

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  02/21/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>41471</p> <p>Based on observations, resident, and staff interviews, it was determined that the facility failed to determine the ability to self-administer medications for one of six residents reviewed for medication safety (Resident R118).</p> <p>Findings include:</p> <p>Review of the facility policy Self-Administration of Medication dated August 2024, indicates Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident. 2. In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment, including (but not limited to) the resident's: a. Ability to read and understand medication labels; b. Comprehension of the purpose and proper dosage and administration time for his or her medications; c. Ability to remove medications from a container and to ingest and swallow ( or otherwise administer) the medication; and d. Ability to recognize risks and major adverse consequences of his or her medications. 3. If the team determines that a resident cannot safely self-administer medications, the nursing staff will administer the resident's medications. Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer will be stored on a central medication cart or in the medication room. Nursing will transfer the unopened medication to the resident when the resident requests them. Staff shall identify and give to the Charge Nurse any medications found at the bedside that are not authorized for self-administration, for return to the family or responsible party.</p> <p>Review of Resident R118's active physician order dated July 29, 2024, revealed an order for Asper-Flex External Cream 10 % (TrolamineSalicylate) Apply to affected areas topically two times a day for pain unsupervised self-administration. Observe resident to allow patient to use it at bed-side.</p> <p>Review of pharmacy consultant report dated January 28, 2025 revealed a recommendation self-administration of medication is noted on the orders. Ensure that there is a self-administration assessment completed. It was documented on the report as the recommendation was completed.</p> <p>Review of Resident R118's assessments on February 21, 2025, did not to include an assessment for medication self-administration.</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on February 21, 2025 confirmed that there was no medication self-administration assessment for Resident R60 and Resident R118.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> <p>28 Pa. Code: 211.9(a)(1) Pharmacy services.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on observations and resident and staff interviews, it was determined the facility failed to provide services to maintain a clean and homelike environment for one of three nursing units. (4th [NAME] Nursing Units).</p> <p>Findings include:</p> <p>On February 18, 2025, at 12:14 p.m., an observation was made in room [ROOM NUMBER], where three mouse traps were noted. One of the traps contained mouse droppings, while another was covered in a significant amount of dust which looked like a dead mouse. The room's floors were observed to be dirty, with visible crumbs and spills present. Additionally, the trash can was dirty with brown substances and did not have a linen trash bag.</p> <p>During an interview, Resident R8 stated that housekeeping had entered to clean the room; however, the floor mats on both sides of the bed remained unclear with spills. These observations were confirmed by Licensed Nurse Employee E7.</p> <p>On February 18, 2025, at 12:14 p.m., additional observations with Licensed Nurse, Employee E7, confirmed that there were no linen trash bags in rooms 407, 408, 409, 410, 411, 412, and 413. Additionally, the trash cans in these rooms were noted to be dirty.</p> <p>On February 18, 2025, at 12:20 p.m., Maintenance Director Employee E12 entered room [ROOM NUMBER] and clarified that the mouse trap did not contain a dead mouse but had instead accumulated a large amount of dust.</p> <p>On February 18, 2025, at 12:40 p.m., an observation was made in room [ROOM NUMBER] of a strong urine odor. During an interview with Resident R41, it was noted that the resident's pillow was ripped and lacked a pillowcase. When asked about the missing pillowcase, Resident R41 stated that he was unsure why it was absent.</p> <p>Further observation revealed that the room's trash can did not contain a linen bag was dirty with brown spills. Multiple washcloths were seen drying on the bed railings, and the floor around the resident's bed was visibly dirty. Additionally, several used items, including dirty cups, condiment packets, and an apple juice container, were observed sitting on the windowsill.</p> <p>On February 18, 2025, at 1:07 p.m., an interview was held with Resident R46, who reported an ongoing shortage of essential supplies, including washcloths, linens, and briefs. Resident R46 further stated that on the previous day, there were no washcloths available, and she was instructed to wipe her face with a paper towel.