urinary catheters, central lines, or tracheostomies. The policy requires staff to wear gowns and gloves, in addition to standard precautions, during high-contact resident care activities such as dressing, bathing, hygiene and grooming, transfers, changing briefs or linens, assisting with activities of daily living, device care, and wound care. EBPs also apply outside of the resident's room when close physical contact is anticipated. The policy further requires staff education, appropriate signage outside resident rooms, and ready access to personal protective equipment (PPE) and alcohol-based hand rub.Review of Resident R31's quarterly Minimum Data Set (MDS) dated [DATE], revealed the resident was admitted on [DATE], with diagnoses including cerebrovascular accident (CVA) and malnutrition and requires a feeding tube.Review of Resident 31's clinical record revealed physician orders dated May 1, 2024, for Enhanced Barrier Precautions every shift.Observation January 11, 2025, at 9:20 a.m., of Resident R31's room revealed posted signage indicating the resident was on Enhanced Barrier Precautions and required staff to wear gloves and gowns during high-contact activities, including feeding tube care and wound care.Observation of medication pass observed on the same date and time, Licensed Nurse Employee E9 administered medications via the resident's feeding tube using a syringe and flush; licensed nurse employee E9 wore gloves and a mask only and failed to don a gown as required by policy.Review of Resident R20's clinical record and care plan dated April 29, 2025, revealed impaired skin integrity related to arterial ulcers on the toes and feet, with Enhanced Barrier Precautions required during high-contact care activities, including wound care. Observation on January 12, 2025, at 11:20 a.m. confirmed Enhanced Barrier Precaution signage was posted on the resident's room door.Observation on January 12, 2025, at 11:20 a.m., Licensed Nurse Employee E12 was observed providing wound care to Resident R20's toe while wearing gloves only and not wearing a gown. Interview with licensed nurse Employee E12 at time of observation, stated that gloves were sufficient for wound care, indicating a lack of adherence to facility policy.Review of Resident R95's annual MDS dated [DATE], revealed diagnoses of venous and/or arterial ulcers.Review of resident R95's Physician orders dated December 30, 2025, required Enhanced Barrier Precautions for this resident.Observation January 12, 2025, at 11:45 a.m., of Resident R95's room door revealed signage indicating Enhanced Barrier Precautions and the requirement for gowns and gloves during high-contact care. Observation on January 12, 2025, at 11:45 a.m., Nursing Assistant, Employee E11, was observed providing a bed bath to Resident R95 while wearing gloves only and not wearing a gown. Interview at the time of observation, Employee E11 stated that the Enhanced Barrier Precaution sign was not intended for Resident R95.During an interview on January 13, 2025, at 12:25 p.m., the Assistant Director of Nursing/Infection Preventionist (Employee E) stated that all employees had been educated on infection control practices and PPE use. The employee confirmed that wound care, personal care, and medication administration via feeding tube require the use of appropriate PPE, including gowns and gloves, and acknowledged that while staff are aware of the requirements, they do not always follow them. The employee stated that additional skills training would be provided to staff. 28 Pa. Code 201.20 (a)(6)(b) Staff Development 28 Pa. Code 211.10 (a)(c) 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
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on clinical record review, and staff interview, it was determined that the facility failed to ensure the resident and the residents representative received a written transfer notice that included all required details for one of three closed records reviewed (Resident R112). Findings include: Review of Resident R112's medical records revealed that on December 11, 2025, the resident was admitted to the hospital following a fall. Although documentation indicated that a notification was provided, continued review failed to reveal that the written notice specified the required elements, including detailed reason for the transfer and required regulatory information, in a manner and language the resident or representative could understand. Interview with the Assistant Director of Nursing, Employee E4, conducted on January 14, 2025, at 12:50 p.m. confirmed that the written notification provided for the transfer did not include required details as outlined by regulation. Continued interview with Employee E4 further confirmed that it is not facility practice to ensure transfer notices consistently contain all required regulatory elements. 28 Pa. Code 201.14(a) Responsibility of license 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
