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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395722 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>03/05/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>University City Rehabilitation and Healthcare Ctr |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3609 Chestnut Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, review of facility policy, interview with staff and residents, it was determined that the facility did not ensure that medications were stored and labeled according to professional standards for one of five residents reviewed. (Resident R1) Findings include: Review facility policy for Medication Labeling and Storage revealed that under section Policy Statement: The facility stores all medications and biologicals and locked compartments under proper temperature humidity and light controls only authorized personnel have access to keys. Under section Policy Interpretation and Implementation sub-section Medication Storage #1 Medications and biologicals are stored in the packaging containers or other dispensing systems in which they are received only the issuing pharmacist authorize the transfer medications between containers. #4 Compartments including but not limited to drawers cabinets rooms refrigerators cards and boxes containing medications and biologicals are locked when not in use and trays or carts used to transport such items are not left unattended if open or otherwise potentially available to others. #5 Medications are stored in an orderly manner in cabinets Jewelers carts or automatic dispensing systems its residence medications are assigned to an individual cubicle drawer or other holding area to prevent the possibility of mixing medications of several residents. Under subsection Medication Labeling #1 Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices #2 The medication label includes at a minimum: a. medication name, b. prescribed dose, c. strength, d. expiration date when applicable, e. resident's name, e. route of administration and g. appropriate instructions and precautions. #10. Only the dispensing pharmacy may label or alter the label on a medication container or package. Review of resident R1's clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnosis of Acute Respiratory Failure. Review of Resident R1's MDS (Minimum Data Set, a federally required resident assessment conducted at a specific interval) dated February 18, 2026, revealed that section C500 BIMS (brief interview for mental status) score was 15, suggesting that resident R1 was cognitively intact. Review of Resident R1 physician's orders revealed that there was no order for fluticasone nasal spray. Observation during tour of the first-floor unit conducted on March 3, 2026, at 9:30AM revealed that Fluticasone Propionate nasal spray was on Resident R1's bedside table. Further, the Fluticasone Propionate nasal spray did not have a label with resident's name affixed to the bottle. Further, the Fluticasone Propionate nasal spray bottle was full. Interview conducted with Resident R1 at the time of the observation revealed that the physician gave Resident R1 the Fluticasone Propionate nasal spray the day before. Interview with Assistant Director of Nursing, Employee 3 conducted on March 5, 2026, at 9:34AM confirmed that Fluticasone Propionate nasal spray was on Resident R1's bedside table. Interview with Licensed nurse, Employee E4 conducted on March 5, 2025, at 9:40AM revealed that there was no physicians order for Fluticasone Propionate nasal spray for Resident R1. Follow-up observation of Resident R1's bedside table conducted on March 5, 2026, at 10AM with Director of Nursing Employee E2 revealed an unlabeled Fluticasone (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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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Propionate nasal spray bottle was at Resident R1's bedside table. Further, the Fluticasone Propionate nasal spray bottle was full. Interview with Employee E2 conducted at the time of the observation confirmed that an unlabeled Fluticasone Propionate nasal spray was on resident R1's bedside table. Employee E3 removed the fluticasone from resident R1. 28 Pa. code 211.9 (a)(1)(d) Pharmacy services 28 Pa. Code 211.12(d)(1) Nursing services</p> |   |  |