STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395722	A. Building B. Wing	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
University City Rehabilitation and Healthcare Ctr	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735 Based on observations and resident and staff interviews, it was determined that the facility failed to maintain the facility in a clean, comfortable, and homelike condition for four of 15 residents reviewed (R12, R13, R14 and R15). Findings include: Observations during a tour of the facility on March 25, 2025, at 11:15 a.m. revealed the following concerns: Observations on March 25, 2025, at 11:15 a.m., in room [ROOM NUMBER], revealed that the room had a very strong urine odor. Interview with Resident R12, room [ROOM NUMBER] Bed D revealed that the room always smells of stale urine as Resident R14, who is in Bed A in room [ROOM NUMBER], always urinates on the floor. She said that is goes on every day. She said that the room is also very cold, that when the nurse aides come in the turn down the temperature on the heating unit under the window. She said that she has been complaining about this, but nothing is done. She said that her bed is broken, that the head of the bed does not go up all the way. She also said that the cord on her overbed light is too short for her to reach when she is in bed, so she is unable to turn the light on or off unless she is out of bed which is difficult for her at night. Attempts to interview Resident R14 were unsuccessful, as she refused to speak to anyone at 11:25 a.m. on March 25, 2025. Resident R13, room [ROOM NUMBER] Bed C and Resident R15, room [ROOM NUMBER] Bed B, were resting in bed with their eyes closed during the tour of their room. Interview with Employee E4, the Unit Manager on the second floor on March 25, 2025, at 11:55 a.m. confirmed that the odor in room [ROOM NUMBER] was overwhelming. She said that Resident R14 has behavior issues and refuses to use the toilet to urinate, that she goes in her trash can and she does not allow anyone to empty the trash can and it spills onto the floor. He said that the resident refuses to allow staff to place a bedside commode next to her bed. She also refuses to allow staff to bathe her, except one nurse aide who she will occasionally allow to clean her up. Interview with the Administrator and Regional Director of Operations at 1:15 p.m. on March 25, 2025, confirmed that the conditions in room [ROOM NUMBER], including the pervasive odor of urine does not provide a clean, safe, homelike environment for the other three residents who live in the room with Resident R14. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 201.18(e)(2.1) Management