STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395722	A. BLDG: 00 B. WING:	12/09/2024

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
UNIVERSITY CITY REHABILITATION AND HEALTHCARE CENTER STATE LICENSE NUMBER: **180102**	**3609 CHESTNUT STREET PHILADELPHIA, PA 19104**

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F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to two complaints completed on December 9, 2024, it was determined that Univercity City Rehabilitation and Health Center 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		
F 0684 SS=D		F 0684		

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 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report." 1. R2's ointment was being administered and documented according to physician order. R2 had no adverse effects. 2. Initial audit of residents with ointments was completed to validate they are being administered and documented according to physician orders. Variances were addressed at the time of the audit and placed on the facility audit tool. 3. Licensed nursing staff will be re educated on administering ointments and documenting according to physician orders. 4. DON /designee will complete random audits to validate administration and documentation of ointments according to physician orders for five times a week for four	Completion Date: **01/06/2025** Status: **APPROVED** Date: **12/23/2024**

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F 0684 SS=D	Continued from page 2	F 0684	weeks and monthly for two months. Audit findings will be addressed and submitted to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed.	

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F 0684 SS=D	Continued from page 3 Based on reviews of resident clinical records, facility policies and procedures, and interviews with staff and residents, it was determined that the facility failed to follow physician orders for one of 4 residents reviewed. (Resident R2) Findings include: Review of facility policy titled, "Administering Medications" dated 2001 reveled that "the individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones." The individual administering the medication records in the resident's medical record must indicate the date and tie the medication was administered. Further review revealed that "topical medications used in treatments are recorded on the resident's Treatment record (TAR). An initial interview conducted on December 9, 2024 with Resident R2 at 9:30 a.m. revealed that the resident did not have a topical ointment applied to	F 0684		

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F 0684 SS=D	Continued from page 4 the skin as prescribed by her physician "for days" and today. Follow up interview conducted at 2:30 p.m. revealed that the resident still did not receive the ointment. Review of Resident R2's orders revealed an order, dated November 26, 2024, for "clobetasol Propionate External ointment 0.05%" to be applied "to arms, legs, back, stomach topically two times a day for skin care for 2 Weeks multiple areas AND apply to arms, legs, back, stomach topically every 12 hours as needed for open areas 2 days a week as needed." Review of Resident R2's medication administration and treatment record for November and December 2024 revealed documented evidence of administration on Monday, November 25, 2024, and on Wednesday, December 4, 2024. Further review failed to reveal documented evidence regarding administration of this ointment on any other days.	F 0684		

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F 0684 SS=D	Continued from page 5 Interview on December 9, 2024, at 2:30 p.m. with the Director of Nursing, Employee E2, and the facility administrator, Employee E1, confirmed the above-mentioned findings and that there is no documented evidence available to confirm that the ointment was administer by staff according to physician orders. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services	F 0684		
F 0804 SS=E		F 0804		

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F 0804 SS=E	Continued from page 6 483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by:	F 0804	1. Unable to correct retroactively. R1 and R2 had no adverse effects. 2. Initial audit was conducted to validate food is served at the proper temperature. Variances were addressed at the time of the audit and placed on the facility audit tool. 3. Dietary staff will be re educated on serving food at the proper temperature. 4. FSD /designee will complete random audits to validate food is served at the proper temperature five times a week for four weeks and monthly for two months. Audit findings will be addressed and submitted to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed.	Completion Date: **01/06/2025** Status: **APPROVED** Date: **12/23/2024**

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F 0804 SS=E	Continued from page 7 Based on review of facility documentation, observations, and resident and staff interviews, it was determined that the facility failed to provide food that was palatable and served at the proper temperature for two of 4 residents reviewed (Resident R1 and R2). Findings include: Review of facility policy, under "food preparation, cooking and holding Time/Temperatures," revised November 2022, revealed that the "danger zone" for food temperatures is above 41 degrees Fahrenheit (F) and below 135 degrees Fahrenheit. This temperature range promotes the rapid growth of pathogenic microorganisms that cause foodborne illness. Foods must be maintained at or below 41 degrees F or at or above 135 degrees F. Interview conducted on December 9, 2024, at 11:00 a.m. with Resident R1 revealed that "food is cold."	F 0804		

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F 0804 SS=E	Continued from page 8 Interview conducted on December 9, 2024, at 9:30 a.m. with Resident R2 revealed that food is cold and "burnt." Observations during a test tray conducted with the facility Cook, Employee E5, conducted on December 9, 2024, at 1:15 p.m. revealed that juice registered at 58 degrees F; canned pineapple at 55 degrees F; and cold pie at 62 degrees F. Follow up interview with Employee E5 acknowledged that the above the acceptable temperatures and therefore not palatable. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 211.6(f) Dietary services	F 0804		

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H 0021	51.6 (a)(2) IDENTIFICATION OF PERSONNEL 51.6. Identification of personnel (a) When working in a health care facility and when clinically feasible, the following individuals shall wear an identification tag which displays that person's name and professional designation: (2) Health care providers employed by health care facilities. This REGULATION is not met as evidenced by:	H 0021	1. E9, E10, and E11 applied temporary identification badges and were issued new identification badges. 2. Initial audit was conducted to validate employees have identification badges and are being displayed as required. 3. Employees will be re educated on displaying identification badges as required. 4. NHA/ designee will complete random audits to validate employees are displaying identification badges as required five times a week for four weeks and monthly for two months. Audit findings will be addressed and submitted to the Quality Assurance Performance Improvement Committee for further review and recommendations as needed	Completion Date: **01/06/2025** Status: **APPROVED** Date: **12/23/2024**

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H 0021	Continued from page 1 Based on observations and staff interviews, it was determined that the facility failed to ensure that employee identification tags were displayed as required. Findings include: Observations of Licensed Practical Nurse, Employee E9, on December 9, 2024, at 10:36 a.m. revealed that she did not have identification displayed while providing care to residents. Upon interview, Employee E9 stated that she needs to "look for it in her bag." Observations of Nurse Aid, Employee E10, on December 9, 2024, at 10:39 a.m. revealed that she did not have identification displayed while providing care to residents. Upon interview at that time, employee E9 stated, "I don't have one." Observations of Nurse aid, Employee E11, on December 10, 2024, at 10:40 a.m. revealed that her identification tag was not visible. Upon interview at	H 0021		

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H 0021	Continued from page 2 that time, Employee E11 stated that she will "go get it now." Interview with the Nursing Home Administrator on December 9, 2024, at 2:30 p.m. confirmed that employee identification information was to be displayed so that it was visible.	H 0021		

Certified End Page

UNIVERSITY CITY REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 180102

SURVEY EXIT DATE: 12/09/2024

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
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