</p> <p>On February 18, 2025, at 1:36 p.m., an observation was made on the 4th [NAME] Nursing Unit the rooms 412, 413 continued to have a strong urine smell and rooms remained unclear. This observation was confirmed by the Administrator, Employee E1.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On February 20, 2025, at 12:20 p.m., during an interview with the housekeeping director, Employee E10 explained that the facility's procedure is to provide each resident with clean washcloths during every shift. Fresh linens, including washcloths, are delivered three times a day: from 7:00 a.m. to 8:00 a.m., from 2:30 p.m. to 3:00 p.m., and from 11:00 p.m. to 7:00 a.m. Each resident is expected to receive a clean washcloth at these intervals. However, the inventory available at the facility at the time of the interview indicated that only a one-day supply of washcloths remained. Employee E10 reported having placed an emergency order for additional washcloths on February 18, 2025, with expected delivery on February 20, 2025.</p> <p>28 Pa. Code 201.18 (e)(1)(2.1) Management.</p> <p>28 Pa. Code 201.29 (a) Resident rights.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>41471</p> <p>Based on clinical record review, observations, and interview with residents and staff, it was determined that the facility failed to provide bathing support and feeding assistance for two of two residents sampled for activities of daily living (Resident R39 and Resident R73).</p> <p>Findings Include:</p> <p>Observation of the Resident R73 on February 18, 2025, at 1:00 p.m. revealed that the resident had beard and disheveled hair.</p> <p>Interview with Resident R73 on February 18, 2025, at 1:00 p.m. stated he wanted to shave and cut his hair, but staff did not offer him any help. Resident stated staff sometimes gave him bed bath but very rarely offered shower.</p> <p>Review of MDS-Minimum Data Set-Assessment of resident care needs for Resident R73 dated November 26, 2024, revealed that the resident had a BIMS score of 15 which indicated that the resident's cognitive status was intact. Further review of the MDS revealed that the resident required substantial/maximal assistance for shower or bathing.</p> <p>Review of shower documentation for Resident R73 revealed that the resident was scheduled for shower on Wednesday and Saturday every week. Further review of the shower data from January 19, 2025 to February 19, 2025 revealed that the resident on received 2 shower and one bed bath for the entire 30 days.</p> <p>Clinical record review revealed Resident R39 was admitted to the facility September 27, 2023 with a diagnosis that included but not limited to aphasia (lack of ability to comprehend or communicate due to brain damage), dysphagia (difficulty swallowing), hemiplegia (total or nearly complete paralysis on one side of body), and lack of coordination.</p> <p>Review of Resident R39's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) dated February 02, 2025 revealed Resident R39 was cognitively impaired.</p> <p>Further review of Resident R39's MDS revealed Resident R39 required one person assistance with meals.</p> <p>Review of Resident R39's care plan, revised August 18, 2024, revealed Resident R39 has ADL (activities of daily living) self-care deficit related to dementia. Interventions for eating revealed Resident R39 is dependent and requires one staff to assist with meals.</p> <p>Observation conducted on February 18, 2025 at 1:06 p.m. revealed Resident R39 in bed and food tray on table. No staff was in the room to help assist Resident R39 with eating.</p> <p>Further observation on February 18, 2025 at 1:14 p.m. revealed Resident R39 still had meal on table that was untouched.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on February 19, 2025 at 9:53 a.m. with License Practical Nurse, Employee E14, confirmed Resident R39 requires feeding assistance at meals.</p> <p>Observation on February 19, 2025 at 12:07 p.m. revealed Resident R39 received food but no staff assisted Resident R39 with eating.</p> <p>Further observation on February 19, 2025 at 12:18 p.m. revealed Resident R39 eating bread with left hand and then holding cup with left hand to drink. Resident R39 had fork on plate and required assistance with using fork.</p> <p>Interview on February 19, 2025 at 12:41 p.m. with Unit Manager, Employee E15, stated Resident R39 does require staff assistance at meals, either with cues or assistance with feeding from staff.</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing services</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41471</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that prescribed wound care treatments were not left at the bedside for one of 31 residents reviewed. (Resident R60)</p> <p>Findings include:</p> <p>Review of Resident R60's Minimum Data Set (MDS - a periodic assessment of care needs) dated November 26, 2024, indicates the diagnosis of anemia (low iron in the blood) and dementia (loss of intellectual functioning).