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	03/23/2026

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and physician documentation, the facility failed to ensure that residents were free from significant medication errors for 1 of 2 sampled residents (Resident R2) reviewed for medication administration. Findings include: Review of the facility's policy titled Medication Administration (revised April 2019) indicated that medications are to be administered safely and in accordance with physician orders, including specified time frames. The policy requires that staff verify the correct resident, medication, dose, time, and route prior to administration and perform three label checks. The policy also states that medication errors are to be documented, reported, and reviewed through the QAPI process to identify the need for system improvements or staff re-education. Review of manufacture Sanofi-Aventis U.S. LLC package insert for the drug Lovenox (Enoxaparin sodium) revealed is a low-molecular-weight heparin anticoagulant used to prevent and treat blood clots, such as deep vein thrombosis (DVT) or pulmonary embolism (PE). It is commonly prescribed after orthopedic surgeries, like knee or hip replacement, and for patients at risk for clot formation. Further review of the of the FDA article Aspirin for Reducing Your Risks of Heart Attack and Stroke: Know the Facts dated 2023 revealed When aspirin and Lovenox are used together, they both affect the body's ability to form clots, which further increases the risk of bleeding. (FDA, 2023). Review of the medication Cefadroxil Drugs.com. Last updated on [DATE], revealed is a prescription antibiotic in the firstˆgeneration cephalosporin class that is used to treat bacterial infections. It works by inhibiting the growth of bacteria and is effective in treating infections such as skin and soft tissue infections, urinary tract infections, and other susceptible bacterial illnesses. The drug is intended only for bacterial infections and will not treat viral illnesses. Review of the medlineplus.gov revealed the medication Cefaclor is a cephalosporin antibiotic prescribed to treat a variety of bacterial infections, including pneumonia, skin infections, ear infections, throat infections, and urinary tract infections. It works by stopping the growth of bacteria, helping the body fight infection, and is available in capsules, extendedˆrelease tablets, or liquid form to be taken by mouth, usually every 8 to 12 hours depending on the formulation and physician instructions. Cefaclor, like other antibiotics, will not treat viral infections such as colds or the flu and should be taken exactly as directed to ensure efficacy and prevent antibiotic resistance. Further review of Medline plus.gov Cefaclor and Cefadroxil both belong to the cephalosporin class of antibiotics, they are distinct drugs with different dosing and specific bacterial coverage. Cefadroxil is a firstˆgeneration cephalosporin used similarly to treat bacterial infections, such as sore throat, skin infections, or urinary tract infections. Because these medications are separate antibiotics within the same class, they are not interchangeable without a physician's order. Administering cefaclor when cefadroxil was prescribed may result in incorrect dosing, inappropriate spectrum of bacterial coverage, or reduced effectiveness against the intended bacterial infection, potentially leading to ongoing infection or antibiotic resistance. It may also expose the resident to unnecessary risk of side effects without therapeutic benefit for the condition being treated. Review of facility policy titled Reconciliation of Medications on admission revised July 2017 revealed the purpose of this procedure is to ensure medication safety by accurately accounting for the residents medications roots and delicious dosages upon the mission or (continued on next page)

