

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: 04/23/2025
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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	

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F 0000	INITIAL COMMENT	F 0000		
F 0600 SS=D	Based on an Abbreviated Survey in response to two complaints and a facility reportable event completed on, April 24, 2025, it was determined that Care Pavilion Nursing and Rehabilitation 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 0600		

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 0600 SS=D	Continued from page 1 483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 0600	No retroactive correction for this deficient practice Current residents that are dependent for toileting were audited to ensure timely incontinence care is being provided and documented in the POC Task program. Current CNAs were re-educated on the abuse policy relating to neglect and incontinence care, providing timely incontinence care for dependent residents and completing documentation in the POC Task program. Random audits will be completed by Director of Nursing or designee weekly x 4 weeks and then monthly x 2 months to ensure timely incontinence care is provided and documented in the POC Task program. Results of audits will be reported in monthly QAPI Meetings for further recommendations.	Completion Date: 05/08/2025 Status: APPROVED Date: 05/06/2025

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F 0600 SS=D	Continued from page 2 Based upon interviews with resident, resident's family, and staff, review of resident records and facility policy it was determined that the facility neglected to give timely incontinence care to one of four residents reviewed (Resident R1). Findings include: Review of the facility policy for Abuse states, "Abuse and neglect exist in many forms and to varying degrees. The policy further states that, "Neglect occurs when the facility is aware of or should have been aware of goods and service that a resident requires but the facility failed to provide them to the resident(s) that resulted in or may result in physical harm, pain, mental anguish or emotional distress." Resident R1 was admitted to the facility on April 10, 2025, with history of cerebral infarction (stroke) with left side weakness, and aphasic (non-verbal). Review of Resident R1 functional abilities dated April 16, 2025, assessed the resident	F 0600		

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F 0600 SS=D	Continued from page 3 as dependent upon staff for all self-care, that included eating, hygiene, toileting, bathing, and dressing, bed mobility and transfers from bed to chair and/or chair to bed. Review of Resident R1's care plan for the potential risk of acquiring skin impairment dated April 10, 2025, indicated it was due to the resident's right-side hemiparesis (weakness), obesity, impaired mobility, incontinence of bowel and bladder. Nursing staff were to keep the resident's skin dry due to this increased risk. Interview with Resident R1's family member on April 24, 2025, at 12:30 p.m. stated, "On Easter Sunday, (April 20, 2025), I was here with my wife, and she waited from 11:30 a.m. until the next shift at 4:00 p.m. until she was changed. She does not deserve to sit in BM (bowel movement) for that long. I went to the front desk and asked them to help but no one did anything. I spoke to the Nursing Home Administrator the next day about it and he apologized and said, 'It was because they were short staffed because of Easter.' 'That doesn't make it right and my wife shouldn't be treated like this."	F 0600		

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F 0600 SS=D	Continued from page 4 Review of Resident R1 care that is documented on the nursing assistants' "Task" program did not show documentation of any type of care the resident received on first shift 7am to 3p.m. including no documentation that the resident received incontinence care on April 20, 2025. Immediately after the interview, the Nursing Home Administrator was interviewed, with Resident R1's family member that confirmed their previous conversation on Monday April 21, 2025 regarding Resident R1 not receiving timely incontinence care. 28 Pa Code 211.10(c) Resident care policies 28 Pa Code 211.12(c) Nursing services 28 Pa Code 211.12(d)(1)(5) Nursing services	F 0600		
F 0609 SS=D		F 0609		

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F 0609 SS=D	Continued from page 5 483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 0609	Event report has been made to the State Survey Agency for residents R1 and R2. A 30 day look back of facility grievances and incident reports was completed to ensure care concerns relating to neglect were reported and investigated per policy. Nursing Administration and Administrators have been educated on proper identification and timeliness of reporting; including to the State Survey Agency. NHA or designee will complete weekly audits of grievances and incident reports x 4 weeks then monthly x 2 months to ensure a timely investigation is initiated and reported to the state agency per policy. Results of audits will be reported in monthly QAPI Meetings for further recommendations.	Completion Date: 05/08/2025 Status: APPROVED Date: 05/06/2025

