

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 02/17/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record, review of facility documents, review of policy and procedures, and interview with staff, it was determined that the facility failed to ensure that medications were administered according to physician's instructions and failed to provide treatments according to physician's instructions for one resident (Resident R1) Review of facility policy on Administering Medications reviewed: December 11, 2024, and revised on June 1, 2025, revealed that under section POLICY: Medications shall be administered in a safe and timely manner, and as prescribed. Under section PROTOCOL:2. The Director of Nursing Services will supervise and direct all nursing personnel who administer medications and/or have related functions.3. Medications must be administered in accordance with orders, including any required time frame.6. The individual administering the medication must check the label to verify the right medication, right dosage, right time and right method of administration before giving the medication. 12. The individual administering the medications must sign it out as being administered (or held/refused) per protocol in the electronic health record. 15. If a drug is withheld, refused or given at a time other than the scheduled time, the individual administering the medications shall document in the electronic health record per protocol. The resident's responsible party, if applicable, and Attending Physician will be made aware. Review of Resident R1's clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnosis of but not limited to Presence of Right Artificial Knee Joint, Radiculopathy of Cervical region (a condition caused by compression or irritation of a nerve in the neck, leading to pain, numbness, or weakness radiating into the shoulder, arm, or hand.) Review of facility medication audit for Resident R1 revealed the following: Naproxen Oral Tablet 500 MG (Naproxen) Give 1 tablet by mouth two times a day for arthritis pain with meals-Start Date-01/29/2026 was scheduled to be administered on January 29, 2026, at 8:00AM was administered at 9:23AM. Lidocaine HCl External Patch 4 % (Lidocaine HCl) Apply to RLE topically one time a day for pain-Start Date-01/29/2026 0900 was scheduled to be administered on January 29, 2026, at 9:00am, was documented as administered at 3:36PM. Diclofenac Sodium External Gel 1 % (Diclofenac Sodium (Topical)) Apply to RLE (right leg) topically four times a day for pain Apply 2gram-Start Date-01/28/2026 was scheduled to be administered on January 29, 2026, at 9:00am, was documented as administered at 3:34PM. Further, 12PM dose was also documented as administered at 3:34PM. Celebrex Oral Capsule 200 MG(Celecoxib) Give 1 capsule by mouth one time a day for pain for 30 Days-Start Date-01/29/2026 was scheduled to be administered on January 29, 2026, at 9:00AM was administered at 3:35PM. Review or Resident R1's treatment administration record (TAR) for January 2026, revealed that Remove Mepilex dressing on Right knee per physician orders on 1/31/26. Leave open to air one time only for right TKR (total knee replacement) for 1 Day-Start Date-01/31/2026. There was no documented evidence that the treatment was completed on 1/31/2026. Saline Solution (Soft Lens Products) Apply to right knee topically every 4 hours as needed for wound care Cleanse Right knee incision with NSS (normal saline</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395687	Facility ID: 395687 If continuation sheet Page 1 of 2

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>solution), pat dry and cover with Bordered Gauze Dressing Daily and PRN (as needed) for soiling-Start Date -01/31/2026. There was no documented evidence that the treatment was completed on January 31, 2026. Interview with Regional Nurse, Employee E2 confirmed that the above medications were administered late. 28 Pa Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (d)(1) Nursing services</p>