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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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	readmission to the facility medication reconciliation is the process of comparing pre discharge medications supposed discharge medications by creating an accurate list of both prescription and over-the-counter medications that includes the name, dosage, frequency, route, and indication for use for the purpose of preventing unintended changes or missions at transition points of care medication reconciliation reduces medication errors and enhances resident safety by ensuring that the medications the resident needs have been taken continue to be administer without interruption and the correct dosages and routes during emission transfer process. Medication reconciliation helps to ensure that all medications routes and dosages on the list are appropriate for the resident and his or her condition. Medication and reconciliation help to ensure that all medications roots and dosages have been accurately communicated to the attending physician and care team. Review of FDA article Aspirin for Reducing Your Risks of Heart Attack and Stroke: Know the Facts dated 2023 revealed safe use of aspirin Aspirin 81 mg, commonly called low-dose or baby aspirin, is an antiplatelet medication that helps prevent blood clots by reducing the ability of platelets to stick together. It is often prescribed to reduce the risk of heart attack or stroke in patients with cardiovascular disease or a history of heart events. While effective in preventing clots, aspirin can increase the risk of bleeding, including gastrointestinal bleeding, so it should only be taken as prescribed and under medical supervision (FDA, 2023; NCBI, 2020).https://www.fda.gov/drugs/safe-use-aspirin/aspirin-reducing-your-risk-heart-attack-and-stroke-know-fact Review of Resident R2's clinical record revealed the resident was admitted to the facility on [DATE], for rehabilitation following a right total knee arthroplasty (a surgical procedure in which the damaged knee joint is replaced with a prosthetic implant to relieve pain and restore function), hypertension (elevated blood pressure); hyperlipidemia (high cholesterol); coronary artery disease (a condition involving narrowing or blockage of the coronary arteries); obesity (excessive body fat that may contribute to comorbidities); and osteoarthritis (a degenerative joint disease causing cartilage breakdown, pain, and stiffness). Review of Resident R2's hospital records revealed the resident was admitted in March 4, 2026 with a diagnosis of degenerative joint disease of the right knee. Review of the medications provided at the hospital included: Aspirin EC (enteric coated) 81 milligrams (mg), Cefadroxil 500 mg capsule, by mouth every 12 hours, Enoxaparin 30 mg/0.3 ml, inject 30 mg subcutaneously every 12 hours. Review of physician and nursing progress notes date March 12, 2026, for Resident R2 revealed two medication administration errors. Aspirin 81 mg, ordered to be held until March 12, 2026, due to concurrent Lovenox therapy, was administered early. Additionally, Cefadroxil 500 mg, prescribed for infection prophylaxis, was incorrectly replaced with Cefaclor 500 mg. Both errors were promptly reported to the resident, responsible party, and physician. The resident experienced mild nausea but remained stable with no other adverse effects. Nursing staff monitored the resident closely, reinforced medication administration protocols, and implemented corrective actions to prevent recurrence. Further review of Resident R2's Medication Administration Record (MAR) indicates that on March 9, 2026, at 5:00 p.m., Aspirin 81 mg was administered. The original order at that time was: Aspirin tablet chewable 81 mg, give one tablet by mouth twice daily for 5 weeks, monitor for signs and symptoms of bleeding, dated March 9, 2026, and discontinued March 10, 2026. The corrected order directed that Aspirin 81 mg be administered starting March 12, 2026, at 9:00 a.m., twice daily for 5 weeks, with monitoring for signs and symptoms of bleeding. Further review of MAR on March 9, 2026, at 9:00p.m., the MAR revealed that Cefaclor 500 mg, one capsule by mouth every 12 hours for 7 days, start date March 9, 2026, 2100 was administered. The corrected order was Cefadroxil 500 mg, one capsule by mouth every 12 hours for 7 doses for postoperative prophylaxis, with a start date of March 10, 2026, at 9:00 p.m. Review of the physician orders revealed that Lovenox (Enoxaparin) injection 30 mg/0.3 mL, subcutaneously every 12 hours, was to start on March 10, 2026, at 9:00 a.m. and to continue until March 12, 2026. Review of the MAR for March 2026 indicated that Lovenox was administered on March 9, 2026 and discontinued March 10, 2026, which was not in accordance with physician's orders. Review of facility document incident report dated (continued on next page)

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	March 11, 2026, revealed Licensed nurse, Employee E4 entered the wrong medication for resident R2's while reconciling her emission orders and as a result there was a medication error. Continued review of the incident report revealed that Licensed nurse, Employee E4 was provided education to ensure discharge orders were carefully reviewed and to select the correct orders in the electronic medical record system in order to prevent future errors. Interview with Resident R2 on March 23, 2026, at 11:00 a.m. confirmed (she/he) had been notified about the administration of the wrong medications. Resident R2 expressed upset and dissatisfaction. Interview with the Director of Nursing, Employee E2 , reported that the medication error occurred due to a transcription error at the time of admission, which resulted in medications not being entered accurately per physician orders. Specifically, the nurse transcribed and administered the wrong antibiotic within the same drug classification, and the error was not identified until a subsequent chart review on March 11, 2026, after one dose had already been administered. In addition, the resident received Aspirin prior to the physician-ordered start date due to incorrect entry of the medication start date. The medication was intended to be held until March 12, 2026; however, it was administered earlier than ordered. Employee E2 acknowledged that these incidents constituted medication errors, as medications were not administered in accordance with physician orders. 28 Pa. Code 211.2 (d)(3) Medical Director 28 Pa. Code 211.9 (a)(i)(d) Pharmacy Services 28 Pa. Code 211.12 (d)(1)(2)(5) Nursing Services