

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395893	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2024
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NAME OF PROVIDER OR SUPPLIER: CARE PAVILION NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 6212 WALNUT STREET PHILADELPHIA, PA 19139
STATE LICENSE NUMBER: 292002	

(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 0804 SS=D	Based on an Abbreviated Survey in response to a complaint, completed on December 17, 2024, it was determined that Care Pavilion 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 0804		

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 0804 SS=D	Continued from page 1 483.60(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	Dietary Director met with residents R2, R8, R9, R10 and R11 to ensure that residents know that he and the Dietary Department are aware of concerns with food being too cold and to acknowledge to the residents that the department is working on plans to improve food temperatures for resident consumption to at least 135 degrees. A new plate-warmer has been purchased and installed to aid in keeping foods that are intended to be eaten warm, warm; from the time food leaves tray line until delivery and consumption by residents. Dietary Staff have been educated regarding food temperature requirements/regulations, properly documenting food temperatures during the production and delivery process and the process to follow if they identify food temperatures that are out of regulatory range during production and delivery. Dietary Director will spot check food	Completion Date: 01/10/2025 Status: APPROVED Date: 01/03/2025

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F 0804 SS=D	Continued from page 2	F 0804	temperatures 3 X per week, document and report findings X 3 months at the monthly QAPI Meeting for improvement recommendations.	

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F 0804 SS=D	Continued from page 3 Based on observations, resident and staff interviews, and a review of facility documentation, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for five of ten residents reviewed (Residents R2, R8, R9, R10 and R11). Findings include: A review of Test Tray Evaluation Form, revealed that the standard temperature for hot foods, including entrée and starch, on tray line was over 135 degrees and cold food, including milk and juice, was under 50 degrees. Interview with Resident R8 on December 16, 2024, at 10:55 a.m. revealed that the food is not always warm enough. Interview with Resident R9 on December 16, 2024, at 11:00 a.m. revealed that the food is often cold, that they do not bring her coffee and she prefers oatmeal as the cream of wheat makes her sick.	F 0804		

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F 0804 SS=D	Continued from page 4 Interview with Resident R10 on December 16, 2024, at 11:03 a.m. revealed that the food does not taste good, and it is not always hot enough. Interview with Resident R11 on December 16, 2024, at 11:07 a.m. revealed that the food is not always warm, and that they do not take away the dirty trays. Interview with Resident R2 on December 16, 2024, at 11:14 a.m. revealed that the food that they bring is cold and mushy. Observations during a test tray conducted with the Food Service Director (FSD), Employee E4, revealed that the roast pork, colored pasta, green beans and chicken noodle soup were all below 135 degrees, and the apple juice and cinnamon apple dessert were above 50 degrees. An interview with the FSD, on December 16, 2024, at 12:20 p.m. confirmed that these food items were	F 0804		

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F 0804 SS=D	Continued from page 5 outside the acceptable temperature and therefore not palatable, and a review of the Test Tray Evaluation Form revealed all foods and drinks except coffee did not meet the standard of service temperature. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management	F 0804		
F 0925 SS=D		F 0925		

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F 0925 SS=D	Continued from page 6 483.90(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	Environmental Services Director has met with residents R2, R3, R4, R5, R8 and R10 to ensure that facility fully understands the pest control concerns that the residents have and followed-up by having the external pest control company, EcoLab, specifically treat identified concerns. Environmental Services will audit each room to look for signs of pests, such as "droppings". Where any signs of pests are identified, Environmental Services will complete deep cleaning of the room(s) and follow-up to ensure that EcoLab treats the room for the specific identified need. Environmental Services Staff will be educated regarding how to identify and monitor for signs of pests and what to do when signs of pests are identified. Environmental Services Director or designee will audit 3 resident rooms per week, document and report findings X 3 months at the monthly	Completion Date: 01/10/2025 Status: APPROVED Date: 01/03/2025

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F 0925 SS=D	Continued from page 7	F 0925	QAPI Meeting for improvement recommendations.	

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F 0925 SS=D	Continued from page 8 Based on observations, interviews, and a review of facility policies and documentation, it was determined that the facility was not maintaining an effective pest control program for six of ten residents interviewed (Residents R2, R3, R4, R5, R8 and R10). Findings include: A review of facility "Pest Control" policy revised September 27, 2024, states that the facility maintains an ongoing pest control program to ensure the building is kept free of insects and rodents. Interview with Resident R4 on December 16, 2024, at 10:44 a.m. revealed that she has seen mice in her room. Interview with Resident R5 on December 16, 2024, at 10:48 a.m. revealed that there is a problem with mice, and that he see's mouse poop all over the facility. He said that the exterminator was in his room last week and said that they would be gone in	F 0925		

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F 0925 SS=D	Continued from page 9 three days, but he still sees and hears them. He thinks the mice chewed the pillows on the bed next to his. Resident R5 said that a while ago he got a small mouse stuck between his meal plate and the plastic plate pellet on his tray. Mouse droppings were observed in the corner of his room next to the heating and air conditioner. Interview with Resident R8 on December 16, 2024, at 10:55 a.m. revealed that he has seen mice and bugs in his room. Interview with Resident R10 on December 16, 2024, at 11:03 a.m. revealed that the facility has a problem with mice, and that he has seen droppings. Interview with Resident R2 on December 16, 2024, at 11:14 a.m. revealed that she has seen mice under her bed, and that her roommate has trouble feeding herself and that she drops food and crumbs and when they make the bed they just shake it on the floor and that this attracts the mice and bugs.	F 0925		

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F 0925 SS=D	Continued from page 10 Interview with Resident R3 on December 16, 2024, at 12:34 p.m. revealed that she has seen rats come in from under the HVAC unit. A brief review of the Pest Sighting/Evidence Log at the facility revealed mice sighting as follows: 1st Floor East October 7, 2024 - mice in room 170 November 15, 2024 - mouse droppings in room 170 behind bed B 2nd Floor East October 7, 2024 - mouse droppings behind furniture October 23, 2024 - mice in room 259 glue board placed 2nd Floor West August 17, 2024 - mice sighted in 2West hallway December 12, 2024 - mice in room 205 3rd Floor East September 18, 2024 - mice near B bed	F 0925		

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F 0925 SS=D	Continued from page 11 3rd Floor West October 23, 2024 - one mouse caught by B side dresser November 4, 2024 - Mice next to B bed HVAC unit November 26, 2024 - mice ran up resident bed November 29 Mice running in room 301-305, 309, 322-324 December 13, 2024 - multiple mice sightings in room 322 and 324 An interview with maintenance director, Employee E10, on December 16, 2024, at 2:45 p.m. confirmed that these sightings were from the pest logs kept on each floor. An interview with the Administrator, on December 16, 2024, at 2:50 p.m. confirmed that the above findings. 28 Pa. Code: 201.18(b)(1)(3) Management	F 0925		

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F 0925 SS=D	Continued from page 12	F 0925			

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>Facility will ensure that we will abide by the DOH guidelines for CNA staffing ratios.</p> <p>Staffing directors will be educated to ensure that we are abiding with DOH guidelines for CNA staffing ratios.</p> <p>NHA/designee will audit 3X weekly X4 weeks and then monthly X2 months to ensure that facility is abiding by DOH CNA staffing ratios.</p> <p>Results will be reviewed during the facilities monthly QAPI Meeting X3 months to determine the need for further review.</p>	<p>Completion Date: 01/10/2025</p> <p>Status: APPROVED</p> <p>Date: 01/03/2025</p>
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P 5520	<p>Continued from page 1</p> <p>Based on review of facility staffing data, it was determined that the facility did not ensure a minimum of one nurse aide (NA) per 10 residents on day shift, one nurse aide (NA) per 11 residents on evening shift and/or a minimum of one nurse aide (NA) per 15 residents on night shift for the three weeks from November 24, 2024, through December 14, 2024.</p> <p>Findings include:</p> <p>According to Pennsylvania state regulations, effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>Review of facility's 'nursing staff ratio' for the three weeks from November 24, 2024, through December 14, 2024, revealed that facility did not meet ratio's as follows:</p> <p>November 24 - Day, Evening, Night</p>	P 5520		

