STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396141	A. Building B. Wing	02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fox Subacute at South Philadelphia	1930 South Broad Street Philadelphia, PA 19145

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471 Based on observation, a review of select facility's policy, clinical records review, and staff interviews, it was determined that the facility failed to ensure the evaluation of resident's need and use of restraints, including evaluation of the least restrictive measure needed to treat the resident's medical symptom and failed to timely obtain informed consent prior to the use of restraint for one of one sampled residents with restraints. (Residents R5) Findings include: A review of a facility policy titled Restraints - revised on September 1, 2016, revealed Physical restraints include, but are not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions and lap trays the resident cannot remove. To provide guidelines for appropriate use of restraints to prevent injury to the patient or other patients only as necessary. A. An initial assessment will be completed whenever the use of a physical device is considered. 1. Included in the assessment will be a. To determine the need for any device b. To determine what is the appropriate and least restrictive device. 2. The use of restraints will be deemed appropriate only if a specific medical condition/symptoms are present and documented and presented on the initial restraint assessment. B. Less restrictive alternatives are considered/attempted and documented. Review of facility documentation Restraint notification and Consent Information revealed that the facility had a process of obtaining informed consent prior to the use of restraints including documentation of benefits, potential negative outcome, recommendation and the written acknowledgement of resident representative of the understanding of benefits and negative outcome of restraint use. Observation Resident R5 on February 9, 2025, at 10:37 a.m. revealed that the resident was using hand mitt (a thumbless mitten device is used to restrain a patient's hands) to the both hands. Clinical record review revealed that Resident R5 was admitted to the facility on [DATE], with the diagnosis of chronic respiratory failure and tracheostomy (a surgical procedure that creates an opening (stoma) in the front of the neck into the trachea (windpipe)) status. (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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the admission Minimum Data Set Assessment (MDS) - a federally mandated standardized assessment process conducted periodically to plan resident care) dated December 25, 2024, revealed Resident 5's BIMS interview (Brief Interview for Mental Status- a tool to assess cognitive function) was not completed, which indicated that the resident was unable to provide or did not provide answers to complete this section). Further review of the MDS revealed that the resident used limb restraint daily. A physician order for Resident R5 dated December 18, 2024, revealed an order for hand mitt to both hands and remove every 2 hours for skin integrity check. Review of clinical record for Resident R5 revealed no evidence that the resident was evaluated of resident's need and use of restraints, including evaluation of the least restrictive measure needed to treat the resident's medical symptom when the facility started using restraint for Resident R5 on December 18, 2024. Further review of clinical record for Resident R5 revealed no evidence that the facility obtained informed consent prior to the use of restraint. There was no consent available in the clinical record. An undated restraint consent provided during the survey provided no indication of the date the consent was obtained. Interview with Director of Nursing on February 12, 2025, at 10:00 a.m. confirmed that the facility did not evaluate Resident R5 of residents' need and use of restraints, including evaluation of the least restrictive measure needed to treat the resident's medical symptom when the facility started using restraint and obtained documented informed consent prior to the use of restraint. 28 Pa. Code 211.8 (c.1)(f) Use of restraints 28 Pa. Code 211.12(d) Nursing services

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 41471 Based on the observations, review of clinical records, and interview with staff, it was determined that the facility failed to ensure that a resident with limited range of motion, received appropriate services to prevent further decline in range of motion and maintain appropriate positioning for two of 13 resident s reviewed. (Resident R26 and Resident R33). Finding Include: Review of physician order for Resident R26 dated May 9, 2024, revealed an order for hand grip splint to be alternated right to left every 4 hours with a schedule of 12 AM, 4AM, 8AM, 12PM, 4PM and 8PM. Review of physician order for Resident R26 dated July 31, 2024, revealed an order for elbow positioning wedges to be applied bilaterally 4 hours then removed 4 hours with a schedule of 12 AM, 4AM, 8AM, 12PM, 4PM and 8PM. Review of MDS (Minimum Data Set- Assessment of resident care needs) for Resident R26 dated January 14, 2025, revealed that the resident's range of motion was limited on both sides on both upper and lower extremities. Observation of Resident R26 on February 9, 2025, at 10:20 a.m. revealed that the resident was lying in the bed. It was observed that residents appeared to be contracture to her upper extremities. Residents was not wearing any devices or splints to the affected area. There was a white colored hand splint and blue elbow splint on the windowsill. Further observation of Resident R26 on February 9, 2025, at 12:46 p.m. revealed that the resident was lying in the bed. Residents was