

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/29/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation, review of clinical records, and interview with staff it was determined that the facility failed to implement interventions to reduce the risk of accident/hazards for one of two residents reviewed (Resident R1). Findings Include: Review of Resident 1's clinical record on July 28, 2026, revealed the resident was admitted to the facility on [DATE], and has a Brief Interview for Mental Status (BIMS - cognitive assessment used to evaluate memory and orientation) score of 13 (cognitively intact). Review of Resident R1's clinical record revealed the resident has a diagnosis of chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), open wound of the right lower leg, type 2 diabetes mellitus (chronic condition characterized by high levels of sugar in the blood) without complications, abnormalities of gait and mobility, and acute kidney failure. Review of Resident R1's clinical record revealed that on July 19, 2026, Resident R1 gained accessed a stairwell. Resident R1 was subsequently transferred to the hospital for evaluation. Resident R1 was readmitted back to the facility on July 26, 2026, with no injuries. Further review of Resident R1's clinical record revealed no documented evidence that the facility reassessed Resident R1's supervision and safety needs, and/or implemented additional safety/behavioral interventions upon Resident R1's return from the hospital. Interview on July 29, 2026, with the Director of Nursing (DON), Employee E2, revealed that one-to-one supervision should have been implemented upon Resident R1's readmission from the hospital on July 26, 2026. Further interview with DON, Employee E2, revealed one-to-one supervision was not implemented until July 28, 2026. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing services.		

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	If continuation sheet Page 1 of 1