

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	

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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>39344</p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to notify the Office of the State Long-Term Care Ombudsman of facility-initiated emergency transfers and discharges for five of six residents reviewed (Residents R1, R2, R4, R5 and R6).</p> <p>Findings include:</p> <p>Clinical record review for Resident R1 revealed a nurse's note, dated May 3, 2024, at 8:10 p.m. which indicated that the resident had abnormal vital signs, including low blood pressure and high heart rate. The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Continued clinical record review for Resident R1 revealed a nurse's note, dated June 15, 2024, at 10:01 a.m. which indicated that the resident was unresponsive with labored breathing. Emergency medical services were called and the resident was transferred to a local hospital for evaluation.</p> <p>Continued clinical record review for Resident R1 revealed a nurse's note, dated August 7, 2024, at 7:26 a.m. which indicated that the resident had two episodes of vomiting. The physician was notified and ordered for the resident to be transferred to a local hospital for evaluation.</p> <p>Continued clinical record review for Resident R1 revealed a nurse's note, dated August 25, 2024, at 7:35 a.m. which indicated that the resident had an episode of vomiting and went into respiratory distress. Emergency medical services were called and the resident was transferred to a local hospital for evaluation. The resident was subsequently discharged from the facility.</p> <p>Clinical record review for Resident R2 revealed a nurse's note, dated August 19, 2024, at 4:01 p.m. which indicated that the resident had swelling to the right side of her head. The practitioner evaluated the resident and ordered for the resident to be transferred to a local hospital for evaluation. The resident was subsequently discharged from the facility.</p> <p>Clinical record review for Resident R4 revealed a nurse's note, dated June 11, 2024, at 6:04 a.m. which indicated that the resident was in respiratory distress. Emergency medical services were called and the resident was transferred to a local hospital for evaluation.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	
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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Clinical record review for Resident R5 revealed a nurse's note, dated June 11, 2024, at 5:44 p.m. which indicated that the resident had abnormal vital signs, including high blood pressure and heart rate. The practitioner was notified and ordered for the resident to be transferred to a local hospital for evaluation. The resident was subsequently discharged from the facility.</p> <p>Clinical record review for Resident R6 revealed a nurse's note, dated April 30, 2024, at 2:08 p.m. which indicated that the resident's abdomen (stomach) was distended, painful to the touch and tender. The practitioner was notified and ordered for the resident to be transferred to a local hospital for evaluation. The resident was subsequently discharged from the facility.</p> <p>Further record reviews for Residents R1, R2, R4, R5 and R6 revealed that no documentation was available for review at the time of the survey to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharges.</p> <p>Interview on September 19, 2024, at 10:35 a.m. the Nursing Home Administrator confirmed that no documentation was available for review at the time of the survey to indicate that the Office of the State Long-Term Care Ombudsman was notified of the facility-initiated emergency transfers and discharges for Residents R1, R2, R4, R5 and R6.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39344</p> <p>Based on review of facility documentation, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that residents with pressure ulcers received necessary treatments and services to promote healing, for one of six residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated June 21, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including neurogenic bladder (condition of bladder control problems due to brain injury), paraplegia (paralysis of the legs and lower body), Parkinson's Disease (a progressive disorder of the nervous system that affects movement), spinal cord injury and muscle weakness. Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 15, indicating that the resident was cognitively intact. Further review revealed that the resident was admitted to the facility with three unstageable pressure ulcers as well as moisture associated skin damage.</p> <p>Review of Resident R1's care plan, dated initiated April 17, 2024, revealed that the resident required total assistance to perform all activities of daily living. Continued review revealed that the resident had impaired skin integrity, including wounds to her left buttocks, left hip, left ischium (lower back part of hip) and right ischium with interventions including to provide incontinence care every two to three hours and as needed.</p> <p>Review of progress notes for Resident R1 revealed a nurse's note, dated June 14, 2024, at 7:58 p.m. which indicated that at 4:00 p.m. the resident was readmitted to the facility from the hospital.</p> <p>Continued review of progress notes for Resident R1 revealed a nurse's note, dated June 15, 2024, at 9:25 a.m. revealed that the resident had a change in condition, unresponsiveness and was transferred to the hospital for evaluation. Continued review revealed a nurse's note, dated June 17, 2024, at 4:25 p.m. which indicated that at 4:15 p.m. the resident was readmitted to the facility from the hospital.</p> <p>Continued review of progress notes for Resident R1 revealed a nurse's note, dated June 18, 2024, at 12:56 p.m. which indicated that the resident was seen by the wound care team, that she had four open areas upon admission and that wound treatments were applied. Another note, at 3:35 p.m. indicated that the resident had unstageable wounds to her left, right ischiums and left hip.