not wearing any devices or splints to the hands or elbow. The white colored hand splint and blue elbow splint was on the windowsill at the same location. Interview with Employee E8, Licensed Practical Nurse, on February 9, 2025, at 12:46 p.m. stated Resident R26 should wear splint as ordered by the physician every 4 hours Review of clinical record for Resident R33 revealed that the resident had diagnosis of muscle wasting, atrophy and abnormal posture Review of physician order for Resident R33 dated November 15, 2024, revealed an order for Abductor wedge to be positioned between legs at all times as tolerated. Review of physician order for Resident R33 dated December 28, 2024, revealed an order for bilateral upper extremity splint to be applied for 4 hours and remove for 4 hours. Observation of Resident R33 on February 9, 2025, at 10:25 a.m. revealed that the resident was lying in the bed. Residents was not wearing any devices or splints. There was no splint or devices in resident's room. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further observation of Resident R33 on February 9, 2025, at 12:44 p.m. revealed that the resident not wearing any devices or splints. There was no splint or devices in resident's room. Interview with Employee E8, Licensed Practical Nurse, on February 9, 2025, at 12:46 p.m. stated she was not sure if resident should be wearing splint or any devices, the employee searched the room and could not locate splint or devices. 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services 28 Pa. Code: 201.18 (b)(2) Management 28 Pa. Code: 211.10 (d) Resident care policies

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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** 51165 Based on review of clinical record, facility policy, facility documentation, and interviews with staff, it was determined that the facility failed to ensure that adequate assistance was provided to prevent a fall for one of two sampled residents reviewed for falls (Resident R33). This deficiency was identified as past non-compliance. Findings include: Review of Resident R33's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated November 14, 2024, revealed Resident R33 had severe cognitive impairment and diagnosis that included but not limited to chronic respiratory failure, anoxic brain damage (brain deprived of oxygen), and muscle wasting and atrophy. Further review of Resident R33's MDS dated [DATE], revealed Resident R33 was dependent (helper does all the effort) for all activities. Resident R33 required assistance of two or more helpers for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture). Review of Resident R33's comprehensive care plan dated September 11, 2024, revealed Resident R33 had ADL (activities of daily living) deficit related to chronic illness as evidenced by: transfer dysfunction, decreased strength, decreased bed mobility, decreased cognitive and physical function. Further review of Resident R33's comprehensive care plan revealed interventions dated September 12, 2024, Resident R33 required assistance of two staff members for bed mobility. Review of facility documentation submitted to the State Survey Agency on December 05, 2024, revealed on December 05, 2024 Resident R33 had a witnessed fall from bed while one staff member attempted to reposition Resident R33. Review of facility documentation revealed an incident report dated December 05, 2024, that revealed nurse aide, Employee E7, was preparing to provide care for Resident R33. Nurse aide, Employee E7, raised Resident R33's bed to knee height and moved the floor mat. Nurse aide, Employee E7, then removed the other floor mat to allow for another caregiver to stand on opposite side of bed. Nurse aide, Employee E7, then removed the pillow from under Resident R33's hip, turned to put the pillow on the mat, and Resident R33 rolled on to the floor. No other staff members were present to assist nurse aide, Employee 7, to turn/reposition Resident R33 in bed. Review of nurse aide, Employee E7, statement dated December 05, 2024 revealed during patient care the nurse aide, Employee E7, removed side pillow from Resident R33 and then turned away from Resident R33's bed to put pillow on matt behind his/her self. Nurse aide, Employee E7, then heard a bump and saw Resident R33 on the floor. Interview on February 10, 2025, at 10:15 a.m. with Director of Nursing, Employee E2, confirmed Resident R33 should have been assisted with two staff members during turning and repositioning in bed. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On December 05, 2024, following the incident, the facility immediately implemented the following corrective actions: -On 12/05/24 [Resident R33] care plan immediately updated to include fall incident and bilateral fall mats. - On 12/05/24 Director of Nursing, Employee E7, provided direct education to Employee E7 and nurse who was assigned to Resident R33 on bed mobility orders and the required assistance when turning/ repositioning resident. -Starting on 12/05/24 and completed on 12/10/2024, Director of Nursing, Employee E2, re-educated all nursing staff on understanding bed mobility orders and where to find what assistance is required for residents. -Starting on 12/09/24 and completed on 12/10/2024, Director of Nursing, Employee E2, re-educated all nursing staff on understanding floor mats and the removal of floor mats when the required assistance is present and ready to assist. -Starting on 12/06/2024 and continuous auditing through 01/29/25, Director of Nursing, Employee E2, conducted safety audit bed mobility/floor mats to ensure bed mobility orders were followed accordingly and floor mats were in place for residents who required them. Interviews with nursing staff on February 11, 2024 at 9:45 a.m. confirmed that they had all been in-serviced on reviewing bed mobility orders and ensuring proper assistance is being provided during care. Review of clinical records and observations revealed proper assistance was being provided for bed mobility orders and floor mats were in placed as ordered for residents. This deficiency was identified as past non-compliance. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165 Based on review of clinical records, observations, and staff interviews, it was determined that the facility failed to ensure that adequate catheter care was provided for two of two sampled residents with urinary catheters reviewed (Residents R4, and R39). Findings include: Review of Resident R4's clinical record revealed Resident R4 was admitted to the facility on [DATE] for a diagnosis that included but not limited to chronic respiratory failure, anoxic brain damage (complete lack of oxygen to the brain), and retention of urine. Observation on February 10, 2024 at 12:22 p.m. revealed Resident R4's indwelling urinary catheter drainage bag (a flexible catheter used to drain urine from the bladder into a drainage collection bag) lying flat on floor on the right side of Resident R4's bed. Interview on February 10, 2025 at 12:26 p.m. with Employee E5, Nurse Aide, confirmed Resident R4's indwelling urinary catheter drainage bag should not be on the floor. Review of Resident R39's clinical record revealed Resident R39 was admitted to the facility on [DATE] for a diagnosis that included but not limited to chronic respiratory failure, muscle weakness, and retention of urine. Observation on February 10, 2025 at 1:00 p.m. revealed Resident R39's indwelling urinary catheter drainage bag lying flat on floor on the right side of Resident R39's bed. Interview on February 10, 2025 at 1:05 p.m. with Employee 6, Registered Nurse, confirmed Resident R39's indwelling urinary catheter drainage bag should not be on the floor. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165 Based on observations, review of facility policy, and interviews with staff, it was determined that the facility failed to properly date medication vials upon opening and failed to discard expired medication for two of three medication carts (Medication Cart Four and Medication Cart Five) and and two of two medication rooms (Room Two). Findings include: Review of facility policy titled Storage of Medication, dated 2016, revealed insulin products should be stored in the refrigerator until opened. Note the date on the label for insulin vials and pens when first used. The opened insulin vial may be stored in refrigerator or at room temperature. Outdated, contaminated, discontinued, or deteriorated medications and those in containers that are cracked, soiled or without secure closures are immediately removed from stock, disposed of according to procedures for medication disposal. Observation conducted on February 11, 2025 at 11:43 a.m. in medication storage Room Two revealed two tuberculin (TB) vials (used to diagnosis tuberculosis). TB vial one was opened and undated and vial two had an opened date of [DATE]. Instructions listed on TB vial manufacturing package was to discard after 30 days upon opening. Interview on February 11, 2025 at 11:50 a.m. with Employee E3, Registered Nurse, confirmed TB vial one was opened and not dated and TB vial two was expired. Observation on February 11, 2025 at 11:57 a.m. on Medication Cart Five revealed five insulin vials that were opened and undated, which included two Humalogs, two Novalogs, and one Lantus. Interview on February 11, 2025 at 12:00 p.m. with Employee E3, Registered Nurse, confirmed the five insulin vials were opened and undated. Observation on February 11, 2025 at 12:10 p.m. on Medication Cart Four revealed two opened insulins, Novalog opened [DATE] and Humalog opened [DATE], exceeding the recommended 28 days to discard after vial opening date. Interview on February 11, 2025 at 12:15 p.m. with Employee E5, License Practical Nurse, confirmed both insulin vials were expired. 28 Pa Code 211.9(a)(1) Pharmacy services 28 Pa Code 211.12(d)(5) Nursing services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41471 Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Findings include: Review of facility policy Food and Nutritional Services Administration and Requirement dated September 1, 2016, revealed Refrigerators freezers and dry storage areas will be checked for temperature twice daily (at opening and closing times) and temperature will be recorded on the log, Review of facility policy Kitchen Dishwasher temperature dated September 1, 2016, revealed, All temperatures are to be recorded on the dishwasher temperature log once per meal service, An initial tour of the Food Service Department was conducted on February 9, 2025, at 12:00 a.m. with Employee E13, Food Service Manager, which revealed the following: The facility dish machine temperature log for February 2025, revealed that the temperature recording was available only up to February 3, 2025. There was no temperature available for February 4, 5, 6, 7, 8, and February 9 breakfast time. The Refrigerator temperature log for one of the refrigerators revealed that the last recorded temperature was on December 29, 2025. There was no temperature available on or after December 30, 2024. The three compartment sink log for February 2025, revealed that the Sanitizer recording was available only up to February 3, 2025. There was no sanitizer recording available for February 4, 5, 6, 7, 8, and February 9 breakfast time. Observation of the walk-in refrigerator with Employee E13 revealed that there were boiled eggs in the refrigerator with no expiration date. There was a container of dessert without open date, package date or expiration date. There were also 3 boxes of breads without any date or labels. 28 PA Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management