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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395893 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>06/26/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Care Pavilion Nursing and Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6212 Walnut Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility documentation, observations and interviews with residents and staff, it was determined that the facility failed to maintain an effective pest control program.</p> <p>Findings include:</p> <p>Observation on all six nursing units in the building on June 26, 2025, accompanied with Maintenance Director, Employee E2 on June 26, 2025, at 9:30 a.m., revealed large quantity of mouse droppings in the following resident rooms: 151,152, 157,162, 252, 211, 215, 221, 307, 317, 320, 321, 322, 328, 408, 410, 413, and 418.</p> <p>Interview with Resident R2 on June 26, 2025, at 9:35 a.m. revealed that this resident saw a mouse in his room a while ago, does not remember when.</p> <p>Interview with Resident R3 on June 26, 2025, at 9:50 a.m. revealed that this resident has seen mice.</p> <p>Interview with Housekeeping Director, Employee E 3 in room [ROOM NUMBER], on June 26, 2025, at 9:50 a.m. revealed that all rooms are cleaned daily. This employee confirmed that the room [ROOM NUMBER] observed together has not been cleaned yet at this time. Employee E3 also confirmed that presence of significant amount of mouse dropping.</p> <p>Review of pest sighting logs on all nursing units revealed, revealed reports dated May 29, 2025, a mouse sighting in room [ROOM NUMBER], on June 10, 2025, a roach was observed the closet, and on June 13, 2025 a mouse in room [ROOM NUMBER].</p> <p>28 Pa. Code 201.18(b)(3) Management</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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