</p> <p>Continued review of progress notes for Resident R1 revealed a nurse's note, dated July 12, 2024, at 12:31 a.m. which indicated that the resident was transferred to the hospital related to abnormal chest xray results. Continued review revealed a nurse's note, dated July 22, 2024, at 6:33 p.m. which indicated that the resident was readmitted to the facility at 1:00 p.m. Further review revealed a wound note, dated July 22, 2024, at 8:19 p.m. which indicated that the resident was readmitted with multiple stage 4 wounds (deep wound that affects muscle and bone), including right ischium, right posterior (back) thigh and left ischium. Wound treatments were applied.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of wound consultant notes for Resident R1 revealed a note, dated June 20, 2024, which indicated that the resident had unstageable wounds to her right ischium and left ischium and that wound treatments were ordered.</p> <p>Continued review of wound consultant notes for Resident R1 revealed a note, dated June 27, 2024, which indicated that, as an addendum to the note from June 20, 2024, the resident had an area of erythema (redness) with a pedunculated piece (growth) in her groin area. The physician noted that the area was captured as a wound during his assessment on June 27, 2024, and a wound treatment was ordered for that area.</p> <p>Further review of wound consultant notes for Resident R1 revealed a note, dated July 25, 2024, which indicated that the resident was readmitted to the facility from the hospital with a stage 4 wound to the resident's left hip. An initial evaluation was conducted and wound treatments were ordered.</p> <p>Review of Treatment Administration Records (TARs) for Resident R1 revealed a physician's order, dated June 11, 2024, to apply calcium alginate (absorbent wound dressing) and calmoseptine (barrier cream to protect skin) to the resident's left lower buttocks daily. Continued review revealed that there was no indication that the treatment was provided on June 22, July 1, July 3, and July 8, 2024.</p> <p>Continued review of TARs for Resident R1 revealed a physician's order, dated June 20, 2024, to apply medihoney (antibacterial wound treatment) to the resident's right ischium daily. Continued review revealed that no other treatment orders for the resident's right ischium were prescribed from her readmission on June 14, 2024, until June 20, 2024. Continued review revealed that there was no indication that the treatment was provided on June 22, July 1, July 3, and July 8, 2024. Further review revealed that the same treatment was reordered by the physician on July 26, 2024, and that there was no indication that the treatment was provided on August 3, 2024.</p> <p>Continued review of TARs for Resident R1 revealed a physician's order, dated June 20, 2024, to apply medihoney to the resident's left hip daily. Continued review revealed that there was no indication that the treatment was provided on June 22, July 1, July 3, and July 8, 2024. Continued review revealed that no other treatment orders for the resident's left hip were prescribed from her readmission on July 22, 2024, until July 26, 2024. A physician's order, dated July 26, 2024, ordered to irrigate the resident's left hip with Dakins solution (wound treatment to treat and prevent wound infections) daily. Further review revealed that there was no indication that the treatment was provided on August 3, 2024.</p> <p>Continued review of TARs for Resident R1 revealed a physician's order, dated June 20, 2024, to apply medihoney to the resident's left ischium daily. Continued review revealed that no other treatment orders for the resident's right ischium were prescribed from her readmission on June 14, 2024, until June 20, 2024. Continued review revealed that there was no indication that the treatment was provided on June 22, July 1, July 3, and July 8, 2024. A physician's order, dated August 2, 2024, ordered to cleanse the resident's left ischium with Dakins solution daily. Further review revealed that there was no indication that the treatment was provided on August 3, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of TARs for Resident R1 revealed a physician's order, dated June 28, 2024, to apply calcium alginate to the resident's right groin daily. Continued review revealed that there was no indication that the treatment was provided on July 1 and July 3, 2024. Continued review revealed that no other treatment orders for the resident's right groin were prescribed from her readmission on July 22, 2024, until July 26, 2024. Further review revealed that the same treatment was reordered by the physician on July 26, 2024, and that there was no indication that the treatment was provided on August 3, 2024.</p> <p>Interview on September 19, 2024, at 1:10 p.m. the above treatment records for Resident R1 were reviewed with the Director of Nursing (DON). The DON confirmed that wound treatments were not provided on the above dates.</p> <p>Continued review of progress notes for Resident R1 revealed a wound note, dated July 23, 2024, at 2:34 p. m. which indicated that the resident's family member requested a specialty mattress for the resident. The mattress was ordered at that time and was provided to the resident on July 24, 2024.</p> <p>Review of facility grievances revealed a grievance report, dated July 25, 2024, regarding an incident that occurred on July 24, 2024, involving Resident R1. The grievance noted that when nurse aides provided care to Resident R1, that the resident was not placed on the correct area of the specialty mattress.</p> <p>The concern was investigated by Employee E5, Director of Quality Experience, who noted that education on proper use of the specialty mattress was provided by the wound team to nursing staff.</p> <p>Interview on September 19, 2024, at 2:03 p.m. with Employee E5, Director of Quality Experience, revealed that staff were turning the specialty mattress off while providing care and that staff did not position the resident within the markings on the mattress. Employee E5 stated that staff were educated on proper use of the mattress, however, there were no supporting documents, such as staff statements or staff education records, for review at the time of the survey.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.12(d) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39344</p> <p>Based on review of facility documentation, clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that continence care was provided in a timely manner for one of six residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated June 21, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including neurogenic bladder (condition of bladder control problems dur to brain injury), paraplegia (paralysis of the legs and lower body), Parkinson's Disease (a progressive disorder of the nervous system that affects movement), spinal cord injury and muscle weakness. Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 15, indicating that the resident was cognitively intact. Further review revealed that the resident was dependent for toileting and always incontinent of bowel and bladder.</p> <p>Review of Resident R1's care plan, dated initiated April 17, 2024, revealed that the resident required total assistance to perform all activities of daily living. Continued review revealed that the resident had impaired skin integrity, including wounds to her left buttocks, left hip, left ischium (lower back part of hip) and right ischium with interventions including to provide incontinence care every two to three hours and as needed. Continued review revealed that the resident was incontinent of bowel and to provide care and barrier cream after each episode of incontinence. Further review revealed that the resident had a urinary catheter and to provide catheter care daily and as needed.</p> <p>Review of progress notes for Resident R1 revealed a practitioner note, dated July 23, 2024, and signed by the practitioner at 4:45 p.m., which indicated that during the practitioner's evaluation, the resident was in bed upset awaiting care, states in a bad mood is scared and angry. The practitioner noted that the resident appeared frustrated.</p> <p>Review of facility grievances revealed a grievance report, dated July 23, 2024, regarding Resident R1. The grievance noted that the resident reported at 1:00 p.m. that she had not yet received care that morning.</p> <p>The concern was investigated by Employee E5, Director of Quality Experience, who noted that the nurse aide stated that the resident had refused care, however, Employee E5 noted that none of the refusals were documented. Employee E5 noted that the staff member was educated on the importance of refusal documentation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/19/2024
NAME OF PROVIDER OR SUPPLIER  Aristacare at Meadow Springs		STREET ADDRESS, CITY, STATE, ZIP CODE  845 Germantown Pike Plymouth Meeting, PA 19462	
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)		
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of facility grievances revealed another grievance report, dated July 25, 2024, regarding an incident that occurred on July 24, 2024, involving Resident R1. The grievance noted that at 2:00 p.m. Resident R1's family member noticed that the resident had a bowel movement and requested assistance from a staff member. The staff member informed them that they would find the nurse. At 2:40 p.m. Resident R1's family member informed the nurse that the resident had a bowel movement and needed to be cleaned. The nurse informed them that they would inform the nurse aide. At 3:20 p.m. Resident R1's family member informed another nurse aide, as well as a physical therapist and respiratory therapist, that the resident had a bowel movement and needed to be cleaned up. The physical therapist informed them that they would inform the nurse aide. At 3:30 p.m. Resident R1's family member informed the social worker that the resident had a bowel movement and needed assistance. The social worker informed them that they would find someone. At 3:40 p.m. Resident R1's family member informed another nurse aide that the resident had a bowel movement and needed to be cleaned. The nurse aide informed them that they did not know who the assigned aide was. At 3:45 p.m. two nurse aides entered the room to clean Resident R1.</p> <p>The grievance continued that at 6:00 p.m. Resident R1's family member noticed that the resident had feces between her legs and urinary catheter. The family member requested that a nurse aide come and clean the resident. At 6:30 p.m. a nurse entered the room to check and flush Resident R1's urinary catheter, however, no aide came to clean the resident. At 8:15 p.m. Resident R1's family member asked a nurse aide to come and clean the resident because she still had feces on her urinary catheter. At 9:00 p.m. the nurse aide entered the room to clean Resident R1.</p> <p>The concern was investigated by Employee E5, Director of Quality Experience, who noted that conversations were conducted with staff regarding timeliness of assignments and that any staff member can assist a resident regardless of resident assignment. Employee E5 noted that education was provided to nurse aides regarding proper continence care and importance of ensuring that catheter sites are fully cleaned. Employee E5 also noted that there was no documentation of resident refusals of care.</p> <p>Interview on September 19, 2024, at 2:03 p.m. with Employee E5, Director of Quality Experience, revealed that there were no supporting documents, such as staff statements or staff education records, for review related to the grievances filed related to Resident R1. Employee E5, Director of Quality Experience, stated that verbal education was provided and that he did not obtain any written statements from staff. Employee E5, Director of Quality Experience, agreed that the grievances filed related to Resident R1 demonstrated that there was a delay in providing continence care for the resident and that there was no evidence available for review at the time of the survey to indicate that any of the expressed concerns were not true.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.12(d) Nursing services</p>		