

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  04/24/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>48347</p> <p>Based on observation, clinical record review and staff interview, it was determined that the facility failed to ensure that a resident was evaluated for self administration of medications for one of 24 residents reviewed. (Resident R9)</p> <p>Findings include:</p> <p>Review of facility policy titled Administering Medications revised April 2019, revealed that for residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be flagged. After completing the medication pass, the nurse will return to the missed resident to administer the medication. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.</p> <p>Review of Resident R9's clinical records revealed that resident R9 had a BIMS (brief interview for mental status, an assessment to monitor cognition) score of 12 which indicated that the resident was cognitively intact. Resident R9 had diagnoses including atherosclerotic heart disease (thickening or hardening of arteries from plaque buildup), chronic hepatitis C (viral infection causing liver inflammation), end stage renal disease (kidneys cease to function) depression (mental disorder that involves a depressed mood or loss of pleasure or interests), Hypertension (high blood pressure).</p> <p>Review of Resident R9's April 2024 physician orders did not include a physician order for medication self-administration.</p> <p>Observation of Resident R9 on April 21, 2024, at 10:40 a.m. revealed Resident R9 seated on side of the bed. During an interview with Resident R9, a small cup that contained six pills were observed on Resident R9's bedside table. Resident R9 stated that some are for his heart but unsure what each pill was.</p> <p>Interview with Licensed nurse, E21 at time of observation confirmed that the medication was left, and Employee E21 did not believe this resident had an order to self-administer his medication. Licensed nurse, Employee E11 was interviewed regarding the medication that was left on the table. Licensed nurse, Employee E11 confirmed that she left the medication on the table due to the resident's requests.</p> <p>(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
---	-------	-----------

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  04/24/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa Code 211.12 (d)(1) Nursing services</p>		

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  04/24/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on observations and resident interviews, it was determined that the facility failed to maintain the facility in a clean, comfortable, and homelike condition for three of 26 residents reviewed (Resident R11, Resident R2 and Resident R341).</p> <p>Findings include:</p> <p>Observations during the initial tour of the facility on April 21, 2024, revealed the following concerns:</p> <p>Observations on April 21, 2024, at 10:25 a.m., in room [ROOM NUMBER] Bed B, revealed that the room was very dark even though Resident R11 had her overbed light on. Interview with Resident R11 revealed that she was upset that her room was so dark, and that the blind on her window has not worked since she was admitted to the room.</p> <p>Interview with nurse aide, Employee E4, on April 22, 2024, at 10:00 a.m. confirmed that she was aware that Resident R11's window blind was missing the pull chain to raise it up to let the light in.</p> <p>Interview with Maintenance Director on April 23, 2024, at 12:15 p.m. confirmed that the blind in room [ROOM NUMBER]B was broken and parts were being obtained to repair the blind.</p> <p>Observation conducted on April 21, 2024 at 10:58 a.m. revealed that in room [ROOM NUMBER]A (Resident R2's room) the front panel of the dresser drawer (3rd drawer from the top) was missing. Further observation revealed that the front panel of the dresser drawer was leaning on the wall next to bedside table</p> <p>28 Pa Code 201.18(e)(2.1) Management</p>		

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  04/24/2024
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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>38735</p> <p>Based on clinical record review and interviews with staff, it was determined that the facility failed to ensure that comprehensive resident assessments were completed in a timely manner for three of six discharged records reviewed (Residents R67, R110 and R111).</p> <p>Findings include:</p> <p>Clinical record review for Resident R67 revealed that the resident had a fall and was transported by 911 (Emergency Medical Services) to the hospital on December 5, 2023. Further review revealed that no comprehensive Minimum Data Set (MDS- assessment of resident's care needs) was completed at discharge.</p> <p>Clinical record review for Resident R110 revealed that the resident was discharged home by the facility contracted transportation service on November 23, 2023. Further review revealed that no comprehensive MDS assessment was completed at discharge.</p> <p>Clinical record review for Resident R111 revealed that the resident was discharged home by the facility contracted transportation service with all his belongings in a wheelchair on November 23, 2023. Further review revealed that no comprehensive MDS assessment was done at discharge.</p> <p>Interview on April 24, 2024, at 12:15 p.m., with Employee E16, RN Assessment Coordinator, confirmed that the above assessments were not entered at discharge.</p> <p>28 Pa. Code 201.2(a) Requirements</p> <p>28 Pa. Code 211.5(f) Clinical records</p>		

