

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on review of clinical record, observations, and staff interview it was determined that the facility failed to maintain dignity for one of eight residents during dining (Resident R70).</p> <p>Findings Include:</p> <p>Review of Resident R70's physician order summary revealed a diet order dated April 7, 2025, that the resident was NPO (nothing by mouth for food or drinks).</p> <p>Review of Resident R70's comprehensive care plan dated April 16, 2025, revealed the resident was allowed pudding or applesauce at lunch time only with specific feeding instructions.</p> <p>Continued review of Resident R70's comprehensive care plan dated December 16, 2024, revealed the resident was dependent on staff for eating, dressing, and mobility.</p> <p>Observations on June 4, 2025, at 12:45 p.m. revealed Resident R70 was in the 1st floor activity room sitting in a geri chair (specialized medical recliner) surrounded by about 5 other residents who were consuming lunch. Resident R70 did not have any pudding or applesauce provided during dining.</p> <p>Interview on June 4, 2025, at 12:45 p.m. with Nurse Aide, Employee E20, confirmed Resident R70 was put in the dining room while other residents ate lunch. Further interview with Nurse Aide, Employee E20, revealed Resident R70 was allowed pudding and applesauce but was not offered any during dining with the other residents.</p> <p>28 Pa. Code 201.29 (a) Resident Rights</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: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>Based on observations, interview with staff and residents, it was determined facility did not ensure the facility was maintained in a clean, safe, and homelike environment on two out of four nursing units observed (A-wing, C-Wing, D-Wing, and Dining Room).</p> <p>Findings include:</p> <p>Review of facility policy 'Quality of Life - Homelike Environment,' revised May 2017, indicates that the facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, home-like setting. The characteristics include:</p> <p>a.Clean, sanitary and orderly environment;</p> <p>e. clean bed and bath linens that are in good condition</p> <p>Observations on Monday, June 2, 2025 at 10:00 am, on wing C, revealed gnats in room C-12, as well as used cups, excess food crumbs on floor, dirty bedside tables, used utensils and used apple sauce cups on bed side tables.</p> <p>Room C-12 was noted to have foul urine odor.</p> <p>Further observations on wing-D, near room D-19, revealed a large bin with used breakfast cups/plates, gnats.</p> <p>Further observations in room D-21 revealed used portable urinals hanging on trash bin, used napkins and plastic wraps on floor, as well dirty bed linen.</p> <p>Further observations in room D26 revealed excess trash on floor consisting of food crumbs as well as gnats.</p> <p>Further observations on Monday, June 2, 2025 at 11:09 AM, on second floor units (wing C and D revealed a collection of used breakfast cups/plates/utensils in a large bin near day room as well as gnats.</p> <p>Further observations during lunch meal service, in dining room on second floor units, revealed used linen under a table as well as foot rests stored under a table.</p> <p>Observations on June 2, 2025, at 12:58 p.m. revealed a steam table was set up in the 1st floor dining room to arrange and deliver meal trays to residents in their rooms.</p> <p>Observations on June 2, 2025, at 1:00 p.m. revealed the 1st floor dining room was only equipped with two tables. The back half of the dining room was also being used to store bed frames. Further observations revealed three resident meal trays were left on one of the tables from breakfast.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on June 2, 2025, at 1:00 p.m. with Registered Dietitian, Employee E8, revealed not many residents utilize the dining room for mealtimes. Registered Dietitian, Employee E8, confirmed observations of the 1st floor dining room.</p> <p>Observations on June 3, 2025, at 10:58 a.m. revealed the sink in room A-9 was hanging off of the wall.</p> <p>Observations on June 3, 2025, at 11:00 a.m. revealed the window shades in room A-11 were stained with a brown substance.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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>Based on review of facility policy, review of clinical records, observation, and staff interviews it was determined the facility failed to ensure that residents were free from neglect for one of 8 residents reviewed relating to one employee not providing supervision and care for one resident over a period of two scheduled shifts.(resident R16)</p> <p>Findings include:</p> <p>Review of policy titled Abuse Prevention program dated January 1st, 2022, revealed residents have the right to be free from abuse common neglect, misappropriation of resident property and exploitation. This includes neglect which is defined as a failure to provide goods and services as necessary to avoid physical harm, mental anguish, or mental illness. The following are some examples of neglect and signs and symptoms of neglect that should be promptly recorded reported some signs of neglect are dehydration, poor hygiene, inappropriate clothing, inadequate provision of care, caregiver indifference to resident's personal care and needs, leaving someone unattended who needs supervision.</p> <p>Review of facility documentation certified nursing assistant job description revealed the description is to ensure resident care is provided according to the care and manner that meets the residents physical, mental and psychosocial needs and enables the individual to attain or maintain the highest practical level of functioning, complete assignments timely, conduct resident rounds, and identify resident problems and concerns.