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| 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 03/19/2026 |
| 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) |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on hospital and clinical record reviews, interviews with staff and reviews of policies and procedures, it was determined that the facility failed to notify the physician and the responsible party of a significant change in the resident's medical condition and potential need to alter treatment for one of two residents reviewed. (Resident C1) Findings include: A review of the undated facility policy and procedures titled change in a resident's condition or status dated revealed that it was the responsibility of the staff to notify the physician and resident's representative of changes in the medical, mental condition or status of each resident. The policy indicated that the nursing supervisor was responsible for notifying the resident's attending physician when there was a significant change in the resident's medical, physical, emotional or mental condition, a need to alter a resident's medical treatment, a need to transfer a resident to the hospital or treatment center, a discharge without proper medical authority or need for instructions from the physician based on changes in the resident's condition. The policy also said that the resident's responsible party would be notified by the nursing supervisor of a significant change in the physical, mental or psychosocial status of the resident. The policy indicated that the nurse supervisor was responsible for recording in the medical record the changes in the medical and mental condition or status of each resident. Hospital record review for Resident C11 revealed that this resident was admitted to the facility on [DATE]. The hospital record for Resident C11 listed vital signs of 97.5 temperature, blood pressure 118/72, pulse 71, Spo2 99% at 08:31 a.m., on March 5, 2026. Clinical record review for Resident C11 revealed diagnoses of hypertension (high blood pressure), non-traumatic intracerebral hemorrhage, hemiplegia and hemiparesis (paralysis) of non-dominant side, tracheostomy (tube insert through the neck to assist breathing), gastrostomy (a surgical opening into the stomach that allows direct feeding and medication administration, bypassing the mouth and throat), respiratory failure, diabetes mellitus (failure of the body to produce insulin) and aphasia (difficulty speaking). Clinical record review for Resident C11 revealed that the physician had ordered the staff to monitor the resident's vital signs every shift. The physician also ordered the following medications for cardiac disease: amlodipine besylate for hypertension, aspirin for prophylaxis, atorvastatin for hyperlipidemia, Eliquis for cerebral vascular accident, lisinopril for hypertension and metoprolol tartrate for hypertension. Clinical record review revealed the following pulse rates and times entered for Resident C11: March 5, 2026: 15:31- 66 beats per minute, 19:52- 65 beats per minute, 20:04- 64 beats per minute, March 6, 2026: 06:07- 65 beats per minute, 07:59- 90 beats per minute, 08:00- 90 beats per minute, March 7, 2026: 04:23- 88 beats per minute, 06:33- 100 beats per minute, 08:13- 65 beats per minute, 09:03- 61 beats per minute, 16:53- 59 beats per minute, 18:20-54 beats per minute, March 8, 2026: 01:52-58 beats per minute, 07:24-72 beats per minute, 07:40-50 beats per minute, 07:45-57 beats per minute, 10:16-60 beats per minute, 16:31-53 beats per minute, 21:14- 56 beats per minute and March 9, 2026: 05:29-56 beats per minute. Interview with the director of nursing, Employee E1, at 1:00 p.m., on March 17, 2026, confirmed the clinical record documentation of pulse readings documented for Resident C11 on March 5, 6, 7 and 8 and 9 2026. Interview with the licensed practical nurse, Employee E2, at 3:30 p.m., on (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>March 17, 2026, revealed that the nurse was unaware that the physician was not notified of the change in medical status of Resident C11 on March 7,8 and 9 2026. The licensed nurse, Employee E2, confirmed the lack of notification of the physician of Resident C11's irregular pulse readings on March 7,8 and 9, 2026. The licensed nurse also reported that normal pulse rate for an adult was 60 to 100 beats per minute. Interview with the respiratory therapist, Employee E3, at 4:00 p.m., on March 17, 2026, revealed that the respiratory therapist was unaware that the physician was not alerted of the change in medical status of Resident C11 on March 7, 8 and 9 2026. The respiratory therapist, Employee E3, confirmed the lack of notification of the physician of Resident C11's irregular pulse readings on March 7, 8 and 9 2026. The respiratory therapist also reported that normal pulse rate for an adult was 60 to 100 beats per minute. 28 PA. Code 211.10(c) Resident care policies 28 PA. Code 211.12(c)(d)(1)(5) Nursing services</p> | | |

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| <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 clinical record reviews, interviews with staff and reviews of policies and procedures, it was determined that for one of two residents reviewed, the facility failed to ensure that each resident had a care plan developed within the 48 hours of the resident's admission that included the minimum health care information necessary to properly care for a resident. (Resident C11)Finding include: Clinical record review revealed that Resident C11 was admitted to the facility at 15:20 on March 5, 2026. Clinical record review for Resident C11 revealed diagnoses of hypertension (high blood pressure) non-traumatic intracerebral hemorrhage (bleeding within the [NAME] that can occur in the brain tissue), hemiplegia (paralysis) and hemiparesis (one-sided muscle weakness) of non-dominant side, tracheostomy (a surgical opening that creates an opening in the neck to facilitate breathing), gastrostomy (a surgical opening into the stomach for nutrition delivery), respiratory failure, diabetes mellitus (chronic condition when the body cannot digest blood glucose properly) and aphasia (disorder that effects language abilities). Clinical record review for Resident C11 revealed that the physician had ordered the staff to monitor the resident's vital signs every shift. The physician also ordered the following medications for cardiac disease: amlodipine besylate for hypertension, aspirin for prophylaxis, atorvastatin for hyperlipidemia, Eliquis for cerebral vascular accident, lisinopril for hypertension and metoprolol tartrate for hypertension. Clinical record review revealed that the facility failed to develop a care plan within 48 hours of Resident C11's admission to the facility. The care plan did not include health care related to Resident C11's cardiac disease, cardiac medication uses or parameters for vital sign monitoring for this resident. Interview with the director of nursing, Employee E1, at 2:00 p.m., on March 17, 2026, confirmed the lