

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395950	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Centennial Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4400 West Girard Avenue Philadelphia, PA 19104	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>38947</p> <p>Based on observations, review of facility policy, staff interviews, and the review of clinical records, it was determined that the facility failed to ensure that medications were administered on time, as ordered by the physician for 3 out of 3 residents reviewed (Resident R1, R2 and R3).</p> <p>Findings include:</p> <p>Review of the facility policy, Medication Administration and Disposition, with a revision date of June 2023 indicated that medications must be administered within one hour of their prescribed time, unless otherwise specified (for example, before and after meal orders).</p> <p>During an observation on March 12, 2025 st 10:50 a.m. Employee E3 (licensed nurse) was observed standing at her medication cart, and confirmed that she was still administering medications to residents and that she had some rooms in 219-233, in addition to other rooms in which she still had to administer medications. Employee E3 reported that she did not start medication administration because she got into work later.</p> <p>Review of March 2025 physician orders for Resident R1 included diagnoses of respiratory failure (a condition in which an individual does not have oxygen or too much carbon dioxide in your body; atrial fibrillation (an irregular and often very rapid heart rhythm); heart failure (a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply); chronic obstruction pulmonary disorder (COPD-a lung condition that limits airflow an oxygen exchange).</p> <p>Continued review of the resident's March 2025 physician orders included medications and treatments that included, but were not limited to the following:</p> <p>Eliquis Oral Tablet - give 1-2.5 milligram (mg) tablet by mouth every 12 hours (9:00 a.m. and 9:00 p.m.) for the treatment of atrial fibrillation.</p> <p>Bupirone HCl Oral Tablet- give 1-10 mg tablet by mouth one time a day (9:00 a.m.) for anxiety, forgetfulness.</p> <p>Symbicort Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide- Formoterol Fumarate Dihydrate)-1 puff inhale 1 puff orally every 12 hours (9:00 a.m. and 9:00 p.m.) for shortness of breath.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of medication administration on March 12, 2025 at 11:10 a.m. Employee E3 was observed administering 9:00 a.m. physician ordered medication to Resident R1 which included, but not limited to the administration of the above referenced medications, Symbicort Inhalation Aerosol; Buspirone HCl Oral Tablet; and Eliquis Oral Tablet.</p> <p>Review of the March 2025 physician orders for Resident R2 included, but not limited to the following diagnosis: diabetes (a condition that happens when your blood sugar/glucose is too high); and chronic obstruction pulmonary disorder (COPD-a lung condition that limits airflow an oxygen exchange) and epilepsy (a brain disorder that causes recurring seizures).</p> <p>Continued review of the resident's March 2025 physician orders included medications and treatments that included, but not limited to the following:</p> <p>Levetiracetam : 1-750 milligram (mg) tablet of the medication to be administered by mouth every 12 hours (9:00 a.m. and at 9:00 p.m) for treatment of the resident's epilepsy.</p> <p>Lidocaine External Cream, 4%: cream to be applied to the resident's right arm every 12 hours (9:00 and 9:00 p.m.) for mild pain.</p> <p>Docusate Sodium Capsule: 1-100 mg capsule to be given by mouth 2 times a day (9:00 a.m. and 5:00 p.m.) for constipation.</p> <p>Metformin HC Tablet: 1-500 mg tablet given by mouth 2 times a day times a day for diabetes.</p> <p>During an observation of medication administration on March 12, 2025 at 11:29 a.m.</p> <p>Employee E3 was observed administering medication to Resident R2, which included, but not limited to the above referenced 9:00 a.m. physician ordered medications, levetiracetam; Lidocaine External Cream; Calcium Carbonate; Docusate Sodium and Metformin.</p> <p>During an observation on March 12, 2025 st 11:00 a.m. Employee E4 (licensed nurse) was observed standing at his medication cart, and confirmed that he was still administering medications to residents. Employee E4 reported that Resident R3's medications still needed to be administered.</p> <p>Review of the March 2025 physician orders for Resident R3 included, but not limited to the following diagnosis: chronic kidney disease (gradual loss of kidney function); hypertension (high blood pressure); convulsions (uncontrollable muscle contractions that can happen during or without seizures).</p> <p>Continued review of the resident's March 2025 physician orders included medications and treatments that included, but were not limited to the following:</p> <p>Lacosamide: 1-150 mg tablet taken orally two times a day (9:00 a.m. and 5:30 p.m.) for convulsions</p> <p>Levetiracetam: 1-500 mg tablet to be administered by mouth every 12 hours (9:00 a.m. and at 9:00 p.m.) for treatment of convulsions.</p> <p>Eliquis Oral Tablet: give 1-5 mg tablet by mouth every 12 hours (9:00 a.m. and 9:00 p.m. for Atrial fibrillation</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation of medication administration on March 12, 2025 at 11:19 a.m. Employee E4 was observed administering 9:00 a.m. physician ordered medications to Resident R3 which included, but was not limited to the above referenced medications, Lacosamide, Levetiracetam, and Eliquis.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>