

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER York Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7101 Old York Road Philadelphia, PA 19126	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on the staff interviews, reviews of facility documents and observation, it was determined that the facility failed to ensure that air temperatures were maintained in two of two resident rooms observed (room [ROOM NUMBER] and room [ROOM NUMBER])</p> <p>Findings include:</p> <p>The Facility policy titled Air Temperature last revised 11/24/2020 revealed The facility is required to maintain an ambient temperature throughout residents and patient areas in temperature range of 71-81 degrees Fahrenheit (F) or at more restrictive range requirement by state or local requirements.</p> <p>On January 14, 2025, at approximately 9:20 a.m., an interview with Administrator Employee E1 revealed that the facility experienced a malfunctioning central heater in the first south hallway, which provides heat to the hallway. During maintenance checks, it was discovered that PTAC units in Rooms 239, 119 were not functioning. The windows were covered with plastic. Further investigation into the central heating issue revealed that the rooftop unit supplying heat to the south hallway's high side was cracked and beyond repair.</p> <p>On January 14, 2025, at approximately 9:50 a.m. an inspection of air temperatures was conducted with maintenance technician, Employee E10 which revealed.</p> <p>The temperature in room [ROOM NUMBER] was recorded at 69 F. Resident R3 was not present in the room at the time. Although the heater was functioning, an air conditioning unit installed in the window had inadequate insulation, allowing cold air to enter the room. The maintenance technician took the air conditioning unit out and provided an adequate window isolation which raised the room temperature to 72F.</p> <p>room [ROOM NUMBER] -had overall room temperature of 72F; however, C bed which was located by the window had a 68F. Resident R5 was resigning in bed C and reported that it's cold by the window.</p> <p>On January 14, 2025, at approximately 10:30 a.m., Licensed Nurse Employee E5 was interviewed and stated that Resident R5 was recently moved from room [ROOM NUMBER]B to 239C to accommodate a larger space. However, it was noted that the new room's large window allows a draft, despite insulate.</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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 14, 2025, at 11:25 a.m., a Maintenance Director, Employee E11 and Administrator, Employee E1 both confirmed that room [ROOM NUMBER] and 239C were out of compliance with heating temperatures requirements during the tour.</p> <p>28 Pa Code 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code 201.18 (b)(1) Management.</p>		