STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395852	A. BLDG: 00 B. WING:	08/14/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
CLIVEDEN NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: **330402**	**6400 GREENE STREET PHILADELPHIA, PA 19119**

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F 0000	INITIAL COMMENT Based on an Abbreviated Survey in response to a complaint, completed on August 14, 2025, it was determined that Cliveden Nursing and Rehabilitation 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 0656 SS=D		F 0656		

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 0656 SS=D	Continued from page 1 483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future	F 0656	Immediate Corrective Action: R7 care plan was reviewed and updated accordingly. R8 has been discharged from the facility. Housewide Corrective Action: Current residents with colostomy care and IV care were audited to ensure care plans were present. Policy/ Education: Licensed nurses will be re-educated on the facility's comprehensive care plan policy and ensuring specific care needs (IV and/or colostomy) are added to the care plan as applicable. Performance Monitoring: DON or designee will complete weekly audits x 4 weeks to ensure residents with colostomy care and IV care needs have care plans to reflect specific the same. Results will be reviewed during facilities monthly QAPI meeting. QA meeting will determine the need for continued auditing.	Completion Date: **10/01/2025** Status: **APPROVED** Date: **09/04/2025**

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F 0656 SS=D	Continued from page 2 discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:	F 0656		

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F 0656 SS=D	Continued from page 3 Based on a review of medical records and staff interviews it was determined that the facility failed to develop and implement care plans for two of eight residents reviewed regarding intravenous (IV) and ostomy care. (Resident R7 and R8.) Findings include: A review of Resident R7's clinical record revealed that the resident was admitted to the facility on July 30, 2025, with a colostomy. Interview with Resident R7 on August 13, 2025, at 11:00 a.m. revealed that the resident was receiving colostomy care each day. Further review of Resident R7s medical record revealed no comprehensive care plan for the care of his colostomy. A review of Resident R8's clinical record revealed that the resident was admitted to the facility on August 1, 2025, with an IV. Interview with Resident R on August 13, 2025, at 11:15 a.m. revealed that the resident had an IV for medication to prevent infection to his wounds.	F 0656		

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F 0656 SS=D	Continued from page 4 An interview with the Director of Nursing on August 13, 2025, at 1:20 p.m. confirmed that there was no care plan to address resident R7s colostomy care or Resident R8s IV care. 28 Pa. Code 211.12 (d)(5) Nursing services	F 0656		
F 0726 SS=D		F 0726		

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F 0726 SS=D	Continued from page 5 483.35(a)(3)(4)(d) Competent Nursing Staff §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(d) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	F 0726	Immediate Corrective Action: IV care competencies were completed with E4 and E5. Ostomy care competencies were completed with E4, E5, E6 and E7. Housewide Corrective Action: Current licensed nursing staff to be audited to ensure IV care and ostomy care competencies have been completed. Policy/Education: Current licensed nurses will have IV care and ostomy care competencies completed. Performance Monitoring: DON or designee will complete weekly observations of 2 nurses performing ostomy care and IV care x 4 weeks to ensure staff are competent in performing both tasks. Results will be reviewed during facilities monthly QAPI meeting. QA meeting will determine the need for continued auditing.	Completion Date: **10/01/2025** Status: **APPROVED** Date: **09/04/2025**

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F 0726 SS=D	Continued from page 6 This REQUIREMENT is not met as evidenced by:	F 0726		

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F 0726 SS=D	Continued from page 7 Based on review of facility documentation and staff interview, it was determined that the facility failed to ensure that licensed nursing staff had the proper competencies including intravenous (IV) care and ostomy care for four of four licensed nurse training records reviewed (Employees E4, E5, E6 &; E7). Findings include: Review of the provided facility policies did not reveal any policy related to nursing competencies. Review of training records provided did not reveal competencies requested including IV care for Employees E4 and E5, and ostomy care for Employees E4, E5, E6 and E7. Interview with the Director of Nursing on August 13, 2025, at 1:15 p.m. confirmed that there was no documentation available to review to show that the selected licensed nursing staff had been evaluated for competency in ostomy care, and that Employee E6 and E7 had no IV competency documented.	F 0726		

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F 0726 SS=D	Continued from page 8 28 Pa. Code: 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services	F 0726		

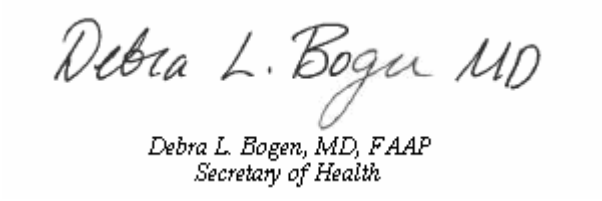
Certified End Page

CLIVEDEN NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 330402

SURVEY EXIT DATE: 08/14/2025

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



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY