

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 03/30/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records and staff interviews, it was determined that the facility failed to ensure that treatment to for pressure ulcer was obtained for Findings include:Review of the facility policy Pressure Ulcers/Skin Breakdown - clinical protocol, undated, revealed the nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers; for example, immobility, recent weight loss, and a history of pressure ulcer(s). In addition, the nursing shall describe and document/report the following: full assessment of pressure sore including location, stage, length, width and depth, presence of exudates and necrotic tissue, resident mobility status, current treatments, including support surface and relevant active diagnosis. Under Treatment/Management it further stated The practitioner will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, et) and application of topical agents. Review of Resident CLR1's clinical record revealed resident was admitted to the facility on [DATE], with diagnoses including Type 2 diabetes mellitus with hyperglycemia (chronic condition where the body doesn't use insulin properly, causing high blood sugar overtime), encounter for attention to gastrostomy (feeding tube), dysphagia following cerebral infarction (swallowing disorder that occurs after a stroke), gastro-esophageal reflux diseases without esophagitis (heartburn, acid regurgitation or chest discomfort), chronic kidney disease-stage 3 (kidneys are damaged and filtering blood less efficiently), atherosclerotic heart disease of native coronary artery without angina pectoris (arteries are narrowed), cerebral infarction (stroke). On January 7, 2026, CLR1 was diagnosed with pneumonitis due to inhalation of food and vomit, metabolic encephalopathy (dysfunction of the brain) Review of Resident CLR1's Minimum Data Set (MDS federally mandated resident assessment of care needs), dated December 25, 2025, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 0 indicating severe cognitive impairment. Review of Resident CLR1's clinical record revealed that the resident was transferred to the hospital on January 29, 2026 and readmitted to the facility on [DATE]. Review of Resident CLR1's comprehensive care plan, initiated February 4, 2026, indicated that the resident was at risk for altered skin integrity related to incontinence and impaired mobility. Interventions included biweekly skin audits by licensed staff, reporting any changes in skin integrity to the physician, providing diet and supplements per physician orders, encouraging and assisting the resident to consume fluids as needed, assisting with heel suspension/floatation when in bed, using a pressure-reduction mattress to protect the skin while in bed, and providing a pressure-reducing cushion when in a chair. Review of the CLR1 Skin assessment dated [DATE], did not reveal any existing skin issues. Review of wound tracking documentation dated February 4, 2026, noted an open area on the right buttock. There were no measurements or description of the right buttock open area and/or stage documented. On February 11, 2026, Resident CLR1 experienced a change in condition and was transferred to the hospital. The resident was readmitted to the facility on [DATE]. Review of wound tracking documentation dated February 19, 2026, noted an open area on the resident's right anterior thigh measuring 3 centimeters (cm) x 3 cm. There was no other description of the area and/or stage of the wound. Review of Resident CL R1's February 2026 medication administration (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
---	-------	-----------

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 03/30/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>records revealed no evidence that a treatment was obtained for the open area identified on the resident's right anterior thigh on February 19, 2026. Interview conducted on March 30, 2026, at 2:45 p.m., with the Director of Nursing, Employee E1, confirmed that no treatment had been provided for the right anterior thigh wound, which measured 3 cm x 3 cm on February 17, 2026. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services</p>		

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 03/30/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, observations, and staff interviews, it was determined that the facility failed to implement enhanced barrier precautions for one of four residents with a feeding tube (Resident R2) and for one resident with airborne precautions. (Residents R2 and R3). Findings include: Review of the facility policy titled Enhanced Barrier Precautions, undated, revealed: To minimize the transmission of germs transferred from residents to staff hands and clothing, staff will wear a gown and gloves when providing care to residents that require significant physical contact and are at high risk of acquiring or spreading multidrug-resistant organisms (MDROs). Enhanced barrier precautions will be applied to: (A) residents with an indwelling medical device, including a central venous catheter, urinary catheter, feeding tube (PEG tube), or tracheostomy/ventilator, regardless of their MDRO status; and (B) residents with a chronic wound, regardless of their MDRO status. Chronic wounds include pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers; they do not include shorter-lasting wounds such as skin breaks or skin tears covered with a dressing. Review of the facility policy titled Categories of Transmission-Based Precautions, undated, revealed: Standard Precautions shall be used when caring for residents at all times, regardless of their suspected or confirmed infection status. Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection. Based on CDC definitions, four types of Transmission-Based Precautions (airborne, droplet, contact, and COVID-19) have been established. In addition to Standard Precautions, implement Airborne Precautions for anyone who is documented or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [5 microns or smaller] of evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents within a room or over long distances). Examples of infections requiring Airborne Precautions include, but are not limited to: measles, varicella (including disseminated zoster), and tuberculosis. Review of Resident R2's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnosis of anoxic brain damage, persistent vegetative state, chronic obstructive pulmonary disease (airway inflammation and damage), encounter for attention to gastrostomy (feeding tube), dysphagia oropharyngeal phase following cerebral infarction (swallowing disorder that occurs due to brain injury). A physician's order dated January 17, 2026, for enhanced barrier precautions related to feeding tube. Observation conducted on March 30, 2026, at 10:20 a.m., revealed nursing aide, Employee E4 providing direct morning care to Resident R2 without wearing personal protective equipment (PPE) such as gown. This observation was confirmed by the unit manager, Employee E3. On March 30, 2026, at 9:00 a.m., an interview with the Assistant Director of Nursing, Employee E7, revealed that the facility had placed Resident R3 on airborne precautions after Resident R3 tested positive for tuberculosis. A review of Resident R3's clinical file revealed that the resident was admitted on [DATE]. On March 23, 2026, Resident R3 received a positive test result for tuberculosis. A review of the physician's order dated March 23, 2026, revealed: TBP: Airborne Precautions - Tuberculosis (gown, face mask, face shield, and gloves). On March 30, 2026, at 10:40 a.m., Licensed Nurse, Employee E5, was observed in contact with Resident R3 in the resident's room wearing only a mask. Unit Manager, Employee E3, confirmed the observation that Licensed Nurse, Employee E5, was not wearing a gown or face shield as required for airborne precautions. 28 Pa. Code 211.10 (d) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services. 28 Pa. Code 211.12 (d)(1)(5) Nursing services</p>		