

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 04/01/2025
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 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>41471</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to provide an environment that promotes the maintenance and enhancement of each resident's dignity for one of four nursing units (4th floor nursing units).</p> <p>Findings include:</p> <p>Observations during the initial tour on April 1, 2025, at 12:30 p.m. revealed that the staff served resident meals with plastic utensils.</p> <p>Interview with Resident R1 on April 1, 2025, at 11:30 a.m. stated facility served food with plastic utensils.</p> <p>Observations during the initial tour on April 1, 2025, at 12:30 p.m. revealed that Resident R1 was eating with plastic</p> <p>Interview with Nurse Aide, Employee E3, on April 1, 2025, at 12:35 p.m. stated facility served all residents for breakfast with plastic utensils. She said she did not know reason for it.</p> <p>Interview with Dietary Staff, Employee E4, on April 1, 2025, at 12:45 p.m. stated facility served all residents for breakfast with plastic utensils. Employee E4 stated facility was out of regular utensils and did not have enough utensils to serve all residents.</p> <p>28 Pa. Code 201.29 (j) Resident Rights</p> <p>28 Pa. Code 211.12 (d)(1) Nursing Services</p> <p>28 Pa. Code 211.12 (d)(5) Nursing Services</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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<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41471</p> <p>Based on observations, resident and staff interviews, it was determined that facility failed maintain a safe, clean comfortable and home like environment for residents of one of four nursing units. (third floor)</p> <p>Findings Include:</p> <p>Observation of Resident R3 on April 1, 2025, at 11:30 AM revealed that there were two urinals filled with urine sitting on resident's bedside table and dresser.</p> <p>Interview with Resident R3 on April 1, 2025, at 11:30 AM stated one urinal was filled last night before he went to sleep but staff did not empty it on 3-11 p.m. shift or overnight shift. Resident also stated the morning staff did not empty the urinal even though the staff was inside the room multiple times.</p> <p>Interview with Employee E5 on April 1, 2025, at 12 noon stated staff should have emptied Resident R3's urinal. Employee stated that she talked to the assigned nurse aide, but she did not give a reason for not emptying urinal. Employee E5 asked the assigned nurse aide to empty the urinal.</p> <p>Observation of Resident R4 on April 1, 2025, at 11:40 AM revealed that there was one urinal filled with urine sitting on resident's bedside table.</p> <p>Observation of facility 3rd floor shower room on April 1, 2025, at 11:30 AM revealed that there was a leak from the roof that was continuously dripping water, it appears that the ceiling was discolored indicating the leak was therefore a period of time.</p> <p>28 Pa Code: 201.14 (a) Responsibility of licensee.</p>