</p> <p>Review of resident R16's quarterly minimum data set (MDS-federal mandated assessment tool for all residents) dated May 5, 2025, revealed that resident R16 entered the facility on July 23, 2021 with diagnosis' including cerebral vascular accident (CVA-stroke-blockage of blood flow to the brain), seizure disorder(uncontrolled electrically activity between brain cells which cause temporary abnormalities in movements), Schizophrenia(mental disorder that affects a person's ability to think, feel, and behave clearly) with a cognitive brief mental interview (BMI- cognition assessment) score of 3 indicating the resident has severe cognitive impairment . Resident R16 was assessed with behaviors of wandering (pacing, trying to leave a care facility or home, and or becoming lost in a familiar place). Most of resident R16, functional abilities such as eating, toileting, showering, dressing required partial or moderate assistance (helper does more than half the effort), with supervision required for walking. This resident is having been determined occasional incontinence of bowel and bladder.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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 R16's care plan dated September 13, 2021, revealed that this resident has been identified as having the following health status and conditions that are individually planned with goals and interventions to meet the resident specific needs: Bowel and bladder incontinence with interventions to encourage fluids, assist to the bathroom and check as needed as required for incontinent care, use of anti-psychotropic drugs dated April 11 2024 for interventions to monitor behaviors and moods to monitor their side effects, impaired cognitive function dated with interventions to monitor document and report changes of cognitive function. Further review of resident R 16's care plan revealed that resident R 16 is risk of elopement dated September 13th, 2021, with interventions to ensure that all ancillary staff is aware of elopement potential and provide supervision while outside. Continued review of this document revealed that resident R16 is care plans for seizure activity dated April 11 2024 with interventions to take vitals and perform neuro checks if any signs and symptoms of a seizure to turn the resident on his side, to remain with the resident and maintain his airway, and monitor signs and symptoms of seizure activity, and this resident requires assistance with activities of daily living (ADLs)dated June 1, 2019 with interventions including supervised transfers one assist while dressing one assist with grooming resident requires setup for eating and occasional supervision for mobility.</p> <p>Review floor assignment schedules on the days on May 31, 2025, and June 2, 2025, for the second floor nursing unit 7a.m.-3p.m. shift revealed that employee E 14 was assigned to room C1-C7 (resident R16 occupied room C5).</p> <p>Observation on the second-floor nursing unit on June 2, 2025, at 11:00 a.m. revealed resident R16, room shared with resident R1. Bed A was observed to have no sheets, a plastic mattress torn with foam emerging and infested with bugs.</p> <p>Interview with nurse assistant Employee E 14 at time of the above observation, employee E 14 stated there is no one in that bed This employee is new to the floor but has had this assigned room before and confirmed there was never any resident in bed A.</p> <p>Review of resident R16's clinica record revealed the resident was assigned to that room bed A. Further review revealed facility midnight census indicated that R16 was also assigned to the room and Bed A. Employee E 14 believed that the resident must have been moved to another room, again, confirming she had no knowledge of that bed occupied for the last week.</p> <p>Interview with Licensed nurse Employee E10 on June 2, 2025, at 12:10 p.m. on the second-floor nursing unit, revealed that resident R 16 and Resident R 1 occupy room C 5. Employee E 10 stated that she had seen resident R 16 earlier that morning and had administered his medications in the hall. This employee claimed that resident R 16 is always walking around. When asked why employee E 14 was unaware that she had this resident to care for, employee E10 stated that she is new to the floor.</p> <p>Interview with employee E 1 on June 5, 2025, at 10:55 a.m. revealed that all shifts have staff reports. The staff are informed of the resident and their specific needs.</p> <p>Interview with certified nurse Employee E 21 on June 5, 2025 at 11:50 a.m. revealed that this employee usually rotates assignments and has confirmed being assigned to room C5 . This employee states that at the beginning of each shift there is a report given and employee E 21 then checks on all residents. Employee E 21 revealed that there is no conceivable way that an employee assigned to a resident would not know the resident is their responsibility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 201.29(d) Resident Rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview with residents and staff as well as review of clinical records, it was determined facility did not develop and implement a comprehensive resident centered care plan related to maintaining resident's hearing and nutrition for one of 19 residents reviewed (Resident R25)</p> <p>Findings include:</p> <p>Review of facility's policy Care Plans, Comprehensive Person-Centered, revised March 2022, indicates that the comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being and c. reflects currently recognized standards of practice for problem areas and conditions.</p> <p>Review of resident R25's clinical record revealed an [AGE] year old male resident, awake, alert and oriented to self only, with medical diagnosis of psychomotor deficit (impaired motor function accompanied by cognitive or mental slowing), and cognitive communication deficit (difficulty with communication due to impairments in cognitive functions, rather than speech or language problems).</p> <p>During interview with Resident R25, on Monday, June 2, 2025, at 10:30 am , R25 stated he is hard of hearing and that staff at times become frustrated with him when he can not hear them. R25 further asked if he can receive assistance regarding hearing aides.</p> <p>Interview with licensed nurse, employee E1, on Tuesday, June 3, 2025 at 9:50 am, indicated that R25 currently does not have any hearing aides.</p> <p>Review of R25's clinical record revealed admission screening completed on January 2, 2025 at 8:27 pm, indicating resident has hearing aides in both ears.