STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395764	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Liberty Center for Rehabilitation and Nursing	7310 Stenton Avenue Philadelphia, PA 19150

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observations and interviews with residents and staff, it was determined that the facility failed to provide a safe, clean and homelike environment for three of four nursing units observed (B, C and D units).Findings include: Interview on April 28, 2026, at 9:29 a.m. Resident R1 stated that the room was in disrepair, including broken furniture, soiled and broken privacy curtains, soiled walls and broken baseboards. Observation, at the time of the interview, of room B16, revealed the following: The dresser for bed 1 was tattered and worn; the dresser for bed 3 was also tattered and had broken drawer handles; the air conditioning unit in the room had insulation that was falling out, creating an opening that would allow pests and debris to enter the room; the air conditioning unit's filter was caked with dirt and debris; the baseboard behind bed 1 was peeling away from the wall and exposing a hole that would allow pests and debris to enter the room; the wall behind bed 3 was soiled with a brown substance; the privacy curtain for bed 3 was soiled, torn and unable to close completely; the privacy curtain for bed 1 was soiled and unable to close properly; there was no callbell for bed 3; the bathroom faucet was covered in corrosion and the bathroom had soiled tiles and missing baseboards behind the toilet. Observation of the resident shower room on the B unit revealed that the tub was soiled with dirt and debris and that there were missing tiles around the faucet for the tub. Interview on April 28, 2026, at 10:23 a.m. Resident R3 stated that the grab bar next to the toilet was loose. Observation, at the time of the interview, confirmed that the grab bar between the toilet and sink in the bathroom for room C2 was loose and unstable. Continued observation revealed that the handrail in the corridor by room C2 was loose and falling away from the wall with exposed screws. Continued observation revealed that the bathroom in room C7 had broken floor tiles. The bedside tray table for the resident in room C7 bed 2 had a section of the tray that was peeled away. Further observation revealed that in room D17 the dresser was missing a drawer, with the resident's personal items falling from the cavity; the closet was missing a handle knob, the bathroom sink was covered in corrosion, the bathroom also had a broken towel rack and broken tiles below the sink. A tour was conducted with the Nursing Home Administrator and Director of Nursing on April 28, 2026, at 10:40 a.m. and the above areas were reviewed. 28 Pa Code 201.14(a) Responsibility of licensee28 Pa Code 204.12 Toilet room equipment28 Pa Code 205.9(a) Corridors28 Pa Code 205.67(j) Electrical requirements for existing construction

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