

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 05/08/2025
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 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 the review of clinical records, interviews with staff, it was determined that the facility failed to administer medication as ordered by the physician for one of 8 residents reviewed. (Resident R1).</p> <p>Findings Include:</p> <p>Interview with Resident R1 conducted on May 8, 2025, at 10:00 a.m. revealed that the nurse does not apply the moisturizer cream, she is supposed to do it all the time.</p> <p>Review of Resident R1's clinical record revealed resident was admitted to the facility on [DATE]. Review of physician orders for Resident R1 revealed an order dated February 26, 2025, which indicated Apply moisturize cream within 3 mins of shower to lock in moisture (CervaVe, Eucerin, Cetaphil, Aveeno) Repeat application as needed to establish dry areas.</p> <p>Review of Resident R1's clinical record revealed that the resident receives showers on Tuesdays and Fridays during the week.</p> <p>Review of April 2025's Medication Administration Record for Resident R1 revealed resident was receiving moisturizer as ordered on Fridays, after showers. Continued review failed to reveal documented evidence that the moisturizer was applied by facility staff after shower on Tuesdays, as ordered.</p> <p>Interview conducted on May 8, 2025, at approximately 11:30 a.m. with the facility Administrator and Director of Nursing confirmed that the moisturizing cream was not applied by facility staff on Tuesdays after the resident's shower.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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