</p> <p>Review of R25's progress notes, dated January 29, 2025 at 12:13 p.m., indicates resident was assessed to be hard of hearing.</p> <p>Further review of progress notes, dated January 3, 2025 at 1217, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated January 22, 2025 at 1530, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated April 2, 2025 at 1557, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated March 26, 2025 at 1358, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated March 19, 2025 at 1449, indicates resident is hard of hearing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of progress notes, dated February 26, 2025 at 1543, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated February 19, 2025, at 1527, indicates resident is hard of hearing.</p> <p>Review of R25's care plan revealed no evidence of goals or interventions related to maintaining his hearing.</p> <p>Review of facility policy titled Weight Assessment and Intervention dated September 2008 revealed the multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents.</p> <p>Care planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the physician, nursing staff, the dietitian, the consultant pharmacist, and the resident or the resident's legal surrogate. The care plan Interventions for undesirable weight loss shall be based on careful consideration of resident choice or preferences comment nutrition and hydration needs of the resident, functional factors, environmental factors, chewing and swallowing abnormalities, medications, use of supplementation and advanced directives.</p> <p>Review of the resident's three months of weights revealed :</p> <p>3/6/2025 153lbs.</p> <p>4/7/2025 149.5 lbs.</p> <p>4/14/2025 146.9 lbs.</p> <p>5/5/2025 144.4 lbs.</p> <p>5/8/2025 142.5 lbs.</p> <p>5/21/2025 139.7 lbs.</p> <p>6/2/2025 139.8 lbs.</p> <p>Total decline of weight over three-month period equaling 8.63 % / 13.2 pounds.</p> <p>Review of resident R28 care plan dated December 23, 2024, revealed that the resident was at a nutritional risk due to mechanically altered diet, with interventions including encourage adequate through the fluid intakes at meals all for alternate choices as needed, provide diet is ordered by medical doctor and respite care.</p> <p>Further review of resident R28's care plan revealed no indication that the residents weight loss had been addressed or any interventions were created to communicate the plan of care.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of residents clinical record revealed a dietary note of a weigh warning, weight change warning dated June 3, 2025, weight is down 10.3% since December 23, 2024 resident receives a mechanically soft diet, meal intake is 70 to 100 percent, the resident's weight has been trending downward since admission. Recommended supplemental protein and caloric drink.</p> <p>Interview with dietician employee E8 on June 4, 2025, at 2:38 p.m. revealed that the resident did not trigger for significant weight loss until June 3, 2025, she did confirm that the resident has been trending downward and had implemented 60 cc med pass (supplemental drink). Employee E8 stated that typically after the resident has triggered for a weight loss, it is the protocol to address the loss, discuss with interdisciplinary team, including physician(email), offer alternate choices, determine resident's meal intake, and care plan.</p> <p>Continued interview with dietician employee E8 on June 5, 2025, at 10:00 a.m. revealed that she also has a weight meeting with departments and confirmed that there is no indication in this resident chart of any weight meeting and no current updated care plan to address the resident weight loss.</p> <p>28 Pa Code 211.10 (c)(d) Resident Care Policies</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: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and review of clinical records, it was determined facility did not maintain proper grooming and personal hygiene for two of 19 residents reviewed (Resident R26, R52)</p> <p>Findings include:</p> <p>Review of facility's policy 'Activities of Daily Living (ADL's) , Supporting,' revised March 2018, indicates that residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Further review of policy indicates that if residents with cognitive impairment or dementia resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a different way or at a different time, or having another staff member speak with the resident may be appropriate.</p> <p>Review of R26's clinical record revealed an [AGE] year old male resident with medical diagnosis of need for assistance with personal care, difficulty walking, schizophrenia, anxiety, gait and mobility abnormalities, vision impairment.</p> <p>Further review of R26's minimum data set (MDS) , completed on May 6, 2025, indicates that he requires substantial/maximal assistance with toileting/hygiene.</p> <p>Review of R26's care plan revealed resident is to be checked for incontinence as required, wash, rinse and dry perineum. Change clothing as needed after incontinence episodes.</p> <p>Observations on Monday, June 2nd, 2025 at 10:00 am, in room C-12, revealed R26 in bed with soiled brief exposed and gnats flying around.</p> <p>Review of R52's clinical record revealed a [AGE] year old male resident, with medical diagnosis of attention and concentration deficit, cognitive communication deficit, dementia with behavioral disturbance, major depressive disorder, psychotic disorder with delusions.</p> <p>Review of R52's MDS, completed on May 19, 2025, indicates he is substantial/maximal assistance for shower/bathing.</p> <p>Review of R52's care plan revealed he is to receive bath/shower twice weekly.</p> <p>Observations of R52 on Monday, June 2nd, 2025 at 10:00 am, in room C-12, revealed him in bed with only briefs on and heavily soiled lower extremities. Used breakfast meal tray was on resident's bed with gnats flying around.