

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 01/09/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical records, observations, and staff interview it was determined that the facility failed to maintain personal care needs for dependent residents for two of 26 residents reviewed (Resident R68 and R10). Findings Include: Review of facility policy Activities of Daily Living (ADL), Supporting revealed appropriate care and services are provided for residents who are unable to carry out ADLs independently, to include hygiene (bathing, dressing, grooming, and oral care). Review of Resident R68's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 10, 2025, revealed the resident had impairment in functional limitation in range of motion in the upper and lower extremity and required set-up assistance with personal hygiene. Further review of Resident R68's MDS revealed the resident was assessed with moderate cognitive impairment and had diagnoses of cerebrovascular accident (CVA - a sudden interruption of blood flow to the brain), hemiplegia (one sided body paralysis) affecting right dominant side, malnutrition (when the body does not get the right amount of nutrients). Review of Resident R68's comprehensive care plan dated October 25, 2024, revealed the resident had an ADL self-care performance deficit and was dependent on staff for grooming/personal hygiene. Intervention dated December 4, 2025, revealed to check nail length and clean on bath day and as necessary. Observations on January 7, 2026, at 10:15 a.m. revealed Resident R68 had a right-hand contracture (a shortening and stiffening of muscles that limits joint movement). Resident R68's right hand was observed to lay naturally in a fist. Further observations on January 7, 2026, at 10:15 a.m. revealed the fingernails on Resident R68's right hand were long, folding into the palm of his/her hand. Resident R68 confirmed wanting the nails trimmed. Review of Resident R10's comprehensive MDS dated [DATE], revealed the resident had impairment in functional limitation in range of motion in the upper and lower extremity and was dependent on staff with personal hygiene. Further review of Resident R10's MDS revealed the resident was assessed with severe cognitive impairment and had diagnoses of arthritis (joint inflammation), aphasia (communication deficits), CVA, and hemiplegia or hemiparesis (one sided muscle weakness). Review of Resident R10's comprehensive care plan dated May 14, 2021, revealed the resident had an ADL self-care performance deficit and required assistance for grooming/personal hygiene. Intervention dated November 5, 2021, revealed to check nail length and clean on bath day and as necessary. Observations on January 8, 2026, at 12:15 p.m. revealed Resident R10 had a right-hand contracture. Resident R68's right hand was observed to lay naturally in a fist. On January 8, 2026, at 12:15 p.m. with the assistance of Licensed Nurse, Employee E11, he/she opened Resident R10's right hand to find the resident's long, thick, and dirty beneath the nail. Licensed Nurse, Employee E11, confirmed Resident R10's nails required care. 28 Pa. Code 211.12 (d)(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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395722
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