

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/14/2026
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, and resident interviews, it was determined that the facility failed to provide food and drink that was palatable and served at the proper temperature for five of nine residents reviewed (Residents R1, R3, R4, R6 and R8). Findings include: During a tour of the facility on May 14, 2026, the following resident interviews were obtained on unit 1E: Interview with Resident R1 at 12:05 p.m. revealed that she does not like the food, she has ongoing issues with food being cold and some foods including chicken and sausage are undercooked and she is unable to eat. She says when there are things she cannot eat it is difficult to get a suitable replacement and she often is ordering food out or calling her family to bring her something to eat. She says that this is particularly bad in the evening at supper which is made worse by staff with bad attitudes that do not want to get her a replacement meal. Interview with Resident R3 at 11:35 a.m. revealed that she thought that the food was not very good, and that it was cold, she feels like the food could be better. Interview with Resident R4 at 11:39 a.m. revealed that the food is not great here, and it is not warm enough when it comes, and the chicken is always dry and the fish is sometimes undercooked. Interview with Resident R6 at 11:46 a.m. revealed that the food is horrible, it is cold and has no flavor at all, it is a mess. Interview with Resident R8 at 11:52 a.m. revealed that she was disappointed with the food, it is not always warm, she wished it was better and that the portions were larger. Observations during a test tray conducted by the Food Service Director (FSD), Employee E5 on May 14, 2026, at 12:27 p.m. revealed that the cranberry juice was served at 66 degrees, and the cherry cobbler dessert was served at 79 degrees, both well above an acceptable range. The mashed potatoes, which were substituted for French fries, had an off flavor and the juice and dessert were too warm. Interview with the FSD on May 14, 2026, at 12:45 p.m. confirmed the results of the test tray. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 211.6(f) Dietary 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