

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395461	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/27/2024
NAME OF PROVIDER OR SUPPLIER: TUCKER HOUSE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1001-11 WALLACE STREET PHILADELPHIA, PA 19123		
STATE LICENSE NUMBER: 369402				
(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	F 0000		
F 0925 SS=E	Based on an Abbreviated survey in response to two complaints completed on December 27, 2024, it was determined that Tucker House Nursing and Rehabilitation was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	F 0925		

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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F 0925 SS=E	Continued from page 1 483.90(i)(4) Maintains Effective Pest Control Program §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by:	F 0925	Rooms 218, 311, 421 were cleaned and treated by pest control. Rooms 226, 232, 410, 425 were cleaned, decluttered, and treated by pest control. Elevator and tracks were cleaned. Kitchen and dishwasher area cleaned, leaks were fixed, and treated by pest control. Current residents' rooms audited; targeted rooms identified. Current staff were re-educated on homelike environment and process for pest management and control. NHA or designee will conduct 5 random room audits per week to ensure rooms are cleaned, orderly and free of debris and bugs per policy. Results will be reviewed during facility's monthly QAPI meeting. NHA or designee will conduct weekly review of pest management reports to ensure recommendations are followed through. Results will be reviewed during facility's monthly	Completion Date: 02/07/2025 Status: APPROVED Date: 01/09/2025

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F 0925 SS=E	Continued from page 2	F 0925	QAPI meeting.	

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F 0925 SS=E	Continued from page 3 Based on observations, review of the consulting pest control reports, , and interviews with staff and residents, it was determined that the facility failed to maintain an effective pest control program in the resident care areas for three of three nursing floors. (2nd floor, 3rd Floor and 4th floor) Findings include: An observation of Resident Room 218 on December 27, 2024, at 10:56 a.m. with Employee E4, Nurse Aide, revealed that there were live roaches inside the drawer of nightstand. There was also dead roaches inside and around the night stand. Dark colored numerous tiny spots were observed inside the drawer which appeared like roach/pest droppings. Resident room was observed with trash, food particles on the floor. Interview with Resident R1 on December 27, 2024, at 11:00 a.m. stated he saw a mice came out of the wall that morning. Resident pointed to a whole in baseboard to indicate the location where the mice	F 0925		

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F 0925 SS=E	Continued from page 4 came out. Interview with Resident R1 on December 27, 2024, at 11:05 a.m. stated he often saw roaches in his room. An observation of Resident Room 311 on December 27, 2024, at 11:10 a.m. revealed that there were roaches inside the dresser. Resident R3 opened the drawer and showed the roaches, he stated he had roach infestation problem in his room. An observation of Resident Room 421 on December 27, 2024, at 11:30 a.m. revealed that there were roaches inside the dresser with dark spots appeared like droppings. Resident R5 who was a resident of the room stated she purchased traps a month ago and placed under the dresser. Resident removed the trap and it was observed that there was numerous dead and live roaches on the trap. The room also appeared to have clutter and food waste on the floor.	F 0925		

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F 0925 SS=E	Continued from page 5 Observation of the facility elevator revealed that there were food particles on the floor of the elevator to wards the corner and the elevator door track. Review of pest control operators report dated December 23, 2024, revealed that "observed positive roach acceptance on monitor placed under dishwasher area. Recommended better sanitation throughout the kitchen." Review of pest control operators report dated December 16, 2024, revealed that "Inspected and treated room 226 and 232 for roach activity. Recommend better sanitation in both rooms and for rooms to be cleaned thoroughly. Recommended decluttering room 226. Recommended better sanitation throughout the kitchen." Review of pest control operators report dated December 2, 2024, revealed that "Inspected and treated room 410 for roach activity. Recommended decluttering in room for proper treatment. Observed minor live activity around the sink in resident room.	F 0925		

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F 0925 SS=E	Continued from page 6 Recommend leaks in dishwasher area to be fixed and recommend better sanitation practice in kitchen and dishwasher area." Review of pest control operators report dated November 29, 2024, revealed that Inspected and treated room 425 for roach activity. Recommended decluttering in room for proper treatment. Recommend leaks in dishwasher area to be fixed and recommend better sanitation practice in kitchen and dishwasher area." 28 Pa. Code 201.18(a)(b)(1) Management 28 Pa. Code 201.14(a) Responsibility of licensee	F 0925		



Certified End Page

TUCKER HOUSE NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 369402

SURVEY EXIT DATE: 12/27/2024

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