

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  01/27/2025
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>39344</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to ensure that residents were evaluated for self-administration of medications for two of 30 residents reviewed (Residents R114 and R12).</p> <p>Findings include:</p> <p>Review of facility policy, Self-Administration of Medications dated February 2021, revealed, Residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Continued review revealed, Residents who are identified as being able to self-administer medications are asked whether they wish to do so.</p> <p>Observation on January 21, 2025, at 11:12 a.m. revealed that Resident R114 had two containers of eye drops at her bedside; latanoprost ophthalmic solution 0.005% (treats glaucoma - damage to the optic nerve in the eye) and brimonidine tartrate ophthalmic solution 0.2% (treats glaucoma). Resident R114 stated that she feels the nursing staff do not consistently administer the medications at the same time everyday and that she wants to keep the medications at her bedside in order to maintain her home routine.</p> <p>Review of Resident R114's clinical record revealed no indication that the resident was assessed for the capacity and ability to safely administer her own medications.</p> <p>Observation on January 22, 2025, at 10:29 a.m. revealed that Resident R12 had a tube of hydrocortisone cream (medication used to relieve itching) at her bedside. Resident R12 stated that she wants to keep the medication at her bedside to use on herself as needed due to a rash on her leg.</p> <p>Review of Resident R12's clinical record revealed no indication that the resident was assessed for the capacity and ability to safely administer her own medications.</p> <p>Observation and interview on January 23, 2025, at 4:21 p.m. Employee E6, licensed nurse, confirmed that Resident R114 had the two bottles of eyedrops at her bedside and that there was no physician's order or evaluation that the resident was assessed to safely self-administer the medications.</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  01/27/2025
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>Continued observation and interview with Employee E6, licensed nurse, confirmed that there was no physician's order or evaluation that Resident R12 was assessed to safely self-administer her medication.</p> <p>28 Pa Code 201.29(a) Resident rights</p> <p>28 Pa Code 211.9(b) Pharmacy 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  01/27/2025
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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>39344</p> <p>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that a resident's right to request or refuse medical treatments were accurately reflected in the resident's record for one of 30 residents reviewed (Resident R86).</p> <p>Findings include:</p> <p>Review of facility policy, Advance Directives dated September 2022, revealed, The resident has the right to refuse medical or surgical treatment, whether or not he or she has an advance directive.</p> <p>Review of physician's orders for Resident R86 revealed an order, dated June 27, 2024, for Advance Directives: Full Code (allows for all interventions needed to restore breathing or heart functioning, including chest compressions, a defibrillator and insertion of a breathing tube).</p> <p>Review of Resident R86's care plan, dated initiated May 24, 2024, revealed, I do not have an advanced care directive: Full Code.</p> <p>Review of Resident R86's POLST form (Pennsylvania Orders for Life-Sustaining Treatment), dated and signed by the resident on March 27, 2023, revealed that the resident does not want lifesaving interventions in the event the resident has no pulse and had stopped breathing (DNR status - Do Not Resuscitate).</p> <p>Interview on January 24, 2025, at 12:07 p.m. Employee E5, licensed nurse, confirmed that Resident R86's wishes regarding life saving medical treatments were not accurately reflected in his clinical record and that she would have to clarify them with the resident and physician.</p> <p>28 Pa Code 201.29(a) Resident rights</p> <p>28 Pa Code 211.5(f)(vii) Medical 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  01/27/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47973</p> <p>Based on review of facility policy, review of clinical record, review of facility documentation, and interviews with staff, it was determined the facility failed to ensure that residents were free from resident to resident abuse for two of 30 residents reviewed. (Resident R77)</p> <p>Findings include:</p> <p>Review of facility's policy titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, revealed that Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation . The program's objective is to maintain care for all residents and particularly those with behavioral, cognitive or emotional problems.