</p> <p>During an observation completed on February 18, 2025, at 1:00 p.m. Resident R60 was sitting in his bed and eating his lunch from a lunch tray. It was observed that there was open bottle of Dakin's wound care solution sitting next to the lunch tray which the resident was eating. When asked the resident what was inside the bottle, resident stated water. Surveyor immediately notified Employee E16, Licensed Practical Nurse. Further observation revealed that there was wound cleanser and wound care supplies sitting on top of resident's nightstand.</p> <p>Interview with Employee E16 stated that was open bottle of Dakin's solution with medication inside the bottle. Employee E16 stated these wound care supplies should not have left in resident's room.</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>28 AP. Code 211.12(d)(1) Nursing services</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41471</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to provide appropriate respiratory care services related to changing and labelling respiratory equipment's and administering oxygen as ordered by the physician for one of 31 residents reviewed. (Resident R19).</p> <p>Findings Include:</p> <p>Review of the facility policy Nebulizer Administration, dated January 2025 revealed that Rinse nebulizer, mouthpiece, and T piece with tap water and let air dry.</p> <p>a. Date and place supplies in a treatment bag.</p> <p>b. Replace and date the setup every seven days.</p> <p>c. Check compressor for air filters that require replacement and cleaning every 30 days.</p> <p>d. Follow manufacturer's instructions.</p> <p>e. Disinfect the outside of the compressor between use of Elders/residents/guests and as needed.</p> <p>Review of the facility policy Oxygen Administration, dated January 2025 revealed that Replace entire set-up every seven days. Date and store in treatment bag when not in use. If using a non-disposable humidifier, change bottle every seven days and change water every 24 hours to prevent bacterial decontamination.</p> <p>Review of physician order for Resident R19 dated December 14, 2024, revealed an order for change oxygen tubing on Tuesdays 11-7 shift weekly. Further review of the physician order revealed an order for continuous oxygen at 3Liters/per minute.</p> <p>Observation of Resident R19's on February 18, 2025, at 10:50 a.m. revealed that the oxygen tubing was lying on the floor without any bag, the oxygen concentrator was running. The date of the oxygen tube was February 1, 2025.</p> <p>Further observation of Resident R19's room revealed that there was a nebulizer mask inside the a bag. The date on the bag was January 28, 2025.</p> <p>Continued observation of Resident R19's room on February 18, 2025, at 1:04 p.m. revealed that the oxygen tubing was still lying on the floor, the oxygen concentrator was running. Staff provided lunch tray for the resident but did not remove the oxygen tubing from the floor.</p> <p>The above observation was confirmed by Employee E16, Licensed Practical Nurse, on February 18, 2025, at 1:04 p.m.</p> <p>(continued on next page)</p>		

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F 0695  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa. Code 211.12(d)(1) Nursing services  28 Pa. Code 211.12(d)(5) Nursing services

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>41471</p> <p>Based on review of clinical records, and staff interviews, it was determined that the facility failed to ensure the identified pharmacy review irregularities were implemented for two of five residents reviewed (Resident R118 and R104).</p> <p>Findings Include:</p> <p>Review of physician order for Resident R104 dated July 30, 2024 revealed an order for Nifedipine(antihypertensive medication), give 1 tablet by mouth one time a day for hypertension hold for systolic blood pressure less than100 or heart rate less than 60</p> <p>Review of Resident R104's Consultant Pharmacist review report dated December 24, 2024, by consultant pharmacist, revealed a recommendation, Medication error noted. Nifedipine (antihypertensive medication) is not always held as required by the physician's hold order on 12/5, 12/6, 12/9, 12/10, 12/14, 12/15, 12/17, 12/18, 12/19 and 12/20. Heart rate was less than 60 (per MAR)(medication administration record) and the medication was still administered.</p> <p>Further review of the report revealed that the recommendation was completed on January 3, 2025.