

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2025
NAME OF PROVIDER OR SUPPLIER  Monumentalpostacutecare at Woodside Park		STREET ADDRESS, CITY, STATE, ZIP CODE  4001 Ford Road 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>46993</p> <p>Based on observations, and interview with staff and residents, it was determined that facility failed to ensure that resident were assisted out of bed as per resident's preference for nine of 69 residents observed (Resident R10, R11, R12, R13, R14, R15, R16, R17, R18)</p> <p>Findings include:</p> <p>Review of facility policy 'Quality of Care: Activities of Daily Living - Prevent Deterioration,' indicates that based on the comprehensive assessment of a resident, the facility must ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.</p> <p>Interview with licensed nurse, employee E4, on April 9, 2025 at 10:50 am, revealed that residents are to be assisted out of bed by 11:00 am.</p> <p>Interview with Resident R11, on April 9, 2025, at 11:15 am, revealed that he is paralyzed on right side of body and requires assistance with transfer from bed to chair. Interview with Resident R11 revealed that the resident prefers to be placed in wheelchair during day shift (7-3 shift).</p> <p>Further observations of residents on unit 2-West, revealed Residents R10, R11, R12, R13, R14, R15, R16, R17, and R18 in beds at 11:15 am.</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46993</p> <p>Based on observations and interview with residents, it was determined that facility did not provide a clean, comfortable, homelike environment for four of 20 rooms observed (common shower room, Resident R8's room, room#225-B, room [ROOM NUMBER]-A)</p> <p>Findings include:</p> <p>Review of facility policy related to 'Physical environment: common areas,' states that the facility will be maintained to protect the health and safety of residents, personnel and the public.</p> <p>Observations of common shower room on unit 2-West, on April 9, 2025, at 10:30 am, revealed used towels on floor and used paper towels on floor in toilet stall. Further observations revealed shower gel/shampoo bottles on floor in shower stall. Further observations revealed used hygiene products on shower bed; shower bed appeared unclean. Findings confirmed with facility's director of nursing.</p> <p>Observations in room [ROOM NUMBER] revealed stained ceiling tile near bed B; upon interview with resident R7 it was revealed that during rainy weather water leaks through the ceiling tile, down the wall and from the bottom of HVAC. A towel was observed under HVAC (air conditioning system).</p> <p>Further observations on 2-West unit revealed Resident R8, sitting on bed stained with feces, urine-soaked linen on top of bed, foul odor noted and trash laying on the floor. Resident R8 was attempting to pick up soiled brief from floor.</p> <p>Further observations on unit 2-West, room#228, bed A, revealed used urinal attached to trash bin, briefs on floor, washbasin on floor, used washcloth on bedside table, toilet paper on bedside table.</p> <p>Review of facility provided grievance reports revealed a concern reported by resident's family member on March 4, 2025, which states the following : On Sunday, March 2, 2025, I came into my mom's room at 10:30 am. There were used latex gloves on the dresser, used tissues on the floor, a wet washcloth laying on the side of the bed. I cleaned the room. Today (March 4, 2025) I come in her room and her dentures are sitting on the edge of the bedside table and could have easily broken. I would like the aides to clean up after themselves and not leave discarded supplies lying around the room. Also, when not in her mouth, please put her dentures in the blue cup provided.</p> <p>28 Pa Code 201.18(b)(1)(3) Management</p> <p>28 Pa Code 205.63(b) Plumbing and piping systems required for existing and new construction.</p>		