</p> <p>Review of information dated August 4, 2024, and submitted to the state Survey Office on August 4, 2024, indicated, Resident R77 (BIMS 9) was in the dining room during dinner and another resident, Resident R37, started to hit Resident R77 in the left arm with her cane because she stated that Resident R77 always tries to eat her food.</p> <p>Review of Resident R77's clinical record revealed an admitted [DATE], with diagnoses including cognitive communication deficit, anxiety disorder, and muscle weakness. Review of Minimum Data Set (assessment of resident needs) dated May 2, 2024, revealed a BIMS (Brief Interview of Mental Status) score of 9 indicating moderate cognitive impairment.</p> <p>Review of Resident R37' s clinical record revealed an annual MDS dated [DATE], revealed a BIMS score of 14 indicating that the resident was cognitively intact.</p> <p>Review of facility investigation revealed a written statement by Registered Nurse, Employee E23, undated, which indicated, this nursing supervisor was made aware that Resident R77 (male stealing food)) was hit with a cane by Resident R37 (female) during dinner. Resident R77 took food off Resident R37's tray.</p> <p>Review of statement, undated, by Nurse Assistant, Employee E22 indicated, I was passing out trays when I heard the commotion in the dining room. When I entered, I see Resident R77 sitting where the end table eating food. Then I see Resident R37 standing over him hitting him with her cane multiple times.</p> <p>A review of another statement, undated and name undisclosed, indicated that Resident R37 stated she had got up from her table when she came back Resident R77 was eating her food and she swung at him with her cane.</p> <p>Further review of facility investigation failed to reveal a statement by Nurse Assistant, Employee E16 who was present in the dining room and witnessed the altercation.</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  01/27/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R77's clinical records revealed a nursing progress note dated, August 4, 2024, at 5:53 p. m. which indicated, upon hearing a loud call from the Nursing Assistant during dinner in the dining room, I immediately entered the room. Resident R37 had hit resident with her cane on the left arm multiple times, expressing her frustration that he always tries to eat my food. The resident has a history of wandering and consuming other snacks for dinner.</p> <p>Interview with Nurse assistant, Employee E18, conducted on January 24, 2025, at 11:24 a.m. revealed that she witnessed Resident R77 taking food that was not his, at least twice before the incident which occurred on August 8, 2024.</p> <p>Interview with the Nurse Unit Manager, Employee E19, on January 24, 2025, at 11:24 a.m. revealed that prior to the incident, Resident R77 has portrayed behaviors such as wandering around and taking peoples food.</p> <p>Interview with Nurse Assistant, Employee E16, conducted on January 27, 2025, at 8:47 a.m. revealed that Resident R77 has taken food from the nursing station without permission in the past.</p> <p>Interview with Licensed Practical Nurse, Employee E17, conducted on January 27, 2025, at 8:47 a.m. revealed, I've seen him take food in the past that wasn't his including from the refrigerator.</p> <p>A telephone interview was conducted on January 27, 2025, at 8:47 a.m. with Nurse Assistant, employee E16, revealed that when Resident R37 got up from her table for ice, she witnessed Resident R77 sit in Resident R37's seat and began eating Resident R37's food. When Resident R37 returned, she began to hit Resident R77's hands with her cane, and she couldn't stop.</p> <p>A telephone Interview with Licensed Practical Nurse, Employee E17, conducted on January 27, 2025, at approximately 8:47 a.m. revealed that he ran into the dining room to provide help and witnessed Resident R37 hitting Resident R77 with her cane, on the hands. During the interview, Employee E17 stated, nature of what I saw was on the hand.</p> <p>A statement by Nurse Assistant Employee E16, was provided electronically by the facility administrator at the end of survey, on January 27, 2025, at 10:40 a.m.; however, the statement was undated and indicated that when Resident R37 went to get ice, Resident R77 began to eat her food. Upon Resident R37's return, Resident R37 started hitting Resident R77 on his right hand .</p> <p>Review of Resident R77's care plan date-initiated July 5, 2024, revealed resident was care planned for wandering into other resident rooms getting into empty beds including the shower room. Further review of Resident R77's clinical record failed to reveal documented evidence of interventions, including a care plan for behaviors involving eating other residents' food without permission, prior to August 4, 2024. Interview with the facility Administrator, Employee E1, on Friday January 24, 2024, at approximately 1:00 p.m. confirmed this finding.</p> <p>28 Pa. Code 211.10(c)(d) Resident Care Policies</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  01/27/2025
