STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395843	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River's Edge Rehabilitation & Healthcare Center	9501 State Road Philadelphia, PA 19114

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility documentation, and staff interviews, it was determined that the facility failed to ensure one resident was allowed to exercise their right to make choices regarding daily activities for one of four residents reviewed. (Resident R1)Findings include: Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE] with a diagnoses that included primary osteoarthritis (condition where the cartilage in your joints slowly wears down over time without a specific injury or known cause, leading to pain, stiffness, and reduced movement), low back pain, and major depressive disorder. Review of Resident R1's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), dated March 20, 2026, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident is cognitively intact. Interview with Resident R1 on April 15, 2026, at 9:45 a.m. revealed the resident was placed in a chair by staff and requested to be returned to their room. The resident stated staff did not comply with the request, and as a result, the resident contacted the police for assistance. Review of Employee E1, Unit Clerk, witness statement, revealed on April 3, 2026 I put (Resident R1) in dayroom to have breakfast and that was at 8:00 a.m. (Resident R1's daughter) called and I was on the phone with her and she asked me where was her mom because she called her and I said in the day room and I informed her that I am going to put her back in the bed but before the daughter hung up the police were here. Review of Employee E1, Nurse Aide, witness statement, revealed I provided morning care to (Resident R1) at 7:30 a.m. We assisted (Resident R1) out of bed in preparation for scheduled therapy. After getting her ready we escorted her to the dayroom so they could wait comfortably for their therapy session. While in the dayroom the resident became verbally agitated and repeatedly shouted that they wanted to go to their room. Staff attempted to redirect and reassure the resident, explaining that therapy was scheduled and that they would be assisted accordingly. Despite these efforts she continued to yell and became increasingly distressed. She then proceeded to call the police stating that she was being forced to be in the day room. Staff remained calm and continued to monitor the resident to ensure their safety, while also attempting de-escalation techniques. Resident was taken back to the room to calm her down when police arrived. Review of Employee E2, Unit Manager, witness statement, revealed that during the morning clinical meeting, staff discussed getting the resident out of bed and into a Geri-chair for therapy. Employee E2 reported that upon responding to the front area, a police officer was present due to a call from the resident stating they were not being allowed to return to bed. The resident was observed seated in a Geri-chair and continued to request to return to bed. Interview with Employee E1, Nurse Aide, on April 15, 2026, at 1:19 p.m. revealed the resident requested to return to their room approximately four times after breakfast. Staff reassured the resident that therapy would be arriving shortly and did not immediately comply with the request. The Nurse Aide stated approximately 30-40 minutes elapsed between the resident's initial request and when the resident was returned to their room, which occurred once police arrived. Interview with Employee E4, Director of Nursing, on April 15, 2026 at 12:45 p.m. revealed Resident R1 prefers to have therapy in his/her room; however staff encouraged the resident (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395843	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River's Edge Rehabilitation & Healthcare Center	9501 State Road Philadelphia, PA 19114

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to remain out of bed to attend therapy. Further interview confirmed Resident R1 requested to go to her room several times but was not taken back immediately due to staff wanting the resident to attend therapy. 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services 28 Pa. Code 201.29 (j) Resident Rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395843	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River's Edge Rehabilitation & Healthcare Center	9501 State Road Philadelphia, PA 19114

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observation and interview with staff, it was determined the facility failed to ensure the dish machine was maintained in safe and functional operating condition.Findings include:Observation on April 15, 2026 at approximately 9:15 a.m. of the dish machine revealed the conveyor belt was broken, requiring staff to manually push dishware through the machine to start the wash cycle. Interview with Director of Dietary, Employee E5, confirmed the dish machine was not functioning properly and required manual operation. Further interview revealed there was missing curtains and caps on jets for the dish machine. Review of email communication between Director of Dietary, Employee E5, and Administrator, Employee E6, dated March 12, 2026, revealed the Director of Dietary, Employee E5, had requested repair of the dish machine, stating, please approve asap (as soon as possible), dish machine needs to be fixed asap. Further review of email communication revealed the Administrator, Employee E6, approved the dish machine repair on March 12, 2026 and did not receive quote from repair company until April 02, 2026. Email communication on April 13, 2026 revealed a new quote was submitted for a new dish machine. Interview on April 15, 2026 at approximately 12:45 p.m. with Administrator, Employee E6, revealed the facility is currently in the process of getting a new dish machine. 28 PA. Code 201.14(a) Responsibility of licensee 28 PA. Code 201.18(b)(3) Management