STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396129	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Terrace	One Penn Boulevard Philadelphia, PA 19144

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on review of facility policy, staff interviews and review of clinical records, it was determined that the facility failed to ensure that weights, nutritional assessments, notifications to the physician of a significant weight loss were completed in a timely manner, and that nutritional interventions were implemented for 1 out of 2 residents reviewed (Resident R1). Findings include:Review of the facility policy, Weight and Height Assessment and Interventions, with a review date of May 2025 indicated that any weight changes of greater than or less than 5 pounds within 30 days will be retaken the next day for confirmation with a licensed nurse confirming the reweigh. The policy stated that if the weight is verified, nursing will immediately notify the dietician in writing, and the attending physician/resident/resident representative will be notified of unplanned significant weight change .Continued review of the policy indicated that the dietician would respond within 72 hours or written notificationReview of the November 2025 physician orders included the following diagnosis: left wrist fracture; left ankle fracture; hypertension (high blood pressure), and unspecified protein-calorie malnutrition (protein calorie malnutrition happens an individual is not consuming enough protein and calories and can lead to muscle loss, fat loss, and can cause the body to not work as it usually would).Review of the resident's weight records indicated that that resident was weighed by nursing staff on September 3, 2025, the date of her admission into the facility and her weight was recorded as 110 pounds (lbs.) Continued review of the resident's weight records indicated that on October 4, 2005, the resident's weight was recorded as being 103.5 lbs. which indicated a 6% significant weight loss in 30 days. Review of the resident's clinical record revealed no documented evidence related to the significant weight loss from the dietician, and no documentation that the physician was made aware of the weight loss. Continued review of the resident's weight record did not show evidence that a re-weight was taken in a timely manner.During an interview with the Regional Dietician (Employee E3) on November 21, 2025, at 12:14 p.m., the resident's significant weight loss was confirmed by the Regional Dietician. During the above-referenced interview, the resident's clinical record was reviewed, and it was discussed with the Regional Dietician that there was no documentation in the clinical record that the weight loss was addressed and/or acknowledged by the dietician, and no indication that the physician was notified.Review of the resident's Comprehensive Nutritional Assessment, dated September 6, 2025, indicated that the resident weight was 110, and that she was at high malnutrition risk. September 6, 2025, above referenced nutritional assessment included adding two snacks a day as an intervention.Review of the residents person-centered plan of care dated September 4, 2025, indicated that the resident was at risk for alteration in nutrition/hydration. Interventions that included nutritional supplements, in addition to afternoon and evening snacks. Review of the resident's clinical record revealed no evidence that Resident R1 was provided with two snacks twice a day.During an interview with the Director of Nursing (DON) on November 21, 2025, it was confirmed by the DON that there was no documentation that could be produced to show evidence that the resident received two snacks twice a day.28 Pa. Code 201.18 (b)(1) Management28 Pa. Code 211.12(d)(1)(3) 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