

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395686	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/08/2026
NAME OF PROVIDER OR SUPPLIER  West Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4401 Haverford Avenue Philadelphia, PA 19104	
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 - Actual harm  Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interviews, review of clinical records, facility documentation, and review of facility policy, it was determined the facility failed to ensure Resident R1 was provided with the necessary equipment of wheelchair leg rest to ensure safety and proper positioning during transportation. This failure resulted in actual harm to Resident R1 who fell forward from the wheelchair and sustained a left frontal scalp hematoma and periorbital contusion for one of nine residents reviewed (Resident R1). Findings included: Review of facility policy titled Assistive Devices and Equipment revised May 2025, revealed devices and equipment that assist with resident mobility, safety and independence are provided to resident. These include a) wheelchairs (manual and powered) b) walkers and c) canes. Further review of facility policy revealed Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the resident's plan of care. Staff will be trained and will demonstrate competency on the use of devices and equipment prior to assisting or supervising residents. Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses including Dementia (progressive degenerative disease of the brain), difficulty walking, muscle weakness, and a history of falls. Review of Resident R1's quarterly Minimum Data Set (MDS- assessment of resident's needs) dated December 5, 2025, revealed the resident required assistance with mobility, used a wheelchair for locomotion, and had a Brief Interview for Mental status (BIMS) score of 8, which indicates moderate cognitive impairment. Review of Resident R1's care plan, initiated January 16, 2025, revealed a care plan was developed for the resident being at high risk for falls related to confusion and psychoactive drug use. Interventions identified included but not limited to offering resident to go to bed after dinner; out of bed to supervised area when awake and physical therapy for mobility, trunk control, and wheelchair cushion. Review of Resident R1's nursing notes dated December 25, 2025, revealed Resident R1 was taken to [his/her] room by the care nurse and resident fell on the floor face forward. Large hematoma observed on the left forehead. Ice applied immediately. On call [physician] notified with a verbal order to send resident to emergency room .911 arrived at 10:30 pm and resident was taken to [local hospital]. Review of hospital medical records dated December 25, 2025, revealed the resident was diagnosed with left frontal scalp hematoma and periorbital contusion following the fall. Review of facility documentation dated December 25, 2025, failed to reveal resident or staff statements describing the incident or identifying contributing factors at the time of the fall. Interview with the Occupational Therapist, Employee E3, and Director of Rehabilitation (Employee E4) on January 8, 2026, at 10:50 a.m. confirmed the facility practice requires wheelchair leg rests to be applied during transport by nursing staff, regardless of whether residents can propel themselves. Interview with Licensed Practical Nurse, Employee E5, on January 8, 2026, at 11:42 a.m. revealed that Employee E5 witnessed the fall on December 25, 2025, at approximately 10:00 p.m. Employee E5 stated the Nurse aide (Employee E6) was transporting</p> <p>(continued on next page)</p>		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0689  Level of Harm - Actual harm  Residents Affected - Few	Resident R1 to (his/her) room for bedtime sleep, as the resident appeared sleepy, when the resident placed (his/her) foot down and fell forward. Employee E5 further confirmed the wheelchair footrests were not present at the time of transport. Interview with Nurse Aide, Employee E6, on January 8, 2025, at 12:19 p.m. revealed while transporting Resident R1 to (his/her) room to prepare for bedtime, the resident appeared sleepy, placed (his/her) foot down and fell forward. Employee E6 confirmed the wheelchair leg rests were not applied prior to transport. The facility failed to ensure safe wheelchair transport for a resident with known cognitive impairment, impaired mobility, and risk of falling by not applying wheelchair leg rests. As a result of the facility's failure to follow safe transport practices, Resident R1's foot contacted the floor, causing a fall forward from the wheelchair. The fall resulted in actual harm to Resident R1, who sustained a left frontal scalp hematoma and periorbital contusion requiring hospital evaluation. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.10(d) Resident Care policies 28 PA Code 211.12(d)(1)(3)(5) Nursing services		