

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395722	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER RESTORE HEALTH AT UNIVERSITY CITY		STREET ADDRESS, CITY, STATE, ZIP 3609 CHESTNUT STREET PHILADELPHIA, PA 19104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, and interview with staff, it was determined that the facility failed to develop comprehensive person-centered care plans for one of four residents reviewed. (Residents R1). Findings include: Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], with a full thickness sacral wound measuring 9 x 7.5 x 0.5. Review of Resident R1's clinical record revealed a physician order [REDACTED]. Further review of Resident R1's clinical record revealed no care plan developed regarding the resident's refusal of care to include wound care. Interview with Employee E2, LPN, on July 14, 2020, at 11:00 a.m., confirmed that the facility did not develop a care plan regarding the resident's refusal of care to include wound care. 28 PA Code: 211.11(d) Resident care plans.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.