STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395893	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Care Pavilion Nursing and Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and review of facility policy it was determined that the facility did not ensure professional standards of practices related to access to life-sustaining medical equipment for two of three nursing units reviewed (First Floor east unit and First Floor west unit). Findings Include: Review of facility policy titled, Cardiopulmonary Resuscitation (CPR) Certification Policy with a review date of [DATE] states, Policy- to ensure that a resident has the right to a dignified existence and self-determination including the right to formulate advance directives as well as to receive life sustaining treatment if desired. The Procedure reads, .4. If CPR is warranted, still will immediately initiate CPR. 5. A Code Blue will be announced over the intercom system and the code sheet will be initiated. 6. Any certified staff available to assist should respond to the designated area. 7. Crash Carts and emergency medical supplies and AEDS are available for use. A tour of the second-floor nursing unit was made on [DATE], at 10:40 a.m.An interview was held with the second-floor unit manager Employee E6 revealed the nursing crash cart was located on the unit by the nurses station. All contents were on the crash cart. Review of the facility Daily Emergency Code Cart Equipment Check form revealed clipboard with a form last dated [DATE]. Further review of the forms behind the other forms revealed February 2026, [DATE], and [DATE]. A tour of the first-floor east unit was taken at 10:55 a.m. During the tour, an interview was held with the first-floor east unit manager Employee E5 at 10:58 a.m. revealed the nursing crash cart was located on the unit by the nurses station. The crash cart did not contain an oxygen tank. Review of the Daily Emergency Code Cart Equipment Check form located on the chart revealed the form had not been completed since [DATE]. Employee E5 confirmed the date on the form. The licensed nurse Employee E5 confirmed that form was not filled out accurately due to there being no oxygen tank located on the crash cart. A tour of the first-floor west unit was taken at 11:15 a.m. During the tour, observation was made of the crash cart that was found without oxygen and items including masks, nasal cannulas, and suction tubing all scattered in disarray throughout the crash cart.An interview was held with the Director of Nursing Employee E2. Observation of the crash cart was made with the Director of Nursing Employee E2 and the Assistant Director of Nursing Employee E7 who confirmed the above findings at 11:25 a.m. The findings above were confirmed with the Director of Nursing Employee E2 at 2:05 p.m. The Director of Nursing stated that all carts have different procedures of holding documentation such as a binder versus a clipboard. The Director of Nursing Employee E2 confirmed that based upon the Daily Emergency Code Cart Equipment Check form that oxygen should be located on the crash cart. Employee E2 then explained that each crash cart is different and some do not allow for oxygen to be located on the cart. Employee E2 confirmed that in an emergency the nurse in charge would go to the crash cart first, and in the event of needing oxygen would need to then have to take an additional step to go to the oxygen storage room on the unit to obtain oxygen in an emergent situation. 28 Pa. Code 211.12(d)(1)(3)(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