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  04/24/2024
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>48347</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review, staff interview and review of facility policy, it was determined that the facility failed to ensure that a pain medication patch was properly label for one of 24 residents reviewed. (Resident R80)</p> <p>Findings include:</p> <p>Review of facility policy titled Administering Medications revised April 2019, revealed that for residents not in their rooms or otherwise unavailable to receive medication on the pass, the MAR may be flagged. After completing the medication pass, the nurse will return to the missed resident to administer the medication. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering. Residents may self-administer their own medications only if the attending physician, in conjunction with the interdisciplinary care planning team, has determined that they have the decision-making capacity to do so safely.</p> <p>Review of Resident R80's clinical records revealed that Resident R80 has a diagnosis of CN'S vasculitis (central nervous system vasculitis a disease that causes inflammation of the small arteries and veins in the brain and or spinal cord), multiple CVA (strokes), right hemiparesis (muscle weakness or paralysis on the right side of the body), encephalopathy (a term that refers to brain disease, damage, or malfunction), hypertension (high blood pressure) and anxiety (mental health disorder characterized by feeling of worry or fear). The resident was ordered tracheostomy care (surgically created hole in the trachea that provides an alternate airway for breathing).</p> <p>Review of Resident R80's physician orders revealed an order to apply one patch transdermal every seventy two hours for pain and remove per schedule. Fentanyl is a prescription opioid used to treat moderate to severe pain.</p> <p>Observation of Resident R80 on April 21, 2024, at 1:10 p.m. revealed that the resident was observed lying in bed receiving care. A Fentanyl patch was observed on her left upper arm. The Fentanyl patch did not have the date it was applied; the only notation was employee initials.</p> <p>Interview with Director of Nursing, Employee E2 at time of observation confirmed that the medication Fentanyl patch was not labeled correctly.</p> <p>28 Pa. Code211.9 (1) Pharmacy Services</p> <p>28 Pa. Code 211.12 Nursing Services</p>		

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  04/24/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46508</p> <p>Based on observations, review of clinical record, review facility policy and staff interviews, it was determined that the facility failed to ensure that a resident with limited range of motion received appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion for one of 26 residents reviewed (Resident R24).</p> <p>Findings include:</p> <p>Review on facility policy on Resident Mobility and Range of Motion revealed that under section Policy Statement: #1. Residents will not experience an avoidable reduction in range of motion (ROM). #2. Residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in range of motion. Under section. Policy Interpretation and Implementation #6. The interventions may include therapies, the provision of necessary equipment and or exercises, and will be based on professional standards of practice and be consistent with state laws and practice acts.</p> <p>Review of Resident R23's clinical record revealed that Resident R23 was most recently admitted to the facility on [DATE], with diagnoses of Cerebral Infarction (damage to the brain tissue), Muscle Weakness, Hemiplegia/Hemiparesis (weakness /paralysis to one side of the body) following Cerebrovascular Disease affecting left non-dominant side.</p> <p>Review of physician's orders revealed an order obtained September 28, 2021 and discontinued on April 23, 2023, for a left upper extremity (LUE) resting hand splint to be worn for 6-8 hours during nighttime with every 2 hourly skin checks to be performed for any redness or discomfort to improve in ROM and maintain skin integrity.</p> <p>Review of Resident R23's quarterly Minimum Data Set (MDS- assessment of resident care needs) dated March 14, 2024 section G0115 revealed that resident had limitation on one side for both upper and lower extremities.</p> <p>Further review of Resident R23's clinical record revealed no current physician's orders for a a hand splint.</p> <p>Review of Resident R23's care plan revealed a care plan for decreased hand function and contracture of LUE (left upper extremity). [Resident R23] has decreased hand function and contracture of LUE goals: [Resident R23] will tolerate 6-8 hours of LUE resting hand splint during nighttime with every 2 hourly skin checks need to be performed by removing the splint for any skin rash or redness Intervention: splinting for 6-8 hours during nighttime.</p> <p>Review of OT (Occupational Therapy) evaluation dated April 23, 2023, revealed that resident had limitation on his LUE (hand was impaired). OT goal: Patient will increase LUE strength to 3/5 (a scale of 1-5) order to maximize performance in bilateral hand activities. Limitation hand ROM (range of motion) was not addressed in restorative therapy.</p> <p>(continued on next page)</p>		

