

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER Delaware Valley Veteran's Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2701 Southampton Rd Philadelphia, PA 19154	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility policies and staff interview it was determined that the PASRR (Preadmission Screening and Resident Review) was not appropriately completed according to the resident assessment for nine of nine residents reviewed (Residents R1, R6, R18, R42, R122, R62, R5, R3, and R2). Findings include: The PASRR (Preadmission Screening Resident Review), created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA), has three goals: to identify individuals with mental illness and/or intellectual disability; to ensure they are placed appropriately, whether in the community or in a nursing facility; and to ensure they receive the services they require for their mental illness or intellectual disability. A Level I PASRR must be completed for all persons considering admission to a Medicaid-certified nursing facility. A Level II PASRR evaluation must be completed if the Level I PASRR determines that the person is a targeted individual with mental illness or an intellectual disability. The Level II PASRR determines whether placement or continued stay in the requested or current nursing facility is appropriate. Review of Resident R18's clinical record revealed an admission date of March 31, 2023, with a diagnosis of bipolar disorder (a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior). Review of Resident R18's Level 1 PASRR, dated March 31, 2023, revealed that the assessment did not include the resident's diagnosis of bipolar disorder. During an interview on July 9, 2026, at 1:21 p.m., Employee E3, Social Worker Supervisor, confirmed that Resident R18's PASRR assessment was not updated to include the resident's diagnosis of bipolar disorder. Review of Resident R6's clinical record revealed an admission date of June 16, 2021, with diagnoses including schizoaffective disorder (a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression), bipolar disorder, and Post-Traumatic Stress Disorder (PTSD -a mental health condition that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback and avoidance of similar situations). (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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident R6's Level 1 PASRR, dated June 16, 2021, revealed that the assessment did not include the resident's diagnoses of schizoaffective disorder, bipolar disorder, and PTSD. Review of Resident R1's clinical record revealed an admission date of December 8, 2022, with diagnoses including major depressive disorder (a serious mental health condition characterized by persistent feelings of sadness, loss of interest in activities), and PTSD. Review of Resident R1's Level 1 PASRR, dated December 8, 2022, revealed that the assessment did not include the resident's diagnoses of major depressive disorder or PTSD. During an interview on July 9, 2026, at 2:04 p.m., Employee E2, Director of Nursing, confirmed that Resident R1's PASRR assessment was not updated to include the resident's diagnoses of major depressive disorder and PTSD. Review of Resident R42's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of anxiety disorder (intense, excessive, persistent worry or fear), major depressive disorder, schizoaffective disorder, post-traumatic stress disorder, and delusional disorder (false beliefs in something that is untrue). Review of Resident R42's Level 1 PASARR, dated May 28, 2020, revealed the only diagnosis listed was major depressive disorder and did not include the resident's other mental health diagnoses. Review of Resident R122's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of schizoaffective disorder, major depressive disorder, anxiety, panic disorder (a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause), and bipolar disorder. Review of Resident R122's Level 1 PASARR, dated March 18, 2022, revealed the resident's diagnoses was not updated to include schizoaffective disorder and anxiety. Review of R62's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of major depressive disorder, bipolar disorder, post-traumatic stress disorder, and generalized anxiety disorder. Review of Resident R62's Level 1 PASRR, dated June 15, 2022, revealed the resident did not have any mental health diagnosis listed. Review of R5's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of generalized anxiety disorder, schizophrenia, bipolar disorder, major depressive disorder, adjustment disorder with depressed mood, and post-traumatic stress disorder. Review of Resident R5's Level 1 PASRR, dated August 14, 2019, revealed it was not updated to include the above diagnoses. (continued on next page)		

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R3's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses of borderline personality disorder, bipolar disorder, major depressive disorder, post-traumatic stress disorder, and anxiety. Review of Resident R3's PASRR, dated November 22, 2022, revealed the resident's mental diagnosis only included anxiety, major depressive disorder, and post-traumatic stress disorder. Interview on July 9, 2026, at 9:45 a.m., Employee E2, Director of Nursing, confirmed the facility does not update residents PASRR's with new diagnoses. Review of Resident R2's clinical record revealed the resident was admitted to the facility on [DATE], with a diagnosis of PTSD and a diagnosis of borderline personality disorder added on December 9, 2021. Review of Resident R2's Level 1 PASRR dated April 23, 2020, revealed it was not updated with diagnoses of PTSD and borderline personality disorder. Interview on July 9, 2026, at 10:52 a.m. with the Director of Social Services, Employee E6, confirmed Resident R2's PASRR Level 1 was not updated with the above mental health diagnoses. 28 Pa. Code: 211.10 (c) Resident care policies		

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F 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on review of facility documentation, personnel files, and staff interview, it was determined that the facility failed to ensure nurse aides who failed to become certified within four months were not working in the facility for one of four employees reviewed (Employee E5). Findings Include: Review of Title 42 Code of Federal Regulations S483.35(d) Requirement for facility hiring and use of nurse aides-S483.35(d)(1) General rule. A facility must not use any individual working in the facility as a nurse aide for more than 4 months, on a full-time basis, unless-(i) That individual is competent to provide nursing and nursing related services; and(ii)(A) That individual has completed a training and competency evaluation program, or a competency evaluation program approved by the State as meeting the requirements of S483.151 through S483.154. Review of facility documentation, dated September 30, 2025, revealed on September 30, 2025, it was reported to facility administration that Nurse Aide Trainee, Employee E5, failed to obtain the certified nurse aide within 120 days of working in a nurse aide training and testing program as required. Continued review of facility documentation dated September 30, 2025, revealed Nurse Aide Trainee, Employee E5's, 120 days were up on September 18, 2025. Nurse Aide Trainee, Employee E5, was working as a Nursing Assistant on his/her assigned unit from September 18, 2026, through September 30, 2026. Interview on July 8, 2026, at 11:00 a.m. with Director of Nursing, Employee E2, confirmed Nurse Aide Trainee, Employee E5, failed to become certified within four months and worked past his/her 120 days. 28 Pa Code: 201.14 (a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management		