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>47973</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital for one of 3 residents reviewed for hospitalization . (Resident R15)</p> <p>Findings include:</p> <p>Review of nursing note for Resident R15, dated August 6, 2024, revealed that Resident R15 was admitted to the hospital for chest pain.</p> <p>Further review of Resident R15's clinical record revealed that there was no documented evidence that the resident and his representative were provided with a written notice of the facility bed-hold policy at the time of Resident R15's facility-initiated transfer to the hospital.</p> <p>Interview with the Nursing Home Administrator, Employee E1, on January 24, 2025 at 9:36 a.m. that Resident R15 and his representative were not provided with the bed hold policy, that included information explaining the duration of the bed-hold, bed hold reserve payment and permitting return to a bed at the facility. Further interview confirmed that there was no system in place to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 PA Code 201.29(f) Resident rights</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  01/27/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39344</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to develop baseline care plans related to bathing and enhanced barrier precautions for two of 30 residents reviewed (Residents R114 and R277).</p> <p>Findings include:</p> <p>Review of facility policy, Activities of Daily Living (ADL), Supporting dated March 2018, revealed, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care).</p> <p>Interview on January 21, 2025, at 11:13 a.m. Resident R114 stated that she wants to have a real shower, that she only gets provided with a basin of water to wash herself in bed and that she has not had her hair washed since her admission to the facility.</p> <p>Review of Resident R114's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated December 22, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including orthopedic (branch of medicine that treats disorders related to bones, muscles and ligaments) aftercare and complication of internal orthopedic devices. Continued review revealed that the resident required substantial or maximal assistance (caregiver does more than half the effort) for bathing.</p> <p>Review of Resident R114's care plan, dated initiated December 16, 2024, revealed that the resident had a left hip replacement and that the resident had an activities of daily living self-care performance deficit. Continued review revealed that there were no interventions related to the resident's preferences and assistance needs related to bathing.</p> <p>Interview on January 23, 2025, at 12:26 p.m. Employee E7, nurse aide, was unable to state what level of assistance or preferences Resident R114 required for bathing.</p> <p>Review of facility policy, Enhanced Barrier Precautions dated March 2024, revealed, Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the transmission of multi-drug resistant organisms (MDROs) to residents. Continued review revealed, EBPs are indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Wounds generally include chronic wounds (i.e., pressure ulcers, diabetic foot ulcers, venous stasis ulcers, and unhealed surgical wounds).</p> <p>Interview on January 22, 2025, at 10:42 a.m. Resident R277 stated that has a surgical abdominal wound that has a lot of drainage and requires dressing changes twice per day.</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  01/27/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R277's Admission MDS, dated [DATE], revealed that the resident was admitted to the facility on [DATE], and had diagnoses including orthopedic aftercare. Continued review revealed that the resident had a surgical wound.</p> <p>Review of Resident R277's care plan, dated initiated January 11, 2025, revealed that the resident had impaired skin integrity related to a surgical wound to her abdomen. Continued review revealed no indication that the resident required enhanced barrier precautions.</p> <p>Observation on January 24, 2025, at 12:10 p.m. revealed a sign was posted outside of Resident R277's door which indicated that the resident required enhanced barrier precautions. Interview, at the time of the observation, Employee E5, licensed nurse, confirmed that Resident R277 required enhanced barrier precautions due to her surgical wound. Employee E5, licensed nurse, also confirmed that there were no physician orders or care plan to indicate that the resident required enhanced barrier precautions.</p> <p>28 Pa Code 211.10(a) Resident care policies</p> <p>28 Pa Code 211.10(c) Resident care policies</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  01/27/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39344</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to provide assistance with bathing and eating for two of 30 residents reviewed (Residents R114 and R78).</p> <p>Findings include:</p> <p>Review of facility policy, Activities of Daily Living (ADL), Supporting dated March 2018, revealed, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Continued review revealed, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care) [and] dining (meals and snacks).</p> <p>Interview on January 21, 2025, at 11:13 a.m. Resident R114 stated that she wants to have a real shower, that she only gets provided with a basin of water to wash herself in bed and that she has not had her hair washed since her admission to the facility.</p> <p>Review of Resident R114's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated December 22, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including orthopedic (branch of medicine that treats disorders related to bones, muscles and ligaments) aftercare and complication of internal orthopedic devices. Continued review revealed that the resident required substantial or maximal assistance (caregiver does more than half the effort) for bathing.</p> <p>Review of Resident R114's care plan, dated initiated December 16, 2024, revealed that the resident had a left hip replacement and that the resident had an activities of daily living self-care performance deficit. Continued review revealed that there were no interventions related to the resident's preferences and assistance needs related to bathing.</p> <p>Review of Resident R114's Kardex (summary of a resident's care needs) dated January 23, 2025, revealed that the resident had a bathing schedule of Wednesdays and Saturdays.</p> <p>Review of nurse aide documentation for the past 30 days for Resident R114 revealed no indication that any showers or bathing was provided for the resident until January 22, 2025.</p> <p>Review of treatment administration records for December 2024 and January 2025 for Resident R114 revealed that a bathing schedule was not ordered for the resident until January 22, 2025.</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  01/27/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on January 23, 2025, at 12:26 p.m. Employee E7, nurse aide, was unable to state what level of assistance or preferences Resident R114 required for bathing. Employee E7, nurse aide, stated that she sets Resident R114 up in bed with a basin of water, that she encourages the resident to wash herself and that she has not washed her hair because her family comes in and applies hair products. Employee E7, nurse aide, was unable to determine if the resident had her hair washed since her admission to the facility.</p> <p>Review of Resident R78's Admission MDS, dated [DATE], revealed that the resident was admitted to the facility on [DATE], and had diagnoses including cerebrovascular accident (damage to the brain from interruption of its blood supply), aphasia (loss of ability to understand or express speech, caused by brain damage), hemiplegia (paralysis) and dysphagia (difficulty swallowing). Continued review revealed that the resident was dependent on staff for eating.</p> <p>Review of progress notes for Resident R78 revealed a practitioner note, dated January 3, 2025, which indicated that the resident reported that he was unable to feed himself independently due to shoulder and hand fractures (broken bones). The practitioner ordered 1:1 feeding assistance with all meals.</p> <p>Review of physician orders for Resident R78 revealed an order, dated January 3, 2025, for 1:1 feeding assistance with all meals.</p> <p>Review of Resident R78's care plan, dated initiated January 3, 2025, revealed that the resident required total assistance with eating and drinking.</p> <p>Observation on January 21, 2025, at 12:41 p.m. revealed that lunch meals arrived on the first floor nursing unit and were distributed to residents.</p> <p>Continued observation on January 21, 2025, at 1:36 p.m. revealed that Resident R78's lunch tray was on a table beside him and was untouched. Resident R78's stated that he was unable to reach his tray and that no one set up his lunch. Resident R78 requested assistance to eat his lunch. Employee E5, licensed nurse, was informed of Resident R78's request for assistance. Employee E5, licensed nurse, proceeded to enter the resident's room and set up his lunch tray in front of him. Employee E5, licensed nurse, then left the room without providing any 1:1 assistance to the resident.</p> <p>Further observation on January 21, 2025, at 1:51 p.m. revealed that Resident R78 had only eaten a few bites of the chicken that was served for the meal. The rest of the food on his tray was untouched. Resident R78 stated that no one provided assistance to him with his meal, other than setting up his tray in front of him. Resident R78 demonstrated that he was unable to hold his fork and unable to feed himself. Resident R78 stated that the food was cold from sitting out so long that he no longer wanted to eat it. Observations throughout the lunch meal revealed that Resident R78 was not provided with 1:1 feeding assistance from staff.</p> <p>Observation on January 22, 2025, at 12:20 p.m. revealed that Resident R78's lunch tray was setup in front of him. Resident R78 was trying to feed himself and had great difficulty picking up his fork. Observations throughout the lunch meal revealed that Resident R78 was not provided with 1:1 feeding assistance from staff.</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  01/27/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on January 23, 2025, at 12:16 p.m. Employee E9, nurse aide, stated that she just found out yesterday that Resident R78 required 1:1 feeding assistance. Employee E9, nurse aide, stated that Resident R78 only ate a few bites of his lunch today because he did not like it. No alternate food items were offered to Resident R78.</p> <p>28 Pa Code 211.10(a) Resident care policies</p> <p>28 Pa Code 211.10(d) Resident care policies</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  01/27/2025
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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>39344</p> <p>Based on observations, review of facility policies, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to administer medications in a timely manner for three of 30 residents reviewed (Residents R107, R277 and R278).</p> <p>Findings include:</p> <p>Review of facility policy, Administering Medications dated April 2019, revealed, Medications are administered in a safe and timely manner. Continued review revealed, Medications are administered within one (1) hour of their prescribed time.</p> <p>Interview on January 21, 2025, at 1:16 p.m. Resident R107 stated that she did not receive her medications that were scheduled for 9:00 p.m. until after midnight last night. Resident R107 continued that medications are often administered late.</p> <p>Review of Resident R107's Medication Administration Records (MAR) for January 2025 revealed that she was scheduled to receive the following medications at 9:00 p.m.: amitriptyline (treats depression), clobazam (prevents seizures), carbamazepine (prevents seizures), lacosamide (prevents seizures) and levetiracetam (prevents seizures).</p> <p>Review of Resident R107's Medication Administration Audit Report revealed that Resident R107's medications that were scheduled for January 20, 2025, at 9:00 p.m. were not administered until January 21, 2025, at 12:20 a.m.</p> <p>Continued review of Resident R107's Medication Administration Records (MAR) for January 2025 revealed that she was scheduled to receive the following medications at 9:00 a.m.: enoxaparin (prevents blood clots), iron (treats anemia), carbamazepine (prevents seizures), lacosamide (prevents seizures) and levetiracetam (prevents seizures).</p> <p>Continued review of Resident R107's Medication Administration Audit Report revealed that Resident R107's medications that were scheduled for January 21, 2025, at 9:00 a.m. were not administered until January 21, 2025, at 1:56 p.m.</p> <p>Interview on January 21, 2025, at 1:28 p.m. Resident R277 stated that she receives her medications late.</p> <p>Review of Resident R277's Medication Administration Records (MAR) for January 2025 revealed that she was scheduled to receive the following medications at 9:00 a.m.: duloxetine (treats depression), fluticasone (treats allergies), lidocaine patch (relieves pain), lisinopril-hydrochlorothiazide (treats high blood pressure), montelukast (treats allergies), apixaban (prevents blood clots) and baclofen (treats muscle spasms).</p> <p>Review of Resident R277's Medication Administration Audit Report revealed that Resident R277's medications that were scheduled for January 21, 2025, at 9:00 a.m. were not administered until January 21, 2025, at 1:51 p.m.</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  01/27/2025