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  04/24/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of OT DC (discharge) summary revealed that there was no DC recommendation for splinting.</p> <p>Review of OT eval dated March 4, 2024, revealed that OT goal was for ranging mobility of LUE A (active)/AA (active assistive)/PROM (passive range of motion) as needed to improve mobility regarding transfers and ADL's (activity of daily living). Assessment was LUE strength- forearm and wrist impaired. DC recommendation revealed no recommendation for ROM and splinting.</p> <p>Observation conducted on April 21, 2024, at 1:44 p.m. revealed that the resident's left hand was in a closed (fingers were clenched) position. Further observation revealed that there was no splint in the vicinity.</p> <p>Interview with Resident R23 conducted at the time of the observation revealed that resident did not verbally respond to surveyor, however resident was able to lift left hand. Observation revealed that Resident R23's hand was in a clenched position and was not able to open left hand when instructed to do so.</p> <p>Interview with Occupational Therapist, Employee E14 conducted on April 23, 2024, revealed that resident has limitation on his left hand due to left hemiplegia and that Resident R23 requires a hand splint. Further interview with Employee E14 revealed that during the last episode of restorative OT resident was not seen by OT for splinting and that splinting was not part of the recommendation. However, OTR also confirmed that Resident R23 had limitation in his left hand and that resident can benefits from a hand splint.</p> <p>Interview with Director of Rehab, Employee E13 confirmed that resident was not evaluated for splints on April 23, 2023, when Resident R23 was readmitted from the hospital. Further Employee E13 also revealed that resident was not assessed for splinting when evaluated by OT on March 4, 2024, and there was no discharge recommendation for splinting when Resident R23 was discharge from OT program on April 15, 2024.</p> <p>Further interview with Employee E13 also confirmed that that resident should have a splint to prevent deterioration of his left-hand limitation. Further Employee E13 stated that she will have Resident R23 re-evaluated and will recommend a hand splint.</p> <p>28 Pa. Code 211.10(d) Resident care policy</p> <p>28 Pa. Code 211.10(b) Resident care plan</p>		

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  04/24/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48347</p> <p>Based on facility policy and observation and interviews, it was determined the facility failed to ensure appropriate enteral feeding practices relating to labeling for two of eight residents observed for tube feeding. (Residents R332 and R80).</p> <p>Findings include:</p> <p>Review of facility policy titled Enteral Nutrition revised 2018, revealed the primary function of enteral feeding is to promote adequate nutritional support through enteral nutrition is provided to residents as ordered. The nursing staff and provider monitor the resident for signs and symptoms of inadequate nutrition, altered hydration, hypo- or hyperglycemia, and altered electrolytes. The nursing staff and provider also monitor the resident for worsening of conditions that place the resident at risk for the above. The nurse confirms that orders for enteral nutrition are complete.</p> <p>Review of Resident R332's clinical record revealed that Resident R332 had the diagnoses of absence of larynx (removal of voice box), diabetes type 2 (long term condition in which the body does not use insulin properly), dysphagia (difficulty swallowing), malignant neoplasm of epiglottis (cancer of the epiglottis (small [NAME] above the larynx), muscle wasting and atrophy (thinning of muscle mass).</p> <p>Review of Resident R322's April 2024 a physician orders revealed an order for the nutritional formula of Pro Source tube feed oral liquid enteral feeding to be given four times daily.</p> <p>Observation of Resident R332 on April 21, 2024, at 10:10 a.m. revealed that the resident was seated in his wheelchair and the feeding tube hung at the bedside was observed as being unlabeled or dated.</p> <p>Interview with licensed nurse, Employee E21 at time of observation confirmed the enteral feed formula should be dated and was not.</p> <p>Review of Resident R 80's clinical records revealed that resident R80 had a diagnosis of CNS vasculitis (central nervous system vasculitis a disease that causes inflammation of the small arteries and veins in the brain and or spinal cord), multiple cva, (strokes) and right hemiparesis (muscle weakness or paralysis on the right side of the body), encephalopathy, (a term that refers to brain disease, damage, or malfunction) hypertension (high blood pressure) and anxiety (mental health disorder characterized by feeling of worry or fear), resident was ordered tracheostomy care</p> <p>(surgically created hole in the trachea that provides an alternate airway for breathing).</p> <p>Observation of Resident R80 on April 21, 2024 at 11:25 a.m. revealed that Resident R80 was observed resting in bed and the feeding tube hung at beside. The container of tube feeding formula was observed as not labeled or dated.</p> <p>(continued on next page)</p>		