</p> <p>28 Pa Code 211.10(d) Resident care policies</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: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>Based on interview with staff and resident, as well as review of clinical records, it was determined facility did not ensure that resident received proper treatment and assistive device to maintain hearing abilities for one of 19 residents reviewed (Resident R25)</p> <p>Findings include:</p> <p>According to §483.25(a)(2) - Assistive devices to maintain hearing include, but are not limited to, hearing aids, and amplifiers.</p> <p>The facility's responsibility is to assist residents and their representatives in locating and utilizing any available resources (e.g., Medicare or Medicaid program payment, local health organizations offering items and services which are available free to the community) for the provision of the services the resident needs. This includes making appointments and arranging transportation to obtain needed services.</p> <p>In situations where the resident has lost their device, facilities must assist residents and their representative in locating resources, as well as in making appointments, and arranging for transportation to replace the lost devices.</p> <p>Review of R25's clinical record revealed admission screening completed on January 2, 2025 at 8:27 pm, indicating resident has hearing aides in both ears.</p> <p>Review of R25's progress notes, dated January 29, 2025 at 1213, indicates resident was assessed to be hard of hearing.</p> <p>Further review of progress notes, dated January 3, 2025 at 1217, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated January 22, 2025 at 1530, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated April 2, 2025 at 1557, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated March 26, 2025 at 1358, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated March 19, 2025 at 1449, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated February 26, 2025 at 1543, indicates resident is hard of hearing.</p> <p>Further review of progress notes, dated February 19, 2025, at 1527, indicates resident is hard of hearing.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview with Resident R25, on Monday, June 2, 2025, at 10:30 am , R25 stated he is hard of hearing and that staff at times become frustrated with him when he can not hear them. R25 further asked if he can receive assistance regarding hearing aides.</p> <p>Interview with licensed nurse, employee E1, on Tuesday, June 3, 2025 at 9:50 am, indicated that R25 currently does not have any hearing aides.</p> <p>28 Pa Code 211.12(d)(1)(3)(5) Nursing services</p> <p>28 Pa Code 201.21(c) Use of outside resources</p> <p>28 Pa Code 201.14(a) responsibility of licensee</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations, review of facility policies and interviews with staff it was determined that the facility failed to maintain a safe environment free from accident hazards for one resident related to hazardous material endangering the environment and welfare for two of two residents reviewed. (Resident R44 and R68)</p> <p>Findings include:</p> <p>Review of facility policy titled Quality of Life - Home like Environment revised May 2017, revealed residents are provided with a safe, clean, comfortable in home like environment and encourage to use their personal belongings to the extent possible.</p> <p>Review of residents R 44's quarterly minimum data set (MDS - a federal mandated assessment tool for all residents) dated February 21st, 2025, revealed that the resident entered the facility June 11, 2024, with diagnosis including cerebrovascular Accident (CVA_ stroke) and dementia (loss of cognitive function) with a brief interview of mental status (BIMS) score of three indicating significant cognitive decline. This resident requires substantial assistance for hygiene, toileting, dressing, sit to stand and transfers, and uses a wheelchair.</p> <p>Review of residence 44's care plan revealed that this resident is at risk of falls related to history of falls with interventions to provide a clutter free environment dated June 12, 2024. Further review of resident R 44's care plan revealed that this resident has a history of suicide ideation, verbalizing wanting to kill herself and at risk of injury dated July 30th, 2024.</p> <p>Review of resident R68 minimum data set (MDS- federal mandated assessment tool for all residents) revealed that this resident entered the facility January 7, 2025 with a diagnosis including depression and a brief interview mental status (BIMS)score of 13 indicating that the residents cognition is intact.</p> <p>Review of resident r 68's care plan revealed that this resident has a behavioral problem related to depression, hoarding stuff, ordering lots of items from Walmart, has lots of other stuff in her room, will not allow staff to remove clutter from the room.</p> <p>Observation of resident R44's and R 68's room on June 2nd, 2025, at 10:35 AM revealed neither resident was available in the room however the room was viewed as a risk due to electrically hazardous materials including eight wires hanging from the shelf and three electrical extension cords. Further observation revealed a bottle of liquid dish detergent with the liquid poured into a cup set on bed b as well as a pharmacy medication bag filled with white powder-like substance unable to be identified at time of observation.</p> <p>The above observation was confirmed by DON employee E3. Employee E3 could not determine what the white substance was at time of observation, however she did confirm that resident R 68 liked to collect things and often refuses housekeeping to clean.</p> <p>Interview with housekeeping employee E 21 at time of observation confirmed that the room is a hazard, the resident should not have all the electrical wire and extension cords.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with DON employee E 3 on June 2, 2025, at 11:55 a.m. revealed that the pharmacy bag found in resident R 68's room was filled with baking soda. Continued interview determined that the psychologic issues of hoarding of resident R 68 was directly placing resident R44 at risk for harm. Resident R44 was removed from the room for safety reasons.