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>Interview on January 21, 2025, at 1:18 p.m. Resident R278 stated that she had not received any of her morning medications yet today.</p> <p>Review of Resident R278's Medication Administration Records (MAR) for January 2025 revealed that she was scheduled to receive the following medications at 9:00 a.m.: furosemide (treats fluid retention), latanoprost (treats glaucoma), metoprolol (treats high blood pressure) and prednisone (steroid medication).</p> <p>Review of Resident R278's Medication Administration Audit Report revealed that Resident R278's medications that were scheduled for January 21, 2025, at 9:00 a.m. were not administered until January 21, 2025, at 1:55 p.m.</p> <p>Observation on January 21, 2025, at 11:30 a.m. revealed Employee E5, licensed nurse, administering morning medications to residents. Interview, at the time of the observation, Employee E5, licensed nurse, stated that she was running late and still administering morning medications.</p> <p>28 Pa Code 211.12(d)(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  01/27/2025
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36609</p> <p>Based on observation, interviews with resident and staff, review of clinical records and facility policy, it was determined that the facility failed to maintain a peripheral inserted central catheter (PICC) consistent with professional standards of practice and in accordance with physician orders and the comprehensive person-centered care plan, for one of 24 residents reviewed (Resident R110).</p> <p>Findings include:</p> <p>Review of the facility policy titled Central Venous Catheter Care and Dressing Changes, revised on March 2022 states, The purpose of this procedure is to prevent complications associated with intravenous therapy, including catheter-related infections that are associated with contaminated, loosened, soiled, or wet dressings. Perform site care immediately if the integrity of the dressing is compromised (e.g., damp, loosened or visibly soiled) and at least every 7 days.</p> <p>Resident R110 clinical records revealed the resident was admitted to the facility on [DATE] diagnosed with osteomyelitis (bone infection) of the vertebra (spine) and received intravenous (IV) antibiotics through the resident's PICC line.</p> <p>Review of Resident R110's physician orders dated December 24, 2024, instructed to change the PICC dressing on admission, every seven days and as needed.</p> <p>On January 22, 2025, at approximately 11:30 a.m. surveyor observed Resident R110's PICC site on the resident's right upper arm. The dressing was dated January 11, 2024, and appeared soiled with edges of the dressing no longer adhering to the skin.</p> <p>Review of R110's treatment administration for the PICC dressing change documented last dressing change was done yesterday by Licensed Practical Nurse (LPN) Employee E11.</p> <p>Interview with the Assistant Director of Nursing (ADON) Employee E14, on January 22, 2025 at 11:55 a.m. stated ,PICC dressing change may have a date of 2024 but even still it should have been changed since it looks like [DATE]th or people been signing it out (as completed) and not doing it.</p> <p>During an interview with the ADON and LPN Employee E11 on January 22, 2025 at approximately 12:00 p.m. the LPN confirmed, I have never changed the resident's (R110) PICC line.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(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  01/27/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39344</p> <p>Based on observations, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled for three of three medication carts reviewed (first floor front, middle and back medication carts).</p> <p>Findings include:</p> <p>Review of facility policy, Controlled Substances dated November 2022, revealed, Controlled substance inventory is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up. Continued review revealed, Nursing staff count controlled medication inventory at the end of each shift, using these records to reconcile the inventory count. The nurse coming on duty and the nurse going off duty make the count together and document and report any discrepancies to the director of nursing services.</p> <p>Observation on January 21, 2025, at 10:31 a.m. with Employee E10, licensed nurse, of the first floor front medication cart revealed that there was no documentation in the narcotic log book that shift-to-shift counts were completed at any time from October 15 to 22, 2024; October 24 to November 28, 2024; December 1 to 15, 2024; December 17 to 21, 2024; December 23 to 30, 2024; and January 1 to 7, 2025. Further, there were no entries in the log book after January 10, 2025.</p> <p>Interview, at the time of the observation, Employee E10, licensed nurse, confirmed the above findings.</p> <p>Observation on January 21, 2025, at 11:32 a.m. with Employee E11, licensed nurse, of the first floor back medication cart revealed that there was no documentation in the narcotic log book that shift-to-shift counts were completed on January 11, 2025. Further, there was no entry in the log book for January 21, 2025.