STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395852	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cliveden Nursing and Rehabilitation Center	6400 Greene Street Philadelphia, PA 19119

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of medical records and staff interviews it was determined that the facility failed to develop and implement care plans for two of eight residents reviewed regarding intravenous (IV) and ostomy care. (Resident R7 and R8.) Findings include: A review of Resident R7's clinical record revealed that the resident was admitted to the facility on [DATE], with a colostomy. Interview with Resident R7 on August 13, 2025, at 11:00 a.m. revealed that the resident was receiving colostomy care each day. Further review of Resident R7's medical record revealed no comprehensive care plan for the care of his colostomy. A review of Resident R8's clinical record revealed that the resident was admitted to the facility on [DATE], with an IV. Interview with Resident R on August 13, 2025, at 11:15 a.m. revealed that the resident had an IV for medication to prevent infection to his wounds. An interview with the Director of Nursing on August 13, 2025, at 1:20 p.m. confirmed that there was no care plan to address resident R7's colostomy care or Resident R8's IV care. 28 Pa. Code 211.12 (d)(5) Nursing services

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on review of facility documentation and staff interview, it was determined that the facility failed to ensure that licensed nursing staff had the proper competencies including intravenous (IV) care and ostomy care for four of four licensed nurse training records reviewed (Employees E4, E5, E6 & E7). Findings include:Review of the provided facility policies did not reveal any policy related to nursing competencies.Review of training records provided did not reveal competencies requested including IV care for Employees E4 and E5, and ostomy care for Employees E4, E5, E6 and E7.Interview with the Director of Nursing on August 13, 2025, at 1:15 p.m. confirmed that there was no documentation available to review to show that the selected licensed nursing staff had been evaluated for competency in ostomy care, and that Employee E6 and E7 had no IV competency documented. 28 Pa. Code: 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services