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews with staff, and review of facility policies it was determined that the facility failed to ensure prevention of accidents and hazards related to medications found at bedside for one of thirty-three residents reviewed. (Resident R62)Findings Include: Review of facility policy titled, Administer Medications with a date of April 2019 states, Policy Statement- Medications are administered in a safe and timely manner, and as prescribed. Further review of the facility policy revealed, 21. For residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be flagged. After completing the medication pass, the nurse will return to the missed resident to administer the medication. Review of Resident R62's record revealed the resident was admitted to the facility on [DATE]. The resident had the following medical diagnosis: Parkinsons Disease (Progressive nervous system disorder affecting movement, characterized by tremors, rigidity, bradykinesia (slowness), and postural instability), Dissection of Vertebral Artery (a tear in the inner lining of the vertebral artery, allowing blood to enter and separate the layers, potentially leading to stroke), Spinal Stenosis (the narrowing of the spinal canal, causing compression of the spinal cord or nerves), and Hyperlipidemia (excessively high levels of fats specifically LDL cholesterol and triglycerides in the blood). Observation on January 11, 2026 of the third-floor nursing unit was made. During observation Resident R62 was interviewed. During the resident interview it was noted that there was a round orange pill on the resident's bedside table. Next to the orange pill was a white plastic pill cup. The surveyor alerted Resident R62's nurse licensed Nurse Employee E9 who came to the room at 10:05 a.m. Employee E9 visualized the orange pill and then moved around items on the bedside table and found one other round white pill. The two pills were placed in the pill cup and taken to the nurse's medication cart. The medication found was identified by the nurse as being an Aspirin tablet and Bromide tablet. It was determined that the facility failed to ensure prevention of potential accidents and hazards related to the medications found bedside. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on a review of facility policy and resident clinical records, it was determined that the facility failed to ensure timely and effective follow-up of consultant pharmacist medication regimen review (MRR) recommendations for two of four residents reviewed. (resident R 137, and R7) This failure had the potential to result in inappropriate medication use and medication errors.Findings include:Review of the facility policy titled Medication Regimen Reviews, dated July 2025, revealed that a licensed consultant pharmacist reviews each resident's medication regimen upon admission and at least monthly, or more often if clinically indicated. The policy requires identification and resolution of medication errors, irregularities, adverse effects, interactions, inappropriate dosing, and lack of monitoring. The policy further requires non-life-threatening irregularities to be reported in writing to the physician within three business days, physician responses to be documented in the medical record, and medication-related issues to be monitored through quarterly reports and incorporated into the facility's QAPI program.Review of Resident R137's clinical record revealed a physician order dated December 18, 2025, for Risperdal (risperidone) 2 mg by mouth at bedtime for anxiety. Review of the consultant pharmacist's medication regimen review dated October 15, 2025, revealed a recommendation to the provider noting the resident was receiving an antipsychotic medication without an allowable supporting diagnosis. The pharmacist identified that acceptable diagnoses include schizophrenia, schizoaffective disorder, delusional disorder, mania, bipolar disorder, refractory major depression with psychosis, or delirium with manic or psychotic symptoms. Review of the clinical record revealed no evidence that the identified irregularity was resolved.Review of Resident R7's clinical record revealed a physician order for Diclofenac Sodium 1% topical gel to be applied to the left arm and thigh every eight hours as needed for pain. Review of the consultant pharmacist's MRR dated November 21, 2025, revealed a recommendation to clarify the order to specify the amount to be applied (2 grams) and include administration instructions to prevent medication errors. The physician responded on December 5, 2025; however, review of the medical record revealed no evidence that the order was modified to include the recommended clarifications.28 Pa. Code 211.2(d)(9) Medical Director28 Pa. Code 211.9 (a)(1) Pharmacy Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395662	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Logan Square Rehabilitation and Healthcare Center	2 Franklin Town Blvd Philadelphia, PA 19103

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on review on observations, interviews, review of clinical documentation, and review of facility policy it was determined that the failed did not ensure accurate documentation related to pharmacy reviews for one of 22 residents reviewed. (Resident R75)Review of Resident R75 Consultant Pharmacist MMR Recommendation to Prescriber, dated October 15, 2025, indicated Resident has two order(s) for the following: acetaminophen 500mg and Acetaminophen 325mg for mild pain. Please discontinue duplicate order, if appropriate. If both orders are to be given concurrently, please add the total mg dose to each order. Further review revealed a Physician/ Prescriber response to discontinue 325mg and continue with 500mg for scale 1-4 pain. Review of Resident R75 clinical record revealed a physician order for Acetaminophen 500mg discontinued on December 19, 2025. Further review revealed Acetaminophen 325mg order active. Interview with Employee E2, Director of Nursing, on January 14, 2026 at 12:00pm, confirmed incorrect Acetaminophen dose discontinued.