</p> <p>Review of Resident R104's Consultant Pharmacist review report dated January 23, 2025, by consultant pharmacist, revealed a recommendation, Medication error noted. Nifedipine(antihypertensive medication) is not always held as required by the physician's hold order on 1/2, 1/3, 1/12, 1/13, 1/14, 1/20, and 1/21. Heart rate was less than 60 (per MAR)(medication administration record) and the medication was still administered.</p> <p>The medication was not withheld as recommended by the pharmacist on above dates.</p> <p>Review of MAR for Resident R104 for February 2025 revealed that the staff administered Nifedipine on 2/12, 2/13, and 2/18 even with heart rate less than 60.</p> <p>Review of pharmacy consultant report dated January 28, 2025 revealed a recommendation self-administration of medication is noted on the orders. Ensure that there is a self-administration assessment completed. It was documented on the report as the recommendation was completed.</p> <p>Review of Resident R118's assessments on February 21, 2025, did not to include an assessment for medication self-administration.</p> <p>Interview with the Director of Nursing on February 21, 2025 confirmed that there was no medication self-administration assessment for Resident R118</p> <p>.</p> <p>28 Pa. Code 211.9 (a)(1) Pharmacy services.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43923</p> <p>Based on observations, resident and staff interviews, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures.</p> <p>Findings include:</p> <p>Review of facility policy titled Food Temperatures revised January 2025, indicated that the serving temperature required for hot foods is at 135 degrees Fahrenheit (F) or above. Temperatures for cold foods, including milk and juice must be less than 41 degrees F.</p> <p>On February 18, 2025, at 12:00 p.m. an interview was held with Resident R14 reported warm juices and milk, those items should be cold.</p> <p>On February 19, 2025, at 10:30 a.m., a resident council group meeting was held with seven alert and oriented residents (R12, R15, R114, R113, R128, R30, R33) who reported concerns about the quality of meals. They stated that the food was consistently cold and repetitive, with meal temperatures remaining low. Additionally, they noted that peas and green beans were often hard and served cold.</p> <p>Observations during a test tray conducted with the Food Service Director (FSD), Employee E4, on February 20, 2025, at 12:55 p.m. revealed that meatloaf registered 127.2 degrees F; green beans registered 126 degrees F; mashed potatoes registered 124 degrees F; iced tea registered 47.8 degrees F; and milk registered 48 degrees F.</p> <p>An interview with the FSD, on February 20, 2025, at 1:00 p.m. confirmed that these food items were outside the acceptable temperature range and therefore not palatable.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>41471</p> <p>Based on review of facility policy, review of clinical record, observations and staff and resident interviews, it was determined that the facility failed provide food items consistent with the prescribed diet order for one of 31 residents reviewed (Resident R83).</p> <p>Findings include:</p> <p>Review of facility policy Thickened Liquids dated January 2025 revealed that A written order for thickened liquids will be communicated to the dietary department via diet requisition form.</p> <p>3. The order will specify one of the following levels:</p> <p>a. Nectar - consistency of a thin milkshake or eggnog; should be semi-thick and pourable.</p> <p>b. Honey- consistency of honey at room temperature, or a thick milkshake; should be pourable.</p> <p>c. Pudding - consistency of pudding, with thickened liquid not runny but dropping in one semi-solid mass, should be spoon able but not pourable.</p> <p>4. Residents who require thickened liquid will be provided pre-packaged thickened liquids (per the ordered consistency), or will be provided liquids thickened prior to service by a staff member who has completed education in thickening liquids.</p> <p>Review of physician order for Resident R83 dated November 26, 2024, revealed an order for nectar thick liquid consistency.</p> <p>Observation of Resident R83 on February 18, 2025, at 10:38 a.m. revealed that there was a cup of thin liquids with resident's room number written on the cup.</p> <p>Interview with Employee E16 on February 18, 2025, at 1:04 p.m. confirmed that the resident should only have nectar thick liquid.</p> <p>Observation of Resident R83 on February 20, 2025, at 12:35 p.m. revealed that there was a cup of thin liquids with resident's room number and his name written on the cup. It appears that the resident drank the thin liquid from the cup.</p> <p>Interview with Employee E2, Director of Nursing on February 20, 2025, at 12:35 p.m. confirmed that the resident should only have nectar thick liquid, and she removed the cup from resident's room.</p> <p>(continued on next page)</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  02/21/2025
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.

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.6(a) Dietary 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  02/21/2025
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47973</p> <p>Based on observations, interviews with staff, and a review of facility procedures, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Review of facility policy titled, Labeling and Dating Food Items revised August 1, 2024, revealed that a visible label will be used to indicate appropriate use by date.</p> <p>Review of facility provided protocol, color codes for cutting boards, undated, revealed that the green cutting board is designated for ready to eat produce that will be cooked; and the red cutting board is used for raw proteins to prevent bacteria from spreading to another.</p> <p>A tour of the main kitchen was conducted with the Food Service Director (FSD), Employee E4, on February 18, 2025, at 10:00 a.m.</p> <p>Observations in the food preparation area revealed the Cook, Employee E13, was cutting chicken on the green cutting board (designated for vegetables).</p> <p>Observations in the refrigerator revealed nine wracks of individually sliced corn cakes, were undated and unlabeled. Further observations revealed 12 turkey and cheese, 10 pound of sliced ham, and peanut butter sandwiches were undated and unlabeled.</p> <p>Interview with the FSD during the kitchen tour confirmed the above mentioned findings.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</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  02/21/2025
NAME OF PROVIDER OR SUPPLIER  West Park Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4401 Haverford Avenue Philadelphia, PA 19104	
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<p>F 0920</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide at least one room set aside to use as a resident dining room and for activities, that is a good size, with good lighting, air flow and furniture.</p> <p>41471</p> <p>Based on observations, resident and staff interviews, it was determined that the facility failed to provide sufficient space for residents for dining services for two of three dining room revealed. (Third floor and Fourth floor)</p> <p>Findings include:</p> <p>Observation on February 19, 2025, at approximately 12:10 p.m., revealed that the lunch service was provided at the dining room on fourth floor. There were 12 residents sitting in the dining room which was congested and did not have space for staff to move around and place the meal trays. There were 8 residents sitting across the door which could not move or leave the dining room until four residents in the middle-finished eating.</p> <p>Observation on February 19, 2025, at 12:00 p.m., revealed that the lunch service was provided at the dining room on the third floor. There were approximately 14 residents sitting in the dining room, It was observed that the staff moved a resident sitting in the middle of the room to outside of the dining room to create space for staff to move around inside the dining room. It was also observed that there were 2 residents outside the dining room waiting.</p> <p>Interview with Employee E17, Licensed Practical Nurse, on February 19, 2025, at approximately 12:00 p.m., stated there was 57 residents on the floor and the dining room did not have enough space to accommodate more than 12 to 14 residents. Employee E17 stated she was not sure why facility did not utilize the other dining room at the end of the hallway. Employee stated she started working in the facility since November 2024 and did not see that dining room getting utilized. Employee E17 stated all the other resident except these 12 residents eat all three meals in their rooms.</p> <p>During an interview with Resident R12, on February 20, 2025, at 12:32 p.m., stated he would like to go to the dining room and have meal services there, but the facility did not have enough space to accommodate all the residents. Resident stated facility used to have dining in the main dining room, but it was stopped after COVID. Resident stated he knew that other residents would also like to eat in the dining room.</p> <p>During an interview with the Nursing Home Administrator (NHA) on February 20, 2025, at 1:00 p.m., indicated that the facility was temporarily not using the side dining room on both on third and fourth floor. Administrator confirmed that third floor and fourth floor dining room which the facility was using was congested and did not have enough space to accommodate more residents.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(e)(1) Management</p>		