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F 0609 SS=D	Continued from page 6 Based on interviews with staff review of resident records and facility policy and procedure, it was determined that the facility failed to notify state agencies as required for two of four resident records reviewed (Residnr R1 and R2). Findings include: Review of facility policy for Abuse, states, "Abuse and neglect exist I many forms and to varying degrees. Neglect occurs when the facility is aware of or should have been aware of goods and service that a resident requires but the facility failed to provide them to the resident(s) that resulted in or may result in physical harm, pain, mental anguish or emotional distress. The same policy states that initial reporting of incidents and or allegations will immediately be reported to the state agency including a follow-up investigation report within five working says. Resident R1 was admitted to the facility on April 10, 2025, with history of cerebral infarction (stroke)	F 0609		

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F 0609 SS=D	Continued from page 7 with left side weakness, incontinent of bowel and bladder and depended upon staff for all the resident's care needs. Interview with Resident R1's family member on April 24, 2025, at 12:30 p.m. stated, the Nursing Home Administrator was told on Monday (April 21, 2025) that Resident R1, after having a bowel movement, had to wait from 11:30 am to 4:00 p.m. for her adult brief to be changed on Easter (April 20, 2025). Immediately afterwards, an interview with Nursing Home Administrator, and Resident R1's family member spoke and confirmed their previous conversation on Monday April 21,2025 regarding Resident R1 not receiving timely incontinence care. Further review revealed the facility failed to report the incident. The facility reported to state agency that Resident R2 on April 7, 2025, was noticed by the nurse the resident's right great toe toenail was broken off.	F 0609		

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F 0609 SS=D	Continued from page 8 Upon the facility's investigation and interview with a staff member, a housekeeper admitted he hit the resident with his cart. During an interview on April 23, 2025, at 2:00 p.m. the Nursing Home Administrator confirmed the facility failed to report the follow-up investigation to state agency as required. 28 Pa. Code:201.14(a)(c) Responsibility of licensee. 28 Pa. Code:201.18(b)(1)(e)(1) Management.	F 0609		
F 0919 SS=D		F 0919		

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F 0919 SS=D	Continued from page 9 483.90(g)(1)(2) Resident Call System §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from- §483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by:	F 0919	Resident R1's call bell has been positioned to enable the resident access to call for staff assistance. Current residents were audited to ensure they have access to their call bell and are able to use it properly. Current nursing staff have been educated to ensure that residents' call bells are in reach and that the residents' are able to properly use the call bell. NHA or designee will conduct random audits of (10) resident rooms weekly x 4 weeks and then monthly x 2 months to ensure call bells are positioned to enable residents to call for staff assistance. Results of audits will be reported in monthly QAPI Meetings for further recommendations.	Completion Date: 05/08/2025 Status: APPROVED Date: 05/06/2025

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F 0919 SS=D	Continued from page 10 Based on observations, interviews with staff and resident family and review of facility policy, it was determined that the facility failed to ensure that call bells were within reach for one of four residents reviewed (Resident R1). Findings include: Review of the facility's policy for call bells dated April 1, 2022, states, "The residents are to have access to call bells at all times and ensure the call bell is within reach before leaving the resident room." Resident R1 was admitted to the facility on April 10, 2025, with history of cerebral infarction (stroke) and left side weakness, and was aphasic (non-verbal). Review of Resident R1 functional abilities dated April 16, 2025, assessed the resident as dependent on staff to provide all self-care needs, including eating, toileting bathing, dressing, bed mobility, and transfers from bed to chair and/or chair to bed.	F 0919		

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F 0919 SS=D	Continued from page 11 Interview with Resident R1's family on April 24, 2025, at 12:30 p.m. stated, Resident R1 was non-verbal and could not use the right side because it was paralyzed from a resent stroke. The family member pointed to the resident's call bell that was positioned on the right side of the resident's bed and said, " If I am not here, she can't holler, and she's not able to grab the call bell when it is positioned on her bad side." 28 Pa. Code 211.12(d)(1(5) Nursing services	F 0919		

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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: 05/08/2025</p> <p>Status: APPROVED</p> <p>Date: 05/06/2025</p>

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P 5520	<p>Continued from page 1</p> <p>Based on a review of nursing staffing hours and staff interview, it was determined that the facility did not ensure a minimum of one nurse aide (NA) for every 12 residents on the day shift for three of seven days reviewed, one NA for every 12 residents on the evening shift for four of seven days reviewed, and one NA for every 20 residents during the night shift on two of seven days reviewed.</p> <p>Findings include:</p> <p>Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census:</p> <p>Day shift (requires one NA per 12 residents) April 20, 2025 246, 18.12 NAs, with a census of 322 residents, required 32.80 NAs. April 21, 2025 24.99 NAs with a census of 329 residents, required 32.70 NAs April 22, 2025 28.93 NAs with a census of 333 residents required 33.30.</p>	P 5520		

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P 5520	Continued from page 2 Evening shift (requires one NA per 12 residents) April 20, 2025, 17.20 NAs with a census of 328 residents required 29.82 NAs. April 21, 2025 21.69 NAs with a census of 327 residents required 29.73 NAs. April 22, 2025 25.51 NAs with a census of 333 residents required 30.27 NAs. April 23, 2025 28.11 NAs with a census of 330 residents required 30.00 NAs. Night shift (requires one NA per 20 residents) April 20, 2025, 18.08 NAs with a census of 328 residents required 21.07 NAs. April 23, 2025, 18.05 NAs with a census of 333 residents required 22.00 NAs. This was confirmed with the Nursing Home Administrator on April 29, 2025, at 3:00 p.m. that the above staffing did not meeting the required minimums.	P 5520		

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P 5530	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: 05/08/2025 Status: APPROVED Date: 05/06/2025

Pennsylvania Department of Health

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: 04/23/2025
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 5530	Continued from page 4 Based on a review of nursing staffing hours and staff interview, it was determined that the facility did not ensure a minimum of one Licensed Nurse (LPN) for two of 21 shifts reviewed for seven days. Findings include: Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census: Day shift (requires one LPN per 25 residents) April 20, 2025 day shift had 10.33 LPN with a census of 328 residents that required 13.12 LPNs. On April 20, 2025 night shift had 7.32 LPNs with a census of 328 residents that require 8.20 LPNs. Interview with the Nursing Home Administrator confirmed on April 29, 2025 at 3:00 p.m. the facility did not meet the required amount of nursing staff.	P 5530		
P 5640		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: 04/23/2025	
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		
(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 5 Nursing services. (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. This REGULATION is not met as evidenced by:	P 5640	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. 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. 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. Results will be reviewed during the facilities monthly QAPI Meeting X3 months to determine the need for further review.	Completion Date: 05/08/2025 Status: APPROVED Date: 05/06/2025

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: 04/23/2025
NAME OF PROVIDER OR SUPPLIER: CARE PAVILION NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 6212 WALNUT STREET PHILADELPHIA, PA 19139		
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P 5640	Continued from page 6 Based on a review of nursing staffing hours and staff interview, it was determined that the facility did not ensure a minimum of 3.20 nursing care hours per patient, per day, for six of the seven days reviewed (April 17, 2025 thru April 23, 2025). Findings include: Review of nursing staff care hours provided by the facility revealed the following staff scheduled for the resident census: April 18, 2025, 964.35 care hours with a census of 332 residents, totaling 2.90 PPD. April 19, 2025, 994.16 care hours with a census of 329 residents, totaling 3.02 PPD. April 20, 2025, 681.17 care hours with a census of 328 residents, totaling 2.08 PPD. April 21, 2025, 838.50 care hours with a census of 327 residents, totaling 2.56 PPD. April 22, 2025, 933.21 care hours with a census of 333 residents, totaling 2.80 PPD. April 23, 2025, 921.81 care hours with a census of 330 residents, totaling 2.29 PPD.	P 5640		

Pennsylvania Department of Health

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: 04/23/2025
NAME OF PROVIDER OR SUPPLIER: CARE PAVILION NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE: 6212 WALNUT STREET PHILADELPHIA, PA 19139		
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P 5640	Continued from page 7 This was confirmed with the Nursing Home Administrator on April 28, 2025 at 3:00 p.m. facility did not meet the required number of staff.	P 5640			



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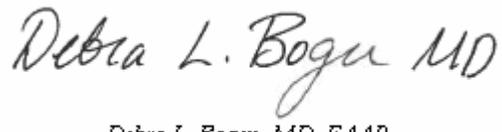
CARE PAVILION NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 292002

SURVEY EXIT DATE: 04/23/2025

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