

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395983	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/25/2024
NAME OF PROVIDER OR SUPPLIER  Kearsley Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 North 49th Street Philadelphia, PA 19131	
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 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> 39343</p> <p>Based on review of clinical records, and interviews with residents and staff, it was determined that the facility failed to maintain an effective pest control program related to mice infestation on two of four nursing units (LL South Wing, and LL North Wing).</p> <p>Findings include:</p> <p>On November 25, 2024, at 11:59 a.m., interviewed Resident R2 , in her room at LL South Wing. R2 stated that in her room yesterday she saw a mouse on her bed.</p> <p>On November 25, 2024, at 12:09 p.m., interviewed Resident R3, in her room at LL South Wing. R3 stated that through the vent of the AC, mice come into the room.</p> <p>On November 25, 2024, at 12:19 p.m., interviewed Resident R12, in her room at LL North Wing. R12 stated that mice were seen in the room the day before yesterday.</p> <p>On November 25, 2024, at 12:27 p.m., interviewed Resident R13, in her room at LL North Wing. R13 stated that mice were seen in the room three days before.</p> <p>On November 25, 2024, reviewed the work-orders of the facility revealed that on October 1, 2024, in room [ROOM NUMBER]-P, and in room [ROOM NUMBER]-P, mouse sighting was reported; and in room [ROOM NUMBER], dead mouse sighting was reported.</p> <p>Interview with Residents R3, R12 and R13 confirmed that the measures implemented by the facility did not solve the infestation of rodents</p> <p>Review of the log of pest control products including mouse traps, used in the facility on September 4, 2024; September 23, 2024; October 2, 2024; October 16, 2024; November 7, 2024; and November 21, 2024, indicated that the facility used pest control products including mouse traps to eliminate the infestation of rodents in the facility.</p> <p>Interview on November 25, 2024, at 2:42 p.m., with the Director of Nursing, and the Director of Maintenance, Employee E14, confirmed the findings.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</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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F 0925  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	28 Pa Code 201.18(b)(3) Management		