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P 5520	Continued from page 2 November 27 - Evening November 28 - Night November 29 - Day, Night November 30 - Day, Night December 1 - Day, Evening, Night December 2 - Day, Evening, Night December 4 - Evening December 6 - Evening, Night December 7 - Evening, Night December 8 - Day, Evening, Night December 9 - Day, Night December 12 - Evening December 14 - Day, Night The above findings were discussed with facility's administration on December 16, 2024, at 2:30 p.m. 28 PA Code 211.12 (f.1)(2) Nursing services	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 3 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	Facility will ensure that we will abide by the DOH guidelines for LPN staffing ratios. Staffing directors will be educated to ensure that we are abiding by DOH guidelines for LPN staffing ratios. NHA/designee will audit 3X weekly X4 weeks and then monthly X2 months to ensure that facility is abiding with DOH LPN staffing ratios. Results will be reviewed during the facilities monthly QAPI Meeting X3 months to determine the need for further review.	Completion Date: 01/10/2025 Status: APPROVED Date: 01/03/2025

Pennsylvania Department of Health

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P 5530	<p>Continued from page 4</p> <p>Based on review of facility staffing data, it was determined that the facility did not ensure a minimum of one licensed practical nurse (LPN) per 25 residents on day shift on December 9, 2024.</p> <p>Findings include:</p> <p>According to Pennsylvania state regulations, Effective July 1, 2023, a minimum of one LPN per 25 residents on day shift.</p> <p>Review of facility's 'nursing staff ratio' for the weeks of November 24, 2024, through December 14, 2024, revealed that facility did not meet LPN ratio as follows:</p> <p>December 9, 2024 - Minimum Req. 92.80; Actual 91.12</p> <p>The above findings were discussed with facility's Administrator on December 16, 2024, at 2:30 p.m.</p> <p>28 PA Code 211.12 (F1)(4)</p>	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395893	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2024
NAME OF PROVIDER OR SUPPLIER: CARE PAVILION NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 6212 WALNUT STREET PHILADELPHIA, PA 19139		
STATE LICENSE NUMBER: 292002				
(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
P 5640	<p>Nursing services.</p> <p>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>Facility will ensure that we will abide by the DOH guidelines for total number of hours of general nursing care provided in each 24-hour period.</p> <p>Staffing directors will be educated to ensure that we are abiding with DOH guidelines for total number of hours of general nursing care provided in each 24-hour period.</p> <p>NHA/designee will audit 3X weekly X4 weeks and then monthly X2 months to ensure that facility is abiding by DOH guidelines for total number of hours of general nursing care provided in each 24-hour period.</p> <p>Results will be reviewed during the facilities monthly QAPI Meeting X3 months to determine the need for further review.</p>	<p>Completion Date: 01/10/2025</p> <p>Status: APPROVED</p> <p>Date: 01/03/2025</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395893	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2024	
NAME OF PROVIDER OR SUPPLIER: CARE PAVILION NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 292002		STREET ADDRESS, CITY, STATE, ZIP CODE: 6212 WALNUT STREET PHILADELPHIA, PA 19139		
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P 5640	<p>Continued from page 6</p> <p>Based on review of facility staffing sheets, it was determined that the facility failed to provide a minimum of 3.2 hours of direct resident care for each resident in a 24 period for four out of 14 sampled days.</p> <p>Findings include:</p> <p>Review of facility nursing staffing sheets for the weeks of August 30, 2024, through September 12, 2024, revealed the following days where the staffing hours of direct resident care fell below the required 3.2 hours:</p> <p>November 24 - 2.69 November 27 - 3.14 November 29 - 3.02 November 30 - 2.95 December 1 - 2.57 December 2 - 2.96 December 3 - 3.18 December 5 - 3.08 December 6 - 2.96</p>	P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395893	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/17/2024
NAME OF PROVIDER OR SUPPLIER: CARE PAVILION NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 6212 WALNUT STREET PHILADELPHIA, PA 19139		
STATE LICENSE NUMBER: 292002					
(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	
P 5640	Continued from page 7 December 7 - 3.00 December 8 - 2.69 December 9 - 2.87 December 12 - 3.19 December 13 - 3.09 December 14 - 3.03 The above findings were discussed with facility's administration on December 16, 2024, at 2:30 p.m.	P 5640			



Certified End Page

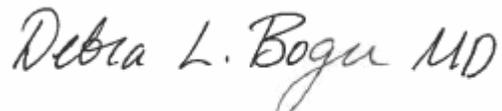
CARE PAVILION NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 292002

SURVEY EXIT DATE: 12/17/2024

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