

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 09/03/2025
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of clinical record, and interview with staff, it was determined that facility failed to develop and implement a care plan related to hygiene care for one of three residents reviewed (Resident R2) Findings include: Review of facility policy 'Care Plans,' indicates that a care plan is developed in order to identify and maintain the highest level of functioning that a resident may be expected to attain. Each resident's comprehensive care plan has been designed to: incorporate identified problem areas. Review of Resident R2 (BIMS 99) clinical record on Wednesday, September 3rd, 2025, revealed a [AGE] year old male resident, admitted to facility on March 1, 2024, with medical diagnosis of quadriplegia, Parkinson's disease (a disorder of central nervous system that affects movement, including tremors), myocardial infarction, malnutrition, heart failure, chronic kidney disease - stage 3, gastrostomy status, dysphagia (difficulty swallowing), nontraumatic intracerebral hemorrhage. Further review of clinical record revealed progress note by facility's physician, employee E3, dated on August 17, 2025 at 00:00 am - resident's family concerned for dry flaky skin on scalp Further review of R2's clinical record revealed an order was placed on August 18, 2025 at 08:09 am by physician- employee E4, for Ketoconazole Shampoo 2% to apply to scalp topically every day shift - Wednesday, Saturday for tinea versicolor until scalp no longer dry and flaky. Observation of R2 in room [ROOM NUMBER]-D on Wednesday, September 3rd, 2024 at 12:00 pm, revealed yellow flakes on oily scalp and uncut nails. Findings confirmed with facility's director of nursing and wound care nurse, employee E2. Review of R2's care plan revealed no evidence of goals or interventions related to activities of daily living specifically related to hair and nail care for dependent resident. 28 Pa Code 211.10(a)(c) Resident care policies</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
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