STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395989	A. Building B. Wing	01/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Rehab and Hlthcare Ctratmercyfitzgerald	600 South Wycombe Ave Yeadon, PA 19050

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. (continued on next page)

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review and interview with staff and residents, it was determined that the facility did not ensure that residents were free from misappropriation of resident property for three of 10 residents reviewed (R1, R2, R3). This deficiency is cited as past non-compliance.Clinical record review revealed that resident R1 was admitted to the facility on [DATE], with diagnoses including, but not limited to hemiplegia and hemiparesis (weakness and paralysis affecting one side of the body), and dementia. Continued review revealed that resident R2 was admitted to the facility on [DATE], with diagnoses including, but not limited to muscle wasting and systemic lupus erythematosus (a chronic auto immune disorder that cause widespread organ and tissue, and causes inflammation that can affect multiple body systems). Continued review revealed that resident R3 was admitted to the facility on [DATE], with diagnoses including, but not limited to muscle wasting, anemia, and lymphedema (a chronic condition that causes abnormal and persistent swelling in your body which is usually seen in the arms and legs but can occur elsewhere). Review of facility documentation revealed the following:On October 20, 2025, the family of resident R1 made the facility aware that the resident's access card, debit card, and credit cards were missing, and that unauthorized purchases had been made on October 18 and 19, 2025. After a police investigation, the perpetrator, employee E3, was identified and apprehended on November 24, 2025. The facility terminated the employee following identification by police. Further review revealed that during the investigation, police recovered SEPTA fare cards from two additional residents, residents R2 and R3, which had been in employee E3's possession. Documents stated that affected residents had been unaware that their cards were missing, and that they suffered no psychological or physical harm from the misappropriation.Review of records for residents R1, R2, and R3, revealed that all three affected residents no longer resided at the facility. Interviews conducted by the facility as part of the investigation revealed no further residents reported missing personal items or finances. All residents interviewed by the facility reported they felt safe. No further perpetrators or incidents were identified by the facility or by police. On January 1, 2026, the Nursing Home Administrator, employee E1, presented documentation indicating that the facility had initiated a plan of correction on November 19, 2025, related to prevention and reporting of misappropriation of resident property. Review of the facility's Plan of Correction documentation revealed the following: 1. Interviews were conducted with residents with a BIMS of 12 or higher on the second floor unit for any concerns with stolen money. All variances were reviewed with Center administration and investigated.2. Immediate Actions/EducationReported to COSAReported to the policeReported to DOHSocial service and psyche services offered and continue to support and car[e] plan psychosocial wellbeingTrauma informed care plan in placeStaff have been educated on abuse, misappropriation of property. Education will be ongoing and completed prior to the start of shift. Completed 96% by 11-21-25. Staff have been educated in mandatory reporting of any suspected misappropriation.3. Ongoing compliance will be monitored by:Audit of five random residents for any care/safety concerns daily for seven days three times a week for two weeks weekly for two weeks biweekly for two weeks then monthly for two months.Term paperwork completed and sent certified to employee's home on [DATE]Report certification submitted to licensing board for certified [CNA].4. All ongoing compliance audits will be presented and reviewed at the QAPI meeting monthly for the next 6 months. An email from employee E2, the Director of Nursing, confirmed that staff had reached 100 percent education on November 22, 2025. The facility alleged a date of compliance with this plan of correction of November 25, 2025.Facility education record and subsequent audits were verified for completion. Staff were interviewed to verify education of facility policy on prevention and reporting of misappropriation of resident property. Random staff and resident interviews were conducted to verify compliance with the plan of correction. No continuing concerns were identified through record review, interview or observation. This deficiency was cited as past non-compliance. 28 Pa Code 201.18(b)(1) Management 28 Pa Code 201.29(d) Resident rights 28 Pa Code 201.29(j) Resident rights