STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395961	A. BLDG: 00 B. WING:	06/27/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHILADELPHIA PROTESTANT HOME STATE LICENSE NUMBER: **681002**	**6500 TABOR ROAD** **PHILADELPHIA, PA 19111**

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F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance survey and an Abbreviated survey in response to one complaint completed on June 27, 2025, it was determined that Philadelphia Protestant Home 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 0000		
F 0561 SS=D		F 0561		

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 0561 SS=D	Continued from page 1 483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by:	F 0561	Staff will be educated regarding residents rights and self-determination. Residents will will educated at resident council regarding their rights and how to file a grievance if they feel their rights have been violated. Resident welcome book has been updated to include information regarding grievances and the grievance officer and will be distribute to all new and current residents	Completion Date: **08/26/2025** Status: **APPROVED** Date: **07/17/2025**

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F 0561 SS=D	Continued from page 2 Based on review of clinical records, interview with staff and review of facility provided documentation, it was determined facility failed to ensure that one of 23 residents reviewed exercised right to go to bed and the time of her/his choosing. (Resident R67) Findings include: Review of facility policy 'Resident Rights,' revised October 13, 2012, indicates that "the resident has the right to exercise his/her rights as a resident of this facility and as a citizen of the United States. Exercising rights means that residents have autonomy and choice, to live their everyday lives and receive care." Review of Resident R67's clinical record, on Friday, June 27, at 10:00am, revealed the diagnoses of adjustment disorder with depressed mood, anxiety disorder, abnormalities of gait and mobility, muscle weakness, abnormal posture, and subsequent encounter of falls.	F 0561		

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F 0561 SS=D	Continued from page 3 Review of Resident R67's Minimum Data Set (MDS resident assessment and care needs), completed April 7, 2025, indicated that Resident R67 required extensive assistance of two of more physical assist for transfers. Review of facility provided investigation report, completed on May 14, 2025, indicated that "resident stated that staff members forced her to go to bed on May 3, 2025 when (she/he) was not ready. (She/He) stated that two women tried to put (her/him) to bed, (she/he) told them no, and then the nurse came in and told them to do what they needed to do. The resident stated the women then grabbed (her/his) by (her/his) arms and put (her/him) into bed. Resident was noted with bruising to bilateral arms the following day when (she/he) reported the incident to (her/his) family and nursing staff." Review of nursing notes, dated May 14, 2025, at 2:38 p.m., indicated "family brought attention to several bruises on resident's bilateral upper extremities. Resident reports the right upper	F 0561		

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F 0561 SS=D	Continued from page 4 extremity feels sore. Statements collected from staff." Further review of investigation report revealed that resident right's committee met with employee. "While unable to determine if bruising occurred from the alleged incident, it was determined that the resident's rights to participate in (her/his) care was violated when Licensed nurse, Employee E7 and Nurse aide, Employee E8, transferred resident to (her/his) bed without (her/his) permission." 28 Pa Code 201.29(j) Resident rights 28 Pa Code 211.12(d)(3)(5) Nursing services	F 0561		
F 0585 SS=E		F 0585		

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F 0585 SS=E	Continued from page 5 483.10(j)(1)-(4) Grievances §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance	F 0585	Grievance forms have been placed on all units next to grievance submission box. Residents will receive education on grievance process at resident council meeting. Resident welcome book has been updated to include information regarding grievances and the grievance officer and will be distribute to all new and current residents. Grievance officer or designee will conduct weekly audits to ensure forms are available for residents and to collect any grievances that may have been submitted. Grievance policy has been updated. Grievances will be reported at quarterly QAPI meetings.	Completion Date: **08/26/2025** Status: **APPROVED** Date: **07/17/2025**

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F 0585 SS=E	Continued from page 6 can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the	F 0585		

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F 0585 SS=E	Continued from page 7 date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by:	F 0585		

