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	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kearsley Rehabilitation and Nursing Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of facility policy, observation, and interview with staff it was determined that the facility failed to store food in accordance with standards for food service safety in two of two nourishment rooms observed (ground and 1st floor nursing units). Findings include: Review of undated facility policy Food Receiving and Storage revealed all foods belonging to residents should labeled with the resident's name, the item and the use by date. A tour of the nourishment rooms conducted on May 17, 2026, at 10:00 a.m. with Nursing Home Administrator, Employee E1, revealed the following: Observations in the nourishment room on the 1st floor nursing unit revealed it was equipped with a sink, counters, cabinets, refrigerator, and an ice machine. The ice machine was observed to have a significant build-up of hard water (white, chalky residue appearance) on the dispenser and tray. Further observations in the 1st floor nourishment room revealed there was a tray beneath the sink (inside the cabinet) with stagnant water from the leaking of the sink. The drawers were filled with lose condiments and individually wrapped cookies, with no labels/dates. The refrigerator was tightly packed with a variety of food items that had no labels or dates including premade peanut butter and jelly and turkey sandwiches. Observations in the nourishment room on the ground floor nursing unit revealed it was also equipped with a sink, counters, cabinets, refrigerator, and an ice machine. The ice machine was observed to have a significant build-up of hard water on the dispenser and tray. There was a hole approximately 5 inches in width and 2 inches in height along the baseboard on the left side of the room. Observations in the refrigerator revealed multiple, undated premade turkey sandwiches. 28 Pa. Code 201.14 (a) Responsibility of licensee.

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