

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  06/11/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interview with staff and resident it was determined that facility did not ensure to assure resident safety and maintain the highest practicable physical, mental, and psychosocial well-being for one of six residents reviewed (Resident R1)</p> <p>Findings include:</p> <p>Review of facility policy 'Administering Medications, reviewed December 11, 2024, indicates that the individual administering the medications must sign it out as being administered (or held/refused) per protocol in the electronic health record, and if a drug is withheld, refused or given at a time other than the scheduled time, the individual administering the medications shall document in the electronic health record per protocol. The resident's responsible party, if applicable, and Attending Physician will be made aware.</p> <p>Interview with Resident R1 on Wednesday, June 11, 2025 , 11:00 am, on third floor unit in room [ROOM NUMBER]-A, revealed that resident was not ready to take his morning medications earlier; observed medications cup with pills in it on bedside table - R1 stated he takes medications with crackers which were not available to him.</p> <p>Interview with licensed nurse, employee E3, on third floor unit nurses station, revealed resident did not take his medications because he did not have crackers.</p> <p>Review of R1's electronic medication administration record revealed already signed out morning medications for Bumex 3mg, COQ10 supplement, cyanocobalamin 1000mcg, metformin 500mg, multivitamin, apixaban 2.5mg, ciprofloxacin 500mg, cyclobenzaprine 5mg, gabapentin 300 mg.</p> <p>Review of facility provided job description for licensed practical nurse, indicates that The LPN nurse provides direct care, administers treatments and medications, organizes and distributes daily assignments to direct care staff consistent with staff competency and each individual resident's comprehensive resident assessment and plan of care.</p> <p>Review of R1's care plan, initiated April 26, 2024, indicates he has a behavior problem (refusing meds) related to (specify behavior) .</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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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of E3's 'medication pass competency, completed January 21, 2025 indicates that all doses of medication are documented on the MAR immediately after administration (NOT BEFORE), and Resident is observed to be certain that oral medications are swallowed and that sublingual medications are not swallowed, and wasted, refused, withheld, discontinued or expired medications are disposed of per facility policy.</p> <p>Further review of facility provided documentation revealed an incomplete 'staff orientation and training checklist,' for E3.</p> <p>28 Pa Code 201.20(a)(b) staff development</p> <p>28 Pa Code 211.12(d)(1) nursing services</p> <p>28 Pa Code 211.12(d)(5) nursing services</p>		