</p> <p>Interview, at the time of the observation, Employee E11, licensed nurse, confirmed the above findings. Employee E11 then proceeded to sign the log book for January 21, 2025, however, there was no signature from the previous night shift nurse to indicate that the shift-to-shift count had been completed.</p> <p>Observation on January 21, 2025, at 11:52 a.m. of the first floor middle medication cart with Employee E5, licensed nurse, revealed that there was no documentation in the narcotic log book that shift-to-shift counts were completed at any time from November 4 to 11, 2024; November 12 to 19, 2024; November 21 to 27, 2024; December 7 to 23, 2024; December 24, 2024 to January 5, 2025; and January 7, 2025. Further, there were no entries in the log book after January 8, 2025.</p> <p>Interview, at the time of the observation, Employee E5, licensed nurse, confirmed the above findings.</p> <p>28 Pa Code 211.9(a)(1) Pharmacy services</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  01/27/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa Code 211.9(k) Pharmacy 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  01/27/2025
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 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>39344</p> <p>Based on observations, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that insulin pens were labeled in accordance with currently accepted professional principles for two of three medication carts reviewed (first floor back and middle medication carts).</p> <p>Findings include:</p> <p>Review of facility policy, Administering Medications dated April 2019, revealed, When opening a multi-dose container, the date opened is recorded on the container. Continued review revealed, Insulin pens are clearly labeled with the resident's name or other identifying information.</p> <p>Observation on January 21, 2025, at 11:32 a.m. of the first floor back medication cart with Employee E11, licensed nurse, revealed the following:</p> <p>An aspart (rapid acting) insulin (medication used to lower blood sugar levels) pen for Resident R122 that was opened and undated;</p> <p>A glargine (long acting) insulin pen for Resident R25 that was opened and undated;</p> <p>A lispro (rapid acting) insulin pen the was opened, undated and was not labeled with a resident's name;</p> <p>A degludec (long acting) insulin pen for Resident R5 that was opened and undated; and</p> <p>An aspart insulin pen for Resident R380 that was opened and undated.</p> <p>Interview, at the time of the observation, Employee E11, licensed nurse, confirmed the above findings.</p> <p>Observation on January 21, 2025, at 11:52 a.m. of the first floor middle medication cart with Employee E5, licensed nurse, revealed the following:</p> <p>A glargine insulin pen for Resident R277 that was opened and undated.</p> <p>Interview, at the time of the observation, Employee E5, licensed nurse, confirmed the above findings.</p> <p>28 Pa Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa Code 211.12(d)(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  01/27/2025
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36609</p> <p>Based on observations, clinical record reviews and interviews with residents and staff, it was determined that the facility failed to provide foods in accordance with residents' preferences for two of 30 residents reviewed (Residents R278 and R40).</p> <p>Findings include:</p> <p>Review of Resident R40's clinical record revealed that the resident was alert and oriented. The resident was provided a regular textured diet with fortified meals three times a day.</p> <p>Interview with Resident R40 on January 21, 2025, at 12:00 p.m. indicated he does not receive the correct food at meal time as follows:</p> <p>Requested for lunch on January 21, 2025, tuna salad received chicken</p> <p>Requested for lunch on January 22, 2025. coffee but received a tea bag, with no hot water nor cream.</p> <p>Request for lunch on January 23, 2025, kielbasa and received chicken.</p> <p>Interview on January 21, 2025, at 1:19 p.m. Resident R278 stated that she eats a vegetarian diet and that she had not been getting vegetarian protein options with her meals.</p> <p>Observation, at the time of the interview, Resident R278's lunch tray consisted of potatoes, corn, carrots, pie, and a juice cup. Resident R278 stated that she requested a veggie burger with her meal and was told that it was not available from the kitchen.