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  04/24/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing, Employee E2 at time of observation confirmed that the feeding tube was not labeled.</p> <p>28 Pa. Code 211.12 (d)(1) Nursing Services</p>		

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  04/24/2024
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on a review of clinical records, review of facility documentation, review of facility policy and staff interviews, it was determined the facility failed to implement a complete drug regimen review process for two of 26 residents reviewed (Resident R63 and R101).</p> <p>Findings Include:</p> <p>Review of the undated Medication Regimen Review Policy revealed, the consultant pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication. The attending physician documents in the medical record that the irregularity has been reviewed and what (if any) action was taken to address it. The consultant pharmacist provides the director of nursing and medical director with a written, signed and dated copy of all medication regimen reports.</p> <p>Review of Resident R63's medical record revealed that resident was admitted on [DATE], with diagnoses of chronic obstructive pulmonary disease (COPD, is a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>A review of the pharmacy progress notes revealed the following notes:</p> <p>April 15, 2024, Medication Regimen Reviewed. Please see note for details.</p> <p>March 16, 2024, Medication Regimen Reviewed. Please see note for details.</p> <p>February 20, 2024, Medication Regimen Reviewed. Please see note for details.</p> <p>January 12, 2024, Medication Regimen Reviewed. Please see note for details.</p> <p>December 26, 2023, Medication Regimen Reviewed - see report for details.</p> <p>Further review of Resident R63's medical record progress notes revealed no further pharmacy notes to review.</p> <p>Review of Resident R101's medical record revealed that resident was admitted on [DATE], with diagnoses including Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves).</p> <p>A review of the pharmacy progress notes revealed the following notes:</p> <p>April 15, 2024, Medication Regimen Reviewed. Please see notes for details.</p> <p>Further review of Resident R101's medical record progress notes revealed no further pharmacy notes to review.</p> <p>(continued on next page)</p>		

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  04/24/2024
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing on April 24, 2024, at 2:15 p.m. revealed that there was no documentation to review related to the recommendations made by the consultant pharmacist or whether they were acknowledged by the physician and implemented or not and why.</p> <p>Review of monthly pharmacy medication reviews for Resident R105 provided by the facility revealed that pharmacy review for March 26, 2024 was signed by DON (Director of Nursing), Employee E2. Further review of the March pharmacy review revealed that the date it was signed by the Employee E2 was April 24, 2024.</p> <p>Further, review of the pharmacy reviews provided by the facility revealed that there were no Pharmacy review for February 2024.</p> <p>Interview with Employee E2 revealed that the pharmacy consultant did not send the pharmacy review to the facility. Further, Employee E2 revealed that she received the copy of the report on April 24, 2024 and that she reviewed and signed the March 2024's Pharmacy review on April 24, 2024. Further, Employee E2 also confirmed that the physician was made aware of the recommendation on April 24, 2026 via telephone.</p> <p>There was no documented evidence that the physician had reviewed the February 2024 and March 2024's pharmacy review</p> <p>28 Pa. Code 211.9 (k) Pharmacy services.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>		

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  04/24/2024
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>38735</p> <p>Based on review of personnel records and staff interviews, it was determined that the facility failed to properly document the dates of tuberculin skin test results for newly hired staff members on four of five personnel records reviewed (Employeeess E17, E18, E19 and E20).</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 28, Chapter 201.22. Prevention, control and surveillance of tuberculosis (TB). (b) Recommendations of the Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services (HHS) shall be followed in screening, testing and surveillance for TB and in treating and managing persons with confirmed or suspected TB.</p> <p>The CDC Fact Sheet, CS 320275-C, Dated September 2020, states, The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test.</p> <p>Review of employee personnel files for the Employees E17, E18, E19 and E20 revealed a PPD Information Form for each employee that was missing the date that the test was read for both steps of the PPD test making the results inconclusive as it is unclear if the test was read in the 48 to 72 hour window for accurate results.</p> <p>Interview with the Regional Nursing Home Administer, who was the point of contact during the survey, on April 24, 2024, at 2:00 p.m. confirmed that the date that the test was read was not documented on the PPD Information Forms for Employee E17, E18, E19 and E20.</p> <p>28 Pa. Code 201.22(b) Prevention, control and surveillance of tuberculosis (TB)</p> <p>28 Pa. Code 201.19(4) Personnel records</p> <p>28 Pa. Code 201.12(d)(1)(e) Nursing Services</p>		