</p> <p>28 Pa. Code 201.18 (b)(1) Management</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: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>Based on review of clinical records and staff and resident interviews, it was determined that the facility failed to provide culturally competent, trauma care in accordance with professional standards of practice, accounting for residents past experiences and preferences in order to eliminate and or mitigate triggers that may cause re- traumatization of the resident for two of two residents sampled. (Residents R28 and R30)</p> <p>Findings include:</p> <p>Review of facility policy titled Trauma Informed Care revealed guidelines for implementing trauma informed care in long term care facilities to support residents and staff who may have experience trauma. The goal is to provide care that is safe, respectful, and responsive to the effects of trauma while fostering a supportive environment. Care will be provided in a manner that prevents retraumatization and promotes healing and empowerment . This will be done through staff training, resident assessment and care planning, to develop individual care plans that account for trauma related needs, preferences and triggers , implement measures to minimize unnecessary disruptions or stressors , avoid practices or language that could re-traumatize residents , provide resources and support , monitor and evaluate care outcomes to ensure compliance with trauma informed principles .</p> <p>Review of resident R28's quarterly minimum data set (MDS- a federal mandated assessment tool for all residents) dated April 12,2025 revealed that this resident entered the facility on December 20, 2024 with diagnosis' including schizophrenia (mental health disorder that effects how a person thinks, feels, and behaves) and post-traumatic stress disorder (PTSD-a disorder in which a person has difficulty recovering after witnessing a terrifying event). Resident R28 was assessed with brief interview of mental status (BIMS) score of 3 indicating severe cognitive deficit. The residents' functional abilities are assessed as partial assistance needed for activities of daily living (ADLs) such as dressing, toileting, bathing and supervision needed for activities of walking, and transfers.</p> <p>Review of residence care plan revealed that resident R28 has been assessed of problem areas related to diagnosis of PTSD, however the care plan did not actually identifying specific needs of resident diagnosis of post-traumatic stress disorder. Examples are resident is moderate risk for falls related to PTSD dated December 21st, 2024, has chronic pain related to PTSD With goals that she will have no interruption of normal activities due to pain. Continued review of resident R28' care plan revealed this resident has potential for impairment to skin integrity related to PTSD with a goal of the resident will maintain and develop clean and intact skin and the resident has a behavior problem related to Post traumatic stress disorder and schizophrenia with a goal of having no evidence of behavior problems and interventions consisting of administered medications anticipate the residents needs, explain all procedures, praise any indication of the residence progress or improvement.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of resident R30's quarterly minimum data set(MDS- a federal mandated assessment tool for all residents dated may 27, 2025, revealed this resident entered the facility July 14 2022, with diagnosis including dementia (a term for several diseases that affect memory, thinking and ability to perform daily activities), bipolar(a mental health condition that causes extreme mood swings) and post-traumatic stress disorder (PTSD-a disorder in which a person has difficulty recovering after witnessing a terrifying event). Resident R30 was assessed with a brief interview of mental status (BIMS) score of 15 indicating the resident's cognition is intact. The resident's functional abilities are assessed as all activities of daily living (ADLs) such as toileting, dressing, bathing, transferring, and walking requires supervision.</p> <p>Review of resident R 30's care plan revealed that resident R30 has been assessed of problem areas related to diagnosis of PTSD, however the care plan did not actually identify specific needs of resident diagnosis of post-traumatic stress disorder. Examples are resident R30 uses antipsychotic medication related to post traumatic stress with a goal that he will reduce the use of psychoactive medication through review date and interventions including to administer medications consult with pharmacy monitor and record any occurrence of target behavior symptoms monitor and report any side effects. Continued review of resident's care plan revealed a focus concern of a psychiatric diagnosis related to bipolar disorder and post-traumatic stress disorder with a goal that resident will notify staff of hallucinations and delusions through the new review date. Avoid attempts to argue with the resident encourage participation and activities and the resident has behavior problem related to bipolar and PTSD with interventions to administer medication and anticipate the residents needs dated April 25, 2024.</p> <p>Interview with DON employee E3 on June 5, 2025, at 10:45 a.m. revealed that both residents have been identified with the diagnosis and care planned for post-traumatic stress disorder demonstrated by care plan focus of behaviors and the DON confirmed that there was no specific focus of the diagnosis but identified the condition.</p> <p>28 Pa. Code 211.12 (c)(d)(3)(5) Nursing Services</p> <p>28 Pa. Code 211.11 (e) Resident Care Plan</p> <p>28 Pa. Code 211.16 (a) Social Service</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on review of facility documentation, observations, and staff and resident interviews it was determined that the facility failed to serve the posted menu for one of three dining observations (June 2, 2025, lunch meal).</p> <p>Findings Include:</p> <p>Observations on June 2, 2025, at 1:00 p.m. revealed the posted lunch menu was a pork chop topped with apple marinade.</p> <p>Further observations on June 2, 2025, at 1:00 p.m. revealed Resident R20 was served a plain pork chop without any gravy or marinade. Resident R20 subsequently requested gravy for the pork chop.</p> <p>Interview on June 2, 2025, at 1:05 p.m. with Activity Aide, Employee E23, confirmed what was on the posted menu and further confirmed Resident R20 did not get gravy on the pork chop. Activity Aide, Employee E23, went to kitchen for gravy but reported that the kitchen did not have any.</p> <p>Interview on June 2, 2025, at 1:35 p.m. with the Cook, Employee E24, confirmed the apple marinade was not served with the pork for lunch per the posted menu, Further interview revealed there was no applesauce left to use for medication pass and therefore needed to use the apples intended for the lunch time meal to make applesauce instead.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 211.6 (a) Dietary services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on review of facility documentation, observations, and resident interviews it was determined that the facility failed to serve meals timely for one of three dining observations (June 3, 2025, breakfast meal).</p> <p>Findings Include:</p> <p>Review of facility documentation Mealtimes revealed breakfast is scheduled to be served at 8:00 a.m.</p> <p>Observations on June 3, 2025, at 9:26 a.m. revealed seven residents were still waiting for breakfast to be served. Resident R20 and R36 complained of being hungry.</p> <p>Observations on June 3, 2025, at 9:30 a.m. revealed dietary staff just began to plate meal trays from the steam table in the 1st floor dining room. Interview with the Registered Dietitian, Employee E8, confirmed breakfast was late due to dietary employees not showing up for work.</p> <p>Interview on June 3, 2025, at 11:30 a.m. during the group meeting with alert and oriented Resident R20, R29, R40, and R22 revealed meals are not served in accordance with posted meal times which reportedly interferes with being able to develop a consistent routine for residents.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on review of facility documentation, observations, and staff interview it was determined that the facility failed to ensure food was stored and prepared in accordance with standards for food service safety.</p> <p>Findings Include:</p> <p>Review of facility policy Food Storage revealed temperatures for the freezer should be 0 degrees or below and must be recorded daily.</p> <p>A tour of the main kitchen was conducted on June 2, 2025, at 10:00 a.m. with the Food Service Director, Employee E27, which revealed the following:</p> <p>Observations in the outbuilding containing the walk-in freezer revealed a steel entry door that was not closed properly, and the bottom of the door was rusted through and did not seal. There was significant dirt and debris built-up within the outbuilding containing the walk-in freezer.</p> <p>Observations inside the walk-in freezer revealed it had a significant build up of ice on the outside of the fan and ceiling. The hot dogs and bread were not frozen solid to touch which indicated that these food items had began to defrost. The thermometer on the outside of the freezer was reading 32 degrees Fahrenheit (F), and the thermometer on the inside of the freezer was reading 28 degrees F. Per an interview with the Food Service Director, Employee E27, the morning cook had reported that the freezer temporarily turned off. The facility had no log or documentation to show the ongoing monitoring of the freezer temperature and its components.</p> <p>Following a tour of the walk-in freezer located in the outbuilding, we continued into the main kitchen located within the facility:</p> <p>Observations of the juice machine revealed it was sticky to touch.</p> <p>Observations inside the reach-in produce refrigerator revealed a large bag of cabbage was sitting in a stagnant puddle of water.</p> <p>Observations of the dish machine revealed when in use water began to pour out from the food trap and all over the floor.</p> <p>Observations were confirmed by the Food Service Director, Employee E27, along the duration of the tour.</p> <p>Observations on June 2, 2025, at 12:30 p.m. revealed the ice machine was in the hallway that leads into Social Services office. Observations revealed there was no 1-inch air gap between the end of the ice machine drain and floor drain. The ice machine drain was observed to be sitting in a stagnant pool of water collected in the floor drain. Interview with Maintenance, Employee E5, confirmed the drain set-up and reported it would be fixed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility provided documentation, observations , and interview with staff, it was determined facility did not use its housekeeping resources effectively and effeciently to provide services in compliance with accepted professional standards and principles that apply to professionals providing services in the facility related to housekeeping services.</p> <p>Findings include:</p> <p>Review of facility's assessment indicates that the purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Facility assessment is to be used to make decisions about facility's direct care staff needs, as well as capabilities required to provide services to the residents in facility.</p> <p>Further review of facility's assessment indicates that using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable, physical, mental, and psychosocial well-being.</p> <p>Further review of facility's assessment indicates that facility requires one housekeeping supervisor - to supervise housekeeping and laundry staff. Special projects person - to complete deep cleaning, floor maintenance, painting and other duties. Housekeeping and laundry staff which are assigned based on current census.</p> <p>Observations on Monday, June 2nd,2025, at 10:00 am, C-unit, revealed excess trash, gnats, food crumbs in room C-12; used cups, used apple sauce cups, dirty bed side tables, used utensils.</p> <p>Further observations on C-unit revealed a large bin near room D-19, with used breakfast utensils, cups and plates with gnats flying around.</p> <p>Further observations revealed excess trash on floor in room D-26.</p> <p>Further observations on D-unit, revealed two urine filled portable urinals on floor in room D-21as well as dirty bed linens.</p> <p>Interview with nurse aide, employee E19, on Monday, June 2nd, 2025, at 10:38 am, revealed that this is the cleanest this unit has been in a while, and it's due to surveyors being here .</p> <p>Further observations on C-unit dining room, revealed pillow case, food crumbs, and wheel chair foot rests stored under table.</p> <p>Additional observations during week of full health survey revealed excess amount of flies during medication administration observation, on Tuesday, June 3rd, 2025, with licensed nurse, employee E1 and on June 4th, 2025 at 9:23 am with licensed nurse, employee E18.</p> <p>Interview on June 3, 2025, at 11:00 a.m. Resident R79 (room A-9) complained of gnats in the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility provided pest log revealed gnats and flying insects reported on dates January 31, 2025, on second floor units, and on March 13, 2025 on first floor units; no further elaboration on pest control measures or exact location of staff observations.</p> <p>Review of facility provided service inspection report, completed on May 22, 2025 at 3:06 pm, revealed the following: A3 - gnats 5/21 confirmed via phone. Inspected and treated room A3 for gnats. Treated walls, window sills and frames, floor, bed frames and bathroom drain. Excessive activity observed during service. Poor sanitation and room [NAME] of urine.</p> <p>Interview with facility's administrator on Thursday, June 5th, 2025, and on Friday, June 6th, 2025 at 1204, revealed that facility requires six housekeeping staff for a census of 87 residents.</p> <p>Review of facility provided housekeeping schedule revealed four housekeeping employees on schedule for a census of 87 residents on Thursday, June 5th, 2025.</p> <p>Interview with facility's housekeeping director, employee E4, on Thursday, June 5, 2025, revealed that housekeeping employees tend not to complete their assigned tasks as per job description unless they are being supervised.</p> <p>Further review of housekeeping schedule for the week of May 31, 2025 through June 6th, 2025, revealed that housekeeping director is not on the schedule.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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>Based on observations and interview with staff and residents, it was determined facility did not implement and maintain an effective infection prevention control program related to water management, meal service and hygiene care for one of 19 residents reviewed (Resident R25)</p> <p>Findings include:</p> <p>Review of facility policy 'Infection Prevention and Control Program,' revised October 2018, indicates that important facets of infection prevention include instituting measures to avoid complications or dissemination.</p> <p>Further review of policy indicates that the infection preventionist or designee shall monitor the effectiveness of our infection prevention and control work practices and protective equipment. This includes but is not necessarily limited to: a. surveillance of workplace to ensure that established infection prevention and control practices are observed and protective clothing and equipment are provided and properly used.</p> <p>Interview with resident R25 on Monday, June 2nd, 2025, at 10:30 am, revealed his concern of clogged sink in his restroom, stated that it has been clogged for a while.</p> <p>Interview with facility's maintenance director, employee E5, as well as review of maintenance logs for months of April 2025, May 2025 and June 2025 - revealed that clogged sink in R25's room D-25 was neither reported nor addressed.</p> <p>Further observations during lunch meal service as well as interview with R25 indicated he is not able to wash his hands prior to meals served nor was he provided a hand disinfectant as alternative.</p> <p>Further observations during lunch meal service on Monday, June 2, 2025, on second floor units, at 12:47 p. m., revealed the kitchen cook, employee E7, removed the food thermometer from food , touched apron and placed it back into food multiple times.</p> <p>Review of Centers for Disease Control and Prevention CDC guideline for Water Management in Healthcare Facilities revealed Legionella water management programs identify hazardous conditions and include taking steps to minimize the growth and spread of Legionella in the building water system. Having a water management program is now an industry standard for large buildings in the United States.</p> <p>Review of Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) memo Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires Disease dated July 6th, 2018, revealed Facilities must develop and adhere to policies and procedures that inhibit microbial microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water. This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long Term Care(LTC). However, this policy memorandum is also intended to provide general awareness for all health care organizations Facilities must have water management plans and documentation that, at minimum, ensure each facility:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Conducts a facility risk assessment to identify we are Legionella and other opportunistic waterborne pathogens (eg: Pneumonias ,Acinetobacter, Burkholderia, Stenotrophomonas ,nontuberculous mycobacteria, and fungi could grow and spread in the facility water system</p> <p>-Develops and implements a water management program that considers the ASHRAE industry standards and the CDC toolkit</p> <p>- specifies testing protocols and acceptable ranges for control measures, and documents the results of testing and corrective action taken when control limits are not maintained</p> <p>-Maintains compliance with other acceptable Federal, State and local requirements.