

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 01/28/2026
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)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations of the resident rooms, and interviews with staff, it was determined that the facility failed to maintain the Resident call bell system in working condition for two out of 10 residents' rooms observed for call bell functioning. Findings Include: On January 28, 2026, a tour of the fourth floor of the facility was conducted, and at 11:53 a.m., observations in room [ROOM NUMBER], Bed D, revealed the call bell device was non-functioning. Resident R2 of room [ROOM NUMBER], Bed D, stated that the call bell was not functioning for a few days. On January 28, 2026, a tour of the fourth floor of the facility was conducted, and at 11:57 a.m., observations in room [ROOM NUMBER], Bed B, revealed the call bell device was non-functioning. On January 28, 2026, at 11:57 a.m., the findings were confirmed with E 3, a Licensed Nurse. 28 Pa Code 207.2(a) Administrator's responsibility</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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