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

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and staff documentation, the facility failed to ensure one of two residents reviewed resident received necessary care and services to prevent recurrent hypoglycemic events, failed to implement and follow physician/provider orders related to insulin management, failed to adequately monitor and reassess the resident following hypoglycemic episodes, and failed to accurately document interventions and resident response, resulting in repeated symptomatic hypoglycemia requiring emergency hospital transfer. (Resident R109) Review of facility policy management of Hypoglycemia undated revealed that residents with hypoglycemia must be closely monitored for symptoms such as weakness, sweating, confusion, dizziness, behavioral changes, or decreased consciousness. Blood glucose levels should be checked before treatment and rechecked every 15 minutes until the resident is stable and blood glucose is above 70 mg/dL. Vital signs and level of consciousness should also be monitored, and staff should remain with the resident during treatment.The physician/provider must be notified immediately for all hypoglycemic events, persistent low blood sugar, severe symptoms, or emergency situations requiring additional treatment orders. Documentation must include blood glucose readings before and after interventions, treatments provided, follow-up glucose results, monitoring performed, and the resident's level of consciousness and response to treatment.Review of Resident R109's Minimum Data Set (MDS) dated [DATE], revealed that this resident was admitted to the facility on [DATE], with a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately intact cognition. Continued review of the MDS revealed that Resident 109 had the diagnoses of renal failure (impaired kidney function requiring medical management), diabetes mellitus (a metabolic disorder characterized by elevated blood glucose levels), and malnutrition (a condition resulting from inadequate nutritional intake or absorption). Review of Resident R109's medications include insulin, used to regulate blood glucose levels in diabetes mellitus (failure of the body to produce insulin); anticoagulants, (used to reduce the risk of blood clot formation); and hypoglycemic medications, (used to lower blood sugar levels). The resident also requires ongoing hemodialysis (a lifesaving treatment for renal failure).Review of Resident R109's hospital records revealed the resident was hospitalized on [DATE], after being found unresponsive with blood glucose levels in the 50s related to poor oral intake and insulin use.Review of Resident R109's October 2025 physician orders revealed the following orders:Insulin Glargine (Lantus) 8 units subcutaneously at bedtime for Type 2 diabetes ordered beginning October 14, 2025, through October 22, 2025.Insulin Aspart (Prandial/Short-Acting Insulin) 8 units subcutaneously with meals for Type 2 diabetes ordered beginning October 15, 2025.Glucagon Emergency Kit 1 mg intramuscular injection ordered as needed for blood glucose less than 60 when unconscious or unresponsiveGlucose Gel 40% ordered as needed for blood glucose less than 60 when conscious, with instructions to recheck blood glucose in 15 minutes, repeat once if blood glucose remained below 60, and notify the physician.Review of Physician Assistant/Nurse Practitioner, Employee E14 notes dated October 15, 17, and 18, 2025, revealed the resident was recently hospitalized for severe hypoglycemia related to insulin administration and poor oral intake. Providers repeatedly documented concerns regarding inconsistent intake, diarrhea, dysphagia, and aspiration risk, and specifically instructed staff to hold prandial insulin until the resident demonstrated consistent meal consumption.Review of Physician, Employee E12 progress note dated October 20, 2025, revealed the resident was evaluated for hypoglycemia following a recent hospitalization caused by poor oral intake and inconsistent insulin use. The physician documented the resident remained on Lantus insulin and advised staff to watch diet.Review of Resident R109 's Medication Administration Record revealed that the resident was administered Insulin Aspart (Prandial/Short-Acting Insulin) 8 units subcutaneously with meals from October 15, 2025 through through October 22, 2025 while the resident continued to have poor oral intake, placing the resident at increased risk for hypoglycemia.Review of Resident F109's October (continued on next page)