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  04/24/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>48347</p> <p>Based on record review, and staff interviews, it was determined that the facility failed to maintain clinical records on each resident in accordance with accepted professional standards related to documentation of risk and benefits of the influenza vaccine, pneumococcal vaccine and COVID-19 vaccine for seven of eight resident records reviewed. (Residents R342, R347, R341, R81, R346, R103 and R64).</p> <p>Findings include:</p> <p>Review of facility policy titled Influenza Vaccine (revised March 2022, Prior to the vaccination , the resident or residents legal representative will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. Provisions of such education shall be documented in the resident's medical record.</p> <p>Review of the facility policy titled pneumococcal Vaccine revised October 2023, revealed residents have the right to refuse vaccination. If refused appropriate information is documented in the resident's medical record. For each resident that receives the vaccine, the date of the vaccination, lot number, expiration date, person administrating, and the site of vaccination are documented in the resident's medical record. For those who receive the vaccine, the date of the vaccination, lot number, expiration date, person administrating, and the site of the vaccination will be documented in the resident's medical record.</p> <p>Review of facility policy title coronavirus Disease (Covid-19) Vaccination of residents revised May 2023, revealed the residents medical record includes documentation that indicates, the following: the resident or residents representative was provided information regarding the benefits and potential risks associated with the COVID-19 vaccine, signed consent or refusal, and the dose that was administered to the resident</p> <p>Review of resident medical records immunization records revealed that theses records were not recorded. Continued review of the medical records revealed two residents with no documentation of acquiring the tuberculosis tests. Covid pneumococcal and influenza.</p> <p>Review of Residents R342, R347, R341, R81, R346, R103 and R64 clinical records revealed no documented evidence of receiving education related risk and benefits of the influenza vaccine, pneumococcal vaccine and COVID-19 vaccine.</p> <p>Interview with the Director of Nursing, Employee E2 on April 23, 2024 at 12:05 p.m. revealed that the residents have received the vaccines but have not been properly recorded into the medical records. Employee E2 proceeded to provided hand written individual papers of vaccinations given for the residents.</p> <p>28 Pa Code 211.5 (f)(iv) Medical records</p> <p>28 Pa Code 211.5 Medical records</p> <p>(continued on next page)</p>

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  04/24/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 PA code 211.12(5) Nursing Services</p>		

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  04/24/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46508</p> <p>Based on review facility policy, review of clinical record review, observations and staff interviews, it was determined that the facility failed to maintain an effective infection control program during medication administration for residents (Residents R75, R23 and R15) for 3 out of 3 residents observed during medication administration.</p> <p>Findings include:</p> <p>Review of facility policy on Medication Administration with revision date of April 2019 revealed under section Policy Statement stated that medications are administered in a safe and timely manner and as prescribed. Under section Policy Implementation and Interpretation. #2 The Director of Nursing Services supervises and directs all personnel who administer medications and or have related functions. #25 staff follows established facility infection control procedures. Example and washing antiseptic technique, gloves, isolation precautions, etcetera for the administration of medications as applicable.</p> <p>Review of Resident R75's clinical record revealed that Resident R75 was admitted to the facility on [DATE], with diagnoses of cerebral infarction, hemiplegia/hemiparesis, seizure disorder, anemia, hypertension (high blood pressure), Hyperlipidemia (high cholesterol), major depressive disorder, atrial fibrillation.</p> <p>Review of Resident R75 physician's order revealed orders for the following medications: Vitamin D3 Oral Tablet 25 MCG (Cholecalciferol) Give 1 tablet via G-Tube one time a day, Thiamine HCl Oral Tablet 100 MG (Thiamine HCl), Give 1 tablet via G-Tube one time a day, Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth one time a day for Diabetes Mellitus, Levetiracetam Oral Solution 100 MG/ML (Levetiracetam) Give 15 ml via G-Tube every 12 hours for anticonvulsant, Apixaban Oral Tablet 5 MG (Apixaban), Give 1 tablet via G-Tube every 12 hours for prevention.</p> <p>Medication administration conducted on April 22, 2024, at 8:55 a.m. with Licensed nurse, Employee E9 revealed that during medication administration for resident R75, Employee E9 poured liquid Keppra into cup, and proceeded to poured back the excess Keppra back into the Keppra bottle. Further Employee E9 used her finger to remove and to place the following medication into the medication cup: Aspirin 81 mg tablet, Vitamin D3 25 mcg tablet, Thiamine 100 mg tablet, Eliquis 5 mg tablet. Employee E9 then proceeded to crush the medications and administer all meds to Resident R75.</p> <p>Review of Resident R23's clinical record revealed that Resident R23 was most recently admitted to the facility on [DATE] with diagnoses of Hemiplegia/Hemiparesis following a cerebrovascular accident, hyperlipidemia, hypertension, atherosclerotic Heart Disease.</p> <p>Review of Resident R23's physician orders revealed an order for Alendronate Sodium Tablet 70 MG, Give 1 tablet by mouth one time a day every Monday for Osteoporosis and Amlodipine Besylate Tablet 2.5 MG by mouth once a day for HTN (Hypertension), Give 1 tablet by mouth one time a day for HTN.</p> <p>(continued on next page)</p>		