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F 0585 SS=E	Continued from page 8 Based on a resident group interview, resident interview, review of facility policy and procedures, and staff interview, it was determined that the facility failed to ensure that the grievance forms were available and accessible to residents on three of the three nursing units. (Second floor, Third floor, Fourth floor). Findings Include: A review of facility policy titled "Grievances/Complaints-(filing of)" revised January 2023 states, "Policy-The facility will assist residents, their representatives, other interested family members, or advocates in filing grievances or complains when such requests are made. "Procedure- 1. Any resident, his or her representative, family member, or advocate may file a grievance or complaint concerning his or her treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of threat or reprisal in any form. a. A grievance may be filed anonymously through secure drop boxes	F 0585		

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F 0585 SS=E	Continued from page 9 located on each unit" Review of the requested facility grievance logs from the past six months January through June 2025 revealed only one grievance over the six month period. On June 26, at 11:33 a.m., a facility tour was conducted with the Social Worker, Employee E4. A tour was taken of the lobby area and each of the floors with nursing units (Second floor, Third floor, Fourth floor). The tour revealed there were no facility grievance forms readily accessible to residents without having to ask. Interview on June 26, 2025 at 11:43 a.m. with the Director of Social Services Employee E5 revealed the facility social worker usually interviews anyone that has a concern and fills out the form. 28 Pa. Code 201.14(a)Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management	F 0585		

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F 0585 SS=E	Continued from page 10 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(a)Resident rights	F 0585		
F 0657 SS=D	483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.	F 0657	All residents with currently documented behaviors and those on psychotropic medication will audited to ensure care plans are accurate. Staff will be educated on updating care plans to reflect residents' needs. Care plan policy has been updated. DON or designee will conduct audits weekly x4 weeks then random audits monthly x3 months of care plans for residents with behaviors or on psychotropic medication to ensure accuracy. Care plans will also be reviewed and updated with each MDS to reflect the current needs of each residents	Completion Date: **08/26/2025** Status: **APPROVED** Date: **07/17/2025**

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F 0657 SS=D	Continued from page 11 (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 0657		

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F 0657 SS=D	Continued from page 12 Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to revise a resident's care plans, related to accuracy of information, for one of 23 residents reviewed. (Resident R102) Findings Include: Review of facility policy, "Care Planning Process" revised July 2024 states, "Policy-A comprehensive care plan shall be developed for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs." Further review under procedure revealed .... "Care plans are revised as changes in the resident's condition dictate. Reviews are made at least quarterly." Review of Resident R102's clinical record revealed that the resident was admitted to the facility on September 19, 2024 with the following diagnoses: Depression, Anxiety, Hyperlipidemia (high cholesterol), and Acute Kidney Failure (loss of	F 0657		

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F 0657 SS=D	Continued from page 13 kidney function)." Review of Resident R102's nursing note dated June 7, 2025 revealed, "Resident's Care Nurse reported that resident was making sexual comments towards her during care. Resident making comments about her breast and what size bra she wears. Care Nurse did inform resident that his conversation was inappropriate, and he was not to speak to her that way. Care Nurse did say that resident eventually refrained from making comments." Review of Resident R102's nursing note dated April 28, 2025 revealed, "At the start of my 12-hour shift resident proceeded to ask me will I be in to flush foley in the morning. Have explained to resident on more than one occasion that catheter does not need to be flushed if not blocked or leaking. Resident currently has an order for as needed flush if catheter is blocked or leaking. Catheter is draining without difficulty. Sufficient output noted. Resident has made sexual remarks towards staff at times. Addition to proposing marriage to nursing staff. When staff does	F 0657		

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F 0657 SS=D	Continued from page 14 not respond appropriately to requests resident becomes anxious and rings call bell constantly through the night. Will request primary physician and psych to reevaluate behavior." Review of Resident R102's current care plan revealed there was no current plan or interventions in place for resident's inappropriate sexual behavior. The above findings were confirmed by the Director of Nursing on June 27, 2025 at 1:01 p.m. 28 Pa Code 211.10(a) Resident care policies	F 0657		
F 0689 SS=D		F 0689		

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F 0689 SS=D	Continued from page 15 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	Staff will be educated to be aware of not leaving medication or any other hazardous material where residents may be able to access them. Supervisor or designee will audit dining rooms before and after each meal to ensure area is clean and free of hazards. Audits will be conducted 3 times a week for 4 weeks then weekly for 3 months.	Completion Date: **08/26/2025** Status: **APPROVED** Date: **07/17/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395961	A. BLDG: 00 B. WING:	06/27/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
PHILADELPHIA PROTESTANT HOME STATE LICENSE NUMBER: **681002**	**6500 TABOR ROAD** **PHILADELPHIA, PA 19111**

