

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395893	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Care Pavilion Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 Walnut Street Philadelphia, PA 19139	

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 - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>06525</p> <p>Based on reviews of policies and procedures, observation of mechanical and electrical equipment and interviews with staff, it was determined that the facility was not adequately equipped to allow residents to call for staff assistance through a communication system directly to a centralized staff work area on one of four nursing units. (Four [NAME] nursing unit)</p> <p>Findings include:</p> <p>A review of the policy and procedure titled call bells, dated April 1, 2022 revealed that it was the responsibility of the facility to ensure that each resident had access to a call bell at all times; while in their rooms, bathing areas and toilet areas. The facility was also responsible for providing a variety of call bells to each resident so that each resident could communicate their needs to the staff directly to a centralized staff work area.</p> <p>Observations of the Fourth floor nursing unit revealed that residents when in their rooms, toilet and bathing areas did not have a means of directly contacting caregivers through the resident call system at the centralized nurses station.</p> <p>Observations of the call bell system at the centralized nurses station on the Four [NAME] nursing unit revealed that the monitor at the nurses station was not fully functioning. The screen that was permanently affixed to the wall at the nurses station was not visually displaying the room number for each resident room and audibly sounding at the centralized nurses station. These observations were confirmed with the maintenance director.</p> <p>Interview with the nursing staff, Employee E3, the maintenance director, Employee E6 and assistant administrator, Employee E5 at 2:00 p.m., on October 2, 2024, confirmed that all portions of the resident call system on the Four [NAME] nursing unit were not fully functioning as follows: the system was turned off at the nurses' station, the volume of the call bell system was not working at all; staff could not hear the bell and the monitor/screen, located at the centralized nursing station was not visually indicating: the resident room, toilet room or bathing area where the residents were calling for staff assistance).</p> <p>28 PA. Code 211.10(a)(b)(c)(d) Resident care policies</p> <p>28 PA. Code 205.28(a)(b)(c)(1) Nurses' station</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
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