</p> <p>Review of Resident R278's meal slip indicated that she eats a vegetarian diet and does not eat dairy products; Resident R278 stated that she has not been provided with soy milk as requested. Resident R278 provided her meal slip from breakfast; the meal slip indicated that the resident was supposed to receive waffles, hot cereal and a vegetarian breakfast meat product. Resident R278 stated that she did not receive the vegetarian breakfast meat nor any other source of protein with her breakfast meal. Resident R278 stated that she wants to speak to the dietician about receiving a nutritional supplement since her nutritional needs for protein are not being met.</p> <p>Review of Resident R278's care plan, dated initiated January 6, 2025, revealed that the resident was admitted to the facility on [DATE], and that she followed a vegetarian diet.</p> <p>Interview on January 23, 2025, at 2:40 p.m. Employee E12, Food Service Director, stated that the only vegetarian food options that she has for residents are veggie burger patties and soy milk. Employee E12, stated that the facility was out of veggie burger patties and that there has never been any vegetarian breakfast meat products at the facility. Employee E12, stated that the facility has a case of soy milk and was unable to explain why Resident R278 was not provided with soy milk or any other alternative vegetarian sources of protein.</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  01/27/2025
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on January 23, 2025, at 3:30 p.m. Employee E13, dietician, stated that she does not know why the facility has not been ordering vegetarian food products to meet Resident R278's and other vegetarian residents' nutritional needs. Employee E13, dietician, stated that she bought Resident R278 a rice and beans meal a few days ago because the facility did not have any vegetarian products available.</p> <p>28 Pa. Code 201.18(b)(3) Management</p> <p>28 Pa Code 211.6(a) Dietary 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  01/27/2025
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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>36609</p> <p>Based on observations, interviews with staff, review of clinical records and facility policy, it was determined the facility failed to utilize enhanced barrier precautions during medication administration for one of three reviewed residents with feeding tubes (Resident R105).</p> <p>Findings included:</p> <p>Review of the facility policy for Enhanced Barrier Precautions revised March 2024 states, Enhanced barrier precautions (EBP's) are utilized to reduce the transmission of multi-drug-resistant organisms (MDROs) to residents. Policy Interpretation and Implementation revealed examples of high-contact resident care activities requiring the use of gown and gloves for EBP's include device care or use.</p> <p>Review of Resident R105's clinical record revealed that ther esident was admitted to the facility with Oropharyngeal dysphagia (difficulty swallowing) malnutrition (lack in proper nutrition) and required a gastrostomy tube ( a surgical feeding tube inserted in the stomach through the abdomen. that allows delivery of nutrition, fluids, and medications).</p> <p>Review of Resident R105's care plan for the feeding tube required that gloves and gown must be used during high-contact care activities including device care or use.</p> <p>During observation of medication administration with Licensed Practical Nurse (LPN) Employee E15 on January 24, 2025 at 10:20 a.m. revealed the nurse did not don a gown and gloves while providinc care to the resident's peg tube.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies.</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  01/27/2025
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>39344</p> <p>Based on observations and interviews with residents and staff, it was determined that the facility failed to ensure that call devices were functional and accessible to residents for two of 30 residents reviewed (Residents R55 and R78).</p> <p>Findings include:</p> <p>Interview on January 21, 2025, at 1:42 p.m. Resident R55 stated that his callbell did not work. Observation, at the time of the interview, confirmed that the callbell was non-functional.</p> <p>Observation and interview on January 21, 2025, at 2:39 p.m. with the Nursing Home Administrator, confirmed that Resident R55's callbell did not work.</p> <p>Observation on January 22, 2025, at 9:30 a.m. revealed that Resident R78's callbell was on the floor. Resident R78 stated that he was unable to reach the callbell and had no other way to call for assistance. Resident R78 was soft-spoken and unable to yell or call out in a tone loud enough to be heard outside of his room.</p> <p>Observation on January 23, 2025, at 9:17 a.m. revealed that Resident R78's callbell was on the floor and out of the resident's reach.</p> <p>Interview on January 23, 2025, at 12:16 p.m. Employee E9, nurse aide, stated that sometimes Resident R78's callbell falls on the floor.</p> <p>28 Pa Code 205.67(j)(k) Electric requirements for existing construction</p>