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F 0689 SS=D	Continued from page 16 Based on review of facility documentation and staff interviews, it was determined that the facility failed to provide a safe environment for one of three nursing units reviewed. (Second floor) Findings Include: Review of facility policy titled, "Medication Administration" revised July 2018 states, "Policy: Medications shall be administered in a safe and timely manner, and as prescribed". Further review of the policy procedure revealed, "Medications will be administered in the following manner: a. Identify resident using two methods (asking them their name, using name band, and/or using picture in EMR) b. Review MAR for medications to be administered during current med pass time i. If needed, obtain any information (vital signs, blood sugar, etc) prior to administering medication. c. Check the label on medication blister pack against order in EMR to confirm correct resident, medication, dose, time, and route. d. Check expiration date on each medication blister pack. e. Dispense medication	F 0689		

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F 0689 SS=D	Continued from page 17 directly from blister pack into souffle/medication cup as applicable i. Multidose medications such as eye drops or inhalers should be also confirmed using the above method and prepared to be administered f. Medications will be administered by licensed nurse g. While administering medications to residents, the medication cart will be closed and locked when out of sight of the nurse." Observation of dining service on June 24, 2025 at 11:55 a.m. revealed a pantry area not being utilized next to resident tables that had various items on the top. Items included plastic bags, napkins, a radio, and a brown pill capsule. Licensed Nurse Employee E3 was asked on June 24, 2025 at 11:58a.m. to observed the brown pill and Employee E3 verified that the pill looked like a vitamin capsule. Licensed Nurse Employee E3 stated that the pill did not look like any that she dispenses to the residents on the second floor. 28 Pa. Code 201.18(e)(1) Management.	F 0689		

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F 0689 SS=D	Continued from page 18 28 Pa. Code 201.29(a)(c)(d) Resident rights.	F 0689		
F 0947 SS=D	483.95(g)(1)-(4) Required In-Service Training for Nurse Aides §483.95(g) Required in-service training for nurse aides. In-service training must- §483.95(g)(1) Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year. §483.95(g)(2) Include dementia management training and resident abuse prevention training. §483.95(g)(3) Address areas of weakness as determined in nurse aides' performance reviews and facility assessment at § 483.71 and may address the special needs of residents as determined by the facility staff. §483.95(g)(4) For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This REQUIREMENT is not met as evidenced by:	F 0947	All new CNAs will be required to attend an additional orientation day to complete required training prior to starting. All CNAs will be required to attend an additional day of training during each calendar year to complete required courses on site. Department head will conduct monthly audits to monitor training. Staff will be educated on changes to training process. Policy has been updated. Trainings will be reported at QAPI meetings	Completion Date: **08/26/2025** Status: **APPROVED** Date: **07/17/2025**

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F 0947 SS=D	Continued from page 19	F 0947		

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F 0947 SS=D	Continued from page 20 Based on review of facility provided documentation and interview with staff, it was determined that facility did not ensure two of seven nurse aides completed annual required 12-hour in-services (Employees E9 and E10) Findings include: Review of facility policy 'Education and Training of Staff,' revised March 31, 2025, indicated that it is the policy of the facility to establish and monitor ongoing education and training to improve staff competency in accordance with regulatory guidelines and organizational mission and values. Review of facility provided list of current nursing employees revealed Nurse aide, Employee E9, was hired on May 3, 2023. Further review of facility provided list of current nursing employees revealed Nurse aide, Employee E10, was hired on October 20, 2021.	F 0947		

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F 0947 SS=D	Continued from page 21 Upon request, facility was unable to provide evidence of required 12 hour annual in-services completed for Employees E9 and E10. Findings confirmed with facility's director of nursing and administrator. 28 Pa Code 201.14(a) responsibility of licensee 28 Pa Code 201.19(1)(3)(7) personnel policies and procedures	F 0947		

Certified End Page

PHILADELPHIA PROTESTANT HOME

STATE LICENSE NUMBER: 681002

SURVEY EXIT DATE: 06/27/2025

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
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