</p> <p>During interviews with the nursing home administrator(NHA) on June 5, 2025, at 10:15 AM confirmed that the facility did not have policies and procedures of water management program, such as Legionella risk assessment, a water system flow chart that identifies risk areas, testing of shower heads, and professional water testing to determine any contaminants. The facility was unable to show control measures to prevent the growth and spread of water borne contaminants, The facility was unable to show control measures to prevent the growth and spread of water borne contaminants, no water quality parameter measurements, no validation for routine environment sample results of Legionella, no monitoring of high risk areas, and no plan for when control limits are not met and or control measures are not effective.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 211.10 (c)(d) 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: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>The facility failed to maintain essential kitchen equipment in safe, operating condition.</p> <p>Findings Include:</p> <p>Review of facility policy Food Storage revealed temperatures for the freezer should be 0 degrees or below and must be recorded daily.</p> <p>A tour of the main kitchen was conducted on June 2, 2025, at 10:00 a.m. with the Food Service Director, Employee E27, which revealed the following:</p> <p>Observations inside the walk-in freezer revealed it had a significant build-up of ice on the outside of the fan and ceiling. The hot dogs and bread were not frozen solid to touch which indicated that these food items had begun to defrost. The thermometer on the outside of the freezer was reading 32 degrees Fahrenheit (F), and the thermometer on the inside of the freezer was reading 28 degrees F. Per an interview with the Food Service Director, Employee E27, the morning cook had reported that the freezer temporarily turned off. The facility had no log or documentation to show the ongoing monitoring of the freezer temperature and its components.</p> <p>Observations of the dish machine revealed when in use water began to pour out from the food trap and all over the floor, making it so that staff were unable to use it due to the flooding it caused on the floor.</p> <p>Observations inside the reach-in produce refrigerator revealed a large bag of cabbage was sitting in a stagnant puddle of water. Observations also revealed condensation on other items within the produce fridge.</p> <p>Observations of the above equipment were confirmed by the Food Service Director, Employee E27. The Food Service Director, Employee E27, subsequently followed-up with the service providers to assess the conditions of the equipment.</p> <p>Follow-up to the main kitchen on June 2, 2025, at 12:00 p.m. revealed maintenance staff opened up the grease trap up (which is under the floor next to the dish machine) mid lunch service to clean it out to correct the issue with the dish machine overflowing with water.</p> <p>Per an interview with the Registered Dietitian, Employee E8, on June 2, 2025, at 12:00 p.m., dietary staff are not cleaning the dishes off well enough before putting through the dish machine which contributed to the clogged grease trap.</p> <p>Review of Reach In and Walk In Freezer Diagnosis invoice dated June 3, 2025, revealed the reach-in produce fridge had a clogged condensate line. The service provider successfully removed the obstruction in the vinyl tubing that connects the evaporator coil to the drain. Regarding the walk-in freezer, it is necessary for the facility to replace the defrost board and the door gasket to ensure a proper seal. Per the report, parts were ordered and both items were fixed and working after serviced by the outside provider.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interview with staff and residents as well as review of facility provided documentation, it was determined facility did not ensure to maintain effective pest control program on two out of four units observed (Units, A, C, and D).</p> <p>Findings include:</p> <p>Review of facility policy 'Pest control,' revised May 2008, indicates that facility shall maintain an effective pest control program, and garbage and trash are not permitted to accumulate and are removed from facility daily. Maintenance services assist, when appropriate and necessary, in providing pest control services.</p> <p>Observations on Monday, June 2nd,2025, at 10:00 am, C-unit, revealed excess trash, gnats, food crumbs in room C-12; used cups, used apple sauce cups, dirty bed side tables, used utensils.</p> <p>Further observations on C-unit revealed a large bin near room D-19, with used breakfast utensils, cups and plates with gnats flying around.</p> <p>Further observations revealed excess trash on floor in room D-26.</p> <p>Further observations on D-unit, revealed two urine filled portable urinals on floor in room D-21as well as dirty bed linens.</p> <p>Interview with nurse aide, employee E19, on Monday, June 2nd, 2025, at 10:38 am, revealed that this is the cleanest this unit has been in a while, and it's due to surveyors being here .</p> <p>Further observations on C-unit dining room, revealed pillow case, food crumbs, and wheel chair foot rests stored under table.</p> <p>Additional observations during week of full health survey revealed excess amount of flies during medication administration observation, on Tuesday, June 3rd, 2025, with licensed nurse, employee E1 and on June 4th, 2025 at 9:23 am with licensed nurse, employee E18.</p> <p>Interview on June 3, 2025, at 11:00 a.m. Resident R79 (room A-9) complained of gnats in the room.</p> <p>Review of facility provided pest log revealed gnats and flying insects reported on dates January 31, 2025, on second floor units, and on March 13, 2025 on first floor units; no further elaboration on pest control measures or exact location of staff observations.</p> <p>Review of facility provided service inspection report, completed on May 22, 2025 at 3:06 pm, revealed the following: A3 - gnats 5/21 confirmed via phone. Inspected and treated room A3 for gnats. Treated walls, window sills and frames, floor, bed frames and bathroom drain. Excessive activity observed during service. Poor sanitation and room [NAME] of urine.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395764	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Liberty Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa Code 201.18(b)(1)(3)(e)(1)(2)(2.1) Management</p>