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 04/03/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 46993 Based on review of clinical records and facility provided documentation, it was determined facility failed to develop a care plan related to urinary track infection for one of nine residents reviewed (Resident R1) Findings include: Review of facility policy 'Care Planning - Interdisciplinary Team,' revised March 2022, indicates that comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team. Review of Resident R1's electronic medication administration record (e-MAR), revealed physician order for Bactrim DS oral tablet 800-160 milligrams (mg) every 12 hours for urinary tract infection (UTI), for 5 days, starting March 6, 2025. Further review of Resident R1's e-MAR, revealed a physician order for Ciprofloxacin HCL oral tablet 250 mg to administer one tablet every 12 hours for UTI for three days, starting March 7, 2025. Review of incident report, completed on March 18, 2025, indicated that Resident R1 had a change of mental status due to positive UTI. Review of Resident R1's nursing note, dated March 7, 2025, at 11:50 am, indicated that the resident was treated for UTI. Review of Resident R1's care plan revealed no evidence of goals or interventions related to UTI; finding confirmed with facility's director of nursing and administrator. 28 Pa Code 211.12(d)(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395983	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kearsley Rehabilitation and Nursing Center	2100 North 49th Street Philadelphia, PA 19131

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. 46993 Based on interview with resident and review of facility provided documentation, it was determined that facility failed to ensure that toiletries were provided upon admission to the facility for one of three residents reviewed. (Resident R4) Findings include: Further interview with Resident R4 revealed that upon admission, she was not provided with any toiletries or basin. During interview it was observed that there was a roll of toilet paper on resident's bedside table, which Resident R4 stated she received when she asked for tissues. Review of Resident R4's additional grievance report, dated March 23, 2025, revealed that resident was observed with no new toiletries upon admission, she was issued a new set up and care nurses re-educated to make sure all resident is issued a setup with toiletries and labeled with their room number. 28 Pa Code 211.12(d)(1)(5) Nursing services

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	395983	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kearsley Rehabilitation and Nursing Center	2100 North 49th Street Philadelphia, PA 19131

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 46993 Based on interview with residents and review of facility provided documentation, it was determined that facility failed to ensure that call bells were responded to for three of nine residents reviewed (Residents R2, R3, and R4) Findings include: Review of facility policy ' Answering the Call Light,' indicates that purpose of policy is to ensure staff answer the resident call system as soon as possible. When answering an auditory request for assistance, identify yourself and politely respond to the resident by his/her name, and when answering a visual request for assistance (light above the room door), knock on the room door. When the resident responds, address the resident by his/her name. Interview with Resident R4 on April 3, 2025, revealed that she has to wait extended period of time for assistance after using call bell. Review of Resident R4's grievance report, dated March 23, 2025, revealed that on March 21, 2025 she pulled call bell light on at 7:00 am, informing staff that she wanted to use bed pan. The staff member told her she cannot assist her by herself and that she is going to get help. She turned her call light off and did not return. Further review of grievance report indicated that nursing staff were in-serviced regarding 'call bell response.' Interview with Resident R2, on April 3, 2025, revealed that she has to wait for an extended period of time for assistance after using call bell. Interview with Resident R3, on April 3rd, 2025, revealed that she has to wait for extended period of time for assistance after using call bell. 28 Pa Code 211.12(d)(1)(5) Nursing services