

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395449</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/15/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>CHAPEL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1104 WELSH ROAD PHILADELPHIA, PA 19115</b>		
STATE LICENSE NUMBER: <b>031602</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT  Based on an Abbreviated Survey in response to three complaints, completed on January 15, 2025, it was determined that Chapel Manor was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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P 1040	<p>Responsibility of licensee.</p> <p>(c) The licensee through the administrator shall report as soon as possible, or, at the latest, within 24 hours to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents as set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents.</p> <p>This REGULATION is not met as evidenced by:</p>	P 1040	<p>The PB-22 form has been completed and submitted.</p> <p>Employee E2 was re-educated on the importance of following proper protocol and timeframes for completing and submitting the PB-22 form within five days of an abuse allegation.</p> <p>NHA/designee will complete an audit reviewing the past 30 days to ensure all PB-22 forms have been completed. Then weekly x4 audits to review the timely submission of PB-22 forms for any future abuse allegations. Audit results will be reviewed by the Director of Nursing or designated supervisor.</p> <p>Findings will be reported to QAPI monthly x3</p>	<p>Completion Date: <b>02/10/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>01/31/2025</b></p>
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P 1040	Continued from page 1  Based on clinical record review and interview with staff, it was determined that the facility failed to report the complete investigation of an allegation of abuse within required time frames for one of ten records reviewed (Resident R6).  Findings include:  Review of clinical documentation revealed that Resident R9 was most recently admitted to the facility on March 26, 2024, and had diagnoses including, of rectal cancer, pain, cellulitis, and anxiety. On January 2, 2025, Resident R9 alleged that the Nursing Home Administrator, Employee E1, had physically abused him by pushing him in the chest.  Review of the State Event Reporting System (ERS) revealed that on January 3, 2025, the Assistant Nursing Home Administrator, Employee E2, submitted the event to ERS. The event report included the outcome of the investigation, which was unsubstantiated. Employee E2 also initiated a PB-22, a form that is required for allegations of abuse with an identified alleged perpetrator. The facility is to report the outcome of the investigation and complete the PB-22 within five days. Review of the PB-22 revealed that it was completed on January 15, 2025.  In an interview with Employee E2 on January 15, 2025, at 2:15 p.m., the employee confirmed that the PB-22 was not	P 1040		

Pennsylvania Department of Health

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P 1040	Continued from page 2  completed and submitted within the required five days.  28 Pa Code 201.14(a) Responsibility of licensee  28 Pa Code 201.18(b)(1) Management  28 Pa Code 201.18(e)(1) Management	P 1040			



# Certified End Page

**CHAPEL MANOR**

**STATE LICENSE NUMBER: 031602**

**SURVEY EXIT DATE: 01/15/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY