

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2025
NAME OF PROVIDER OR SUPPLIER Aristacare at East Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 Henry Avenue, 7th Floor Philadelphia, PA 19129	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical records, and staff interviews it was determined that the facility failed to ensure one resident was free from significant medication error for one of three residents reviewed (Resident R1). Findings Include: Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], and had diagnoses of anoxic brain damage (oxygen is cut off from the brain), anxiety (intense, excessive, persistent worry or fear), and epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures). Review of Resident R1's hospital record revealed an After Visit Summary dated November 4, 2025. Review of Resident R1's After Visit Summary revealed instructions to stop taking the following medications: clonazepam (used to treat seizures and panic disorders), Keppra (seizure treatment), Seroquel (antipsychotic), and Valproic Acid (primarily used to treat seizures). Review of Resident R1's clinical record revealed physician orders dated November 5, 2025, to administer Keppra 1000 milligrams (mg) every 12 hours for seizure, Clonazepam 25 mg two times per day, Seroquel 25 mg two times per day, and Valproate (valproic acid) 15 milliliters (mL) every 8 hours for seizures. Review of Resident R1's medication administration record revealed: Clonazepam was administered twice on November 5, 2025, and Seroquel was administered once on November 5, 2025. Keppra and valproic acid were administered as ordered from November 5, 2025, through November 11, 2025. Review of Resident R1's clinical record revealed a progress note dated November 6, 2025, by the Nurse Practitioner, Employee E3, that revealed [family] at bedside concerned about medications. Further review of the progress note dated November 6, 2025, revealed Resident R1 was noted to be lethargic and was awaiting proper medication list from the hospital. Interview on December 29, 2025, at 2:35 p.m. with Nurse Practitioner, Employee E3, revealed the facility did not have Resident R1's medication discharge list from the hospital when the resident was admitted. Nurse practitioner, Employee E3, indicated he/she adjusted the Clonazepam and Seroquel to be administered only as needed (versus standing orders) after medication concerns were brought to his/her attention by Resident R1's family. Continued interview on December 29, 2025, at 2:35 p.m. with Nurse Practitioner, Employee E3, revealed he/she kept reminding nursing staff to obtain an updated medication list from the hospital. Further interview with Nurse practitioner, Employee E3, revealed that he/she was unaware that the hospital gave instructions to discontinue the Valproic acid and Keppra. 28 Pa Code 211.9(a)(1) Pharmacy services 28 Pa Code 211.12(d)(5) 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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