STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396143	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aristacare at East Falls	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record, and staff interview it was determined that the facility failed to notify the resident's representative of a significant change in the resident's condition for one of one resident reviewed (Resident R1). Findings Include: Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of advanced Amyotrophic Lateral Sclerosis (ALS - a progressive neurological disease that results in severe and irreversible muscle weakness, loss of voluntary movement, and loss of speech and swallowing function), tracheostomy status (a surgically created hole in your trachea that allows for breathing), and dependence on ventilator (machines that act as bellows to move air in and out of the lungs).Continued review of Resident R1's clinical record revealed the resident is fully dependent on staff for all care needs and receives nutrition and medications via a PEG tube (feeding tube placed directly into the stomach through the abdominal wall for long-term nutritional support).Resident R1's clinical record indicated communication is limited to eye blinking and head nods for yes/no responses.Record review for Resident R1 revealed documentation from the facility's contracted wound care company dated March 31, 2026, that revealed the resident's skin was documented as intact with no wounds observed during routine assessment.Further review of Resident R1's documentation from the facility's contracted wound care company dated April 28, 2026, revealed the presence of a sacral pressure injury (localized damage to the skin and/or underlying soft tissue).Review of Resident R1's clinical record and available documentation at the time of the survey revealed no documentation that the resident's family or representative was notified of the sacral pressure injury.Interview on June 9, 2026, with the Director of Nursing (DON), Employee E2, confirmed there was no documentation that the facility notified the resident's Power of Attorney (POA) when the sacral pressure injury was identified. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.19 (a) Resident Rights.28 Pa. Code 211.12 (d)(5) 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396143	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **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 pressure ulcer interventions were documented as ordered by the physician for one of one resident reviewed (Resident R1).Findings Include:Review of undated facility policy Prevention of Pressure Ulcers revealed residents at risk for pressure ulcers include those who are bed and/or chair-fast. General preventative measures include changing position every one to two hours, or more frequently if needed.Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of advanced Amyotrophic Lateral Sclerosis (ALS - a progressive neurological disease that results in severe and irreversible muscle weakness, loss of voluntary movement, and loss of speech and swallowing function), tracheostomy status (a surgically created hole in your trachea that allows for breathing), and dependence on ventilator (machines that act as bellows to move air in and out of the lungs). Continued review of Resident R1's clinical record revealed the resident is bed/chair bound, fully dependent on staff for all care needs, and receives nutrition and medications via a PEG tube (feeding tube placed directly into the stomach through the abdominal wall for long-term nutritional support).Resident R1's clinical record indicated communication is limited to eye blinking and head nods for yes/no responses.Review of Resident R1's clinical record revealed a physician order dated April 23, 2026, to turn and reposition the resident every 2 hours and nurse aide documents completion every shift in Resident R1's medical record. Review of Resident R1's clinical record revealed no documented evidence nurse aides and/or nursing staff documented the completion of turning and repositioning every 2-hours as ordered. Interview on June 9, 2026, at approximately 1:00 p.m. with the Director of Nursing, Employee E2, confirmed there was no documented evidence to verify Resident R1 was turned and repositioned per the physician order. 28 Pa. Code 201.14 (a) Responsibility of licensee.28 Pa. Code 211.10 (d) Resident care policies.28 Pa. Code 211.12 (d)(5) Nursing services.