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  04/24/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Medication administration observation for Resident R 23 with Employee E9, revealed that during the medication administration for Resident R23, Licensed nurse, Employee E9 removed the Alendronate tablet from the blister pack using her finger and placed the tablet in a small medication cup using her fingers. Further, while removing the Amlodipine tablet from the blister pack, the tablet fell out of the blister pack into the medication drawer where the medication blister packs were stored, Employee E9 proceeded to look for pill, pick up the pill using her finger and placed the pill in the medication together with the rest of the medications. Employee E9 proceeded to crush the medications and administer the crushed medications to Resident R23.</p> <p>Review of Resident R15's Clinical Record revealed Resident R15 was most recently admitted to the facility on July 3, 2023 with diagnosis of hypertensive heart disease.</p> <p>Review of Resident R15's physician orders revealed an order for Losartan Potassium Oral Tablet 100 MG (Losartan Potassium), give 1 tablet by mouth one time a day for HTN Hold SBP (systolic blood pressure) &lt; (less than) 100mmHg and Hydrochlorothiazide Oral Tablet 50 MG (Hydrochlorothiazide), give 1 tablet by mouth one time a day for HTN</p> <p>Medication administration observation for Resident R15 revealed that Licensed nurse, Employee E9 removed the Hydrochlorothiazide tablet from the blister pack using her fingers and proceeded to place the tablet in the medication cup. Further, Employee E9 also removed the Losartan K tablet using her fingers and proceeded to place the Losartan tablet into the medication cup using her fingers. Employee E9 then proceeded to administer Losartan and the hydrochlorothiazide to Resident R15 together with the rest of Resident R15's medications.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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  04/24/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on observation, staff and resident interview, it was determined that the facility failed to ensure that call bells were available and operable for resident use for three of 26 residents interviewed. (Residents R184, R8 and R22)</p> <p>Findings include:</p> <p>Interview with Resident R184 in room [ROOM NUMBER], Bed A, conducted on April 21, 2024, at 11:15 p.m. revealed that she was admitted a couple weeks ago and was having difficulty with her call bell. She stated that the call bell has not worked at all since Friday, April 19, 2024. She said that she told staff and they had the maintenance guy come and look at it, but did not fix it. When asked if she was given an alternate bell she said no, she just call to people in the hall if she needs something. When she pushed the call bell button, it did not light at the wall or in the hallway.</p> <p>Interview with nurse aide, Employee E4, in room [ROOM NUMBER] on April 22, 2024, at 10:00 a.m. confirmed that she was aware that the call bell for Bed A was not working and that maintenance knew about the broken call bell. When asked if the resident had an alternative to call staff she said that she did not know.</p> <p>Interview with the Employee E5, the unit clerk on the first floor on April 22, 2024, at 10:15 a.m. revealed that she was unaware that the call bell in room [ROOM NUMBER], Bed A was not working, and that she would follow up with maintenance.</p> <p>Interview with the Maintenance Director, Employee E6, on April 22, 2024, at 11:45 a.m. confirmed that he had just repaired the call bell for room [ROOM NUMBER], Bed A, and that he had just heard today that it was not working.</p> <p>During an observation on the 2nd floor nursing unit on April 23, 2024 at 10:00 a.m. Resident R22 asked for someone to assist her with changing her brief. Upon entering the room, Resident R22 was observed with no call bell connection to utilize on her side of her room. Upon observing Resident R8 (Resident R22's roommate) side of the room, it was revealed that Resident R8 also had no call bell connection to utilize on her side of the room. During the above referenced observations, the second floor unit manager (Employee E18) entered the room, observed that there was no call bell connected to the walls for both residents.</p> <p>28 Pa. Code 205.67(k) Electric requirements for existing construction</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa Code 211.12(d)(1)(3)(5) Nursing services</p>		