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2025 Medication Administration Record revealed that Insulin Aspart (Prandial/Short-Acting Insulin) 8 units subcutaneously with meals was administered on 10/15/26 through 10/20/26. Review of the resident's dietary intake documentation revealed the resident frequently did not consume complete meals during the review period. Documentation showed inconsistent oral intake with multiple meals recorded at less than 50% consumption as follows:-October 15, 2025, the resident consumed only 025% of dinner.-October 16, 2025, the resident again consumed only 025% of dinner.-On October 17, 2025, the resident consumed approximately 2650% of lunch.-On October 19, 2025, the resident consumed only 2650% of both breakfast and lunch.-On October 20, 2025, the resident consumed only 025% of breakfast, and 025% of lunch.Review of nursing notes dated October 20, 2025 at 4:47 p.m.documented the resident was observed during lunchtime to be cold, clammy, difficult to arouse, and not eating from (her/his) meal tray. A blood glucose reading obtained at that time was 64. Nursing documented the resident was fed pudding and juice and that glucose gel was administered. The resident reportedly later awoke and consumed a full plate of food along with sugar-free ice cream. The note additionally documented the resident refused her first scheduled dialysis treatment due to diarrhea and missed the subsequent dialysis session due to the hypoglycemic episode.Review of the Medication Administration Record (MAR) failed to reveal documented administration of glucose gel despite nursing documentation stating it was given. Additionally, the record lacked documented follow-up blood glucose monitoring, reassessment after intervention.Further review of nursing note on October 20, 2025 at 7:45 p.m.revealed the resident's blood glucose level was 226 at 7:22 p.m. The resident's level of consciousness was documented as alert, arousable, and oriented to person, place, and time.Review of nursing note October 21, 2025 at 12:30 a.m. revealed staff heard noises coming from the resident's room, with the roommate calling out that the resident had fallen. The resident was last observed at approximately 11:00 p.m. lying in bed asleep. Following assessment after the fall, the resident was noted to be diaphoretic with a blood glucose level of 55. The resident was reportedly unable to verbally respond to her name. Nursing documentation stated attempts were made to provide diabetic support for hypoglycemia; however, the resident's blood glucose did not improve. Emergency medical services (911) were contacted, and the resident was transferred to the hospital for further evaluation and treatment.Review of Resident R109's hospital transfer documentation revealed the resident's blood glucose level was documented at 35 at the time of transfer to the hospital.Review of blood glucose documentation for October 20, 2025, revealed a blood glucose level of 64 at 11:00 a.m. The last blood glucose check was at 9:00p.m. which read 144.Review of the MAR failed to reveal documented administration of hypoglycemia rescue medications or evidence of required follow-up interventions.Interview with the Director of Nursing (DON), Employee E2 and Regional Nurse Employee E13 on May 15, 2026, at approximately 9:30 a.m. revealed both acknowledged there were significant documentation issues related to the resident's diabetic management and hypoglycemic events. Employees E2 and E3 acknowledged these interventions were not documented in the medical record.The physician assistant, employee E14 was unavailable at time of survey for interview.28 PA. Code 211.10(c) Resident care policies28 Pa. Code 211.12(d)(1) Nursing services

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and staff and resident interviews it was determined that the facility failed to ensure adequate supervision for two of two residents (Resident R104 and R58). Findings Include: Review of facility policy titled, Smoking Policy-Residents with a revision date of October 2023 states, Policy Statement- this facility has established and maintains safe resident smoking practices. Further review of the policy states, 8. Resident smoking status is evaluated upon admission. If a smoker, the evaluation includes a. current level of tobacco consumption b. method of tobacco consumption (traditional cigarettes, electronic cigarettes, pipe, etc.) c. desire to quit smoking and d. ability to smoke safely with or without supervision (per completed Smoking Evaluation). Review of Resident R104 clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnosis: Tobacco Use, Hypertension (high blood pressure), Nicotine Dependence, and Opioid Abuse. Review of the resident's History and Physical documentation dated May 6, 2026, stated, Social History- Tobacco Use- Smoking Status: Every Day. Current packs/day: 1.50 Average packs/day 1.5 packs/day for 30.0 years. Types: Cigarettes. Resident R104 was observed smoking outside the facility without staff supervision on May 18, 2026, at 9:00 a.m. The resident was approached and asked if he/she was a resident and he/she stated, yes. Looking around in the area outside of the main entrance there were no staff present. Interview held with Receptionist, Employee E11 on May 20, 2026 at 11:00 a.m. revealed that residents are only permitted to go out front of the facility when they are escorted by staff. When asked who provides the escort, Employee E11 stated that the nurse aids, nurses, or concierges are the ones who go outside with the residents for fresh air or to smoke. Review of Resident R58's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of muscle weakness, respiratory failure, and asthma, and was cognitively intact. Observations on May 17, 2026, at 9:00 a.m. revealed Resident R58 was sitting out front of the facility in his/her wheelchair smoking a cigarette. 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services

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 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility documentation and staff interview it was determined that the facility failed to include active involvement from direct care staff and input from residents in the facility assessment process.Findings include: Review of facility documentation Facility Assessment reviewed April 2026, revealed individuals who were involved in completing the review included: Nursing Home Administrator (Employee E1), Director of Nursing (Employee E2), Admissions Director (Employee E3), Business Office Manager (Employee E14), Maintenance Director (Employee E4), Rehabilitation Director (Employee E15), Registered Dietitian (Employee E16), House Keeping Director (Employee E17), and Human Resources (Employee E18). Review of the facility assessment and the sign-in sheet for individuals involved in completing the annual review of the facility assessment revealed no documented evidence that the facility included active involvement from direct care staff (including but not limited to Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Nurse Aides (NA)). Further review of the facility assessment revealed no documented evidence that the facility considered input from residents, their representative(s), family members, and representatives of direct care staff when formulating their assessment. Interview on May 19, 2026, at 11:15 a.m. with Nursing Home Administrator, Employee E1, confirmed no documentation was available to support evidence of active involvement from direct care staff or input from residents. 28 Pa. Code 201.14 (a) Responsibility of licensee.