

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395722	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER University City Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3609 Chestnut Street 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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>43923</p> <p>Based on clinical record review, facility policy and interviews with staff, it was determined that the facility did not ensure that a physician assessment was completed related to unplanned weight loss for one of 2 residents with weight loss reviewed (Resident R4).</p> <p>Findings include:</p> <p>Facility Policy titled Weight Policy NutraCo reviewed 12/2022 stated any resident displaying a significant change in weight of greater than or equal to 5% gain/loss in one month will be reported to the Registered Dietitian and reweighed under #7. Dietary interventions will be recommended as needed. All significant weight changes will be reported to MD.</p> <p>Review of clinical documentation for Resident R4 revealed that that the resident was admitted to the facility March 8, 2018, with diagnoses of abnormal wight loss, vitamin D deficiency, difficulty in walking, muscle wasting and atrophy, legal blindness, other abnormalities of gait and mobility, peripheral vascular disease, dementia, and severe protein-calorie malnutrition.</p> <p>Review of the resident's weight documentation revealed that on November 1, 2023, Resident R4 weighed 96.1 pounds and on February 5, 2024, the resident weighed 88.7 pounds which was unplanned weight loss of a -7.70% in three months, which met the criteria of a sever weight loss.</p> <p>On March 5, 2024, at 12:30 p.m. an interview with the Registered Dietician, Employee E3 revealed that dietician did evaluate Resided R4 and implemented weight gain interventions. There was no documented evidence in the resident's clinical record that the physician assessment was completed related to unplanned weight loss.</p> <p>Interview with the Nursing Home Administrator and the Director of Nursing on March 5, 2024, at 1:31 p.m. confirmed that there was no documentation from physician related to an assessment in regard to weight loss. It was not until March 5, 2024 that the physician was contacted and prescribed new orders for gastrointestinal (GI) council, mammogram and gynecology council to rule out abdominal cancer.</p> <p>28 Pa. Code:211.12(d)(5) Nursing services.</p> <p>28 Pa. Code:211.2(a) Physician services.</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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