

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  11/17/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and review of facility policy, it was determined that this facility failed to ensure that intravenous fluids were administered in a timely manner to one resident for whom the IV fluids have been ordered. (Resident R1) Findings include: Review of facility policy titled Insertion of Peripheral IV Catheter (undated) revealed the purpose of this procedure is to provide guidelines for a safe and aseptic insertion of an intravenous catheter for the admission of intravenous fluids and medications. The maximum number of venipunctures attempts on one resident is two per IV nurse. If unsuccessful after two attempts the facility must consult the contracted, IV company to insert a line. Review of facility's community IV (intravenous) company contract (undated) revealed, the IV vendor will ensure all nurses who are dispatched to perform placement of vascular access devices on patients identified by the facility are duly experienced and competent in iv access and licensed to practice in the state where therapy is provided. The contract states that the contracted nurses will make every effort to provide same-day vascular access; with a goal response time 4-6 hours, though delays may occur. The company will endeavor to have the latest lines placed on the same calendar day. Review of Resident R1's quarterly Minimum Data Set (MDS- federal mandated assessment tool for all residents) dated October 21, 2025, revealed the resident was admitted to the facility on [DATE], with diagnosis including non-traumatic brain dysfunction (brain damage caused by factors other than external force), Hyponatremia (electrolyte abnormality caused when sodium in the blood is lower than normal), Cerebral Palsy (neurological disorder effecting movement, balance, and posture due to abnormal development of damage to the brain), Seizure Disorder (abnormal electrical activity in the brain it causes changes in awareness and muscle control), and respiratory failure (results from inadequate gas exchange, not enough oxygen passes to the lungs). Continued review of the MDS revealed the resident was dependent on tracheostomy, ventilator, supplemental oxygen, and enteral feeding. Resident R1 had highly impaired hearing with no speech, rarely able to make (herself/himself) understood. The resident demonstrated severe visual impairment, and (her/his) cognitive status could not be assessed. Resident R1 was totally dependent on all activities of daily living. Review of Resident R1's clinical record including physician orders revealed the following: Order for 0.45 % Sodium Chloride to use 1 liter intravenously at one time only for hypernatremia for 1 day. Administer via IV pump 60ml/hr. dated 10/29/2025 at 08:30 a.m. Order for Dextrose Sodium Chloride intravenous solution 5-0.45% use 80 mml/hr. intravenously every shift for ileus for 2 days to infuse at 80/ml/hr. for two days dated 10/29/2025 which was not administered due to dislodged IV. Enteral feed order (Enteral Feeding (Nutrition via Tube): up at 1200, down at 0600 Jevity 1.5(a high-calorie, high-protein nutritional formula). via enteral feeding tube pump at 45ML per hour for 18 hours or until total volume infused. Total volume equals 810 ML; total calorie equals 1215. Dated 05/22/2025 with instructions to hold dated 10/29/2025-10/31/2025 indicating that Resident R1 was not receiving enteral nutrition due to Hold order. Combined with and order for Enteral feed water (Flushes To maintain hydration and keep the tube patent (clear) up at 1200 down when TV feeding pump flushes set to 30ML per hour 540 mL of water or normal saline (NSS 0.9%) over the course of the feeding schedule. NSS 0.9% when total volume infused 540ML Review of Resident R1's progress notes, including notes authored by physician assistant Employee E3 dated 10/28/2025 revealed the patient was seen at bedside for follow up of Tachycardia (increased heart rate) and nursing reports no acute concerns. The resident was assessed as having tachycardia and fever, she was ordered labs CBC (complete blood count), BMP (basic metabolic panel), urinalysis ((urine test) and cultural and a chest X ray to rule out infection. Review of Resident R1's laboratory results dated [DATE], revealed the resident's sodium level was 150 mmol/L (normal 135-145), consistent with hypernatremia related to inadequate fluid status. The resident's blood urea nitrogen (BUN) was 52 mg/dL (normal 8-23) and the BUN/creatinine ratio was 110.6 (normal 12-20), which is significantly elevated and consistent with prerenal azotemia commonly associated with dehydration. The resident's chloride level was 108 mmol/L (normal 98-107), which may also be seen in dehydration. Review of Resident R1's nursing progress notes dated 10/29/2025 @8:35 a.m. revealed, after review of laboratory results (Employee E3) ordered fluids to be administered via IV at 60ML per hour for one liter related to hypernatremia. Review of Resident R1's nursing note dated 10/29/2025 revealed an order for Sodium Chloride 0.45 % to be infused (via IV) over one day was inserted and fluids began to be infused at 04:13 p. m. approximately 8 hours after the order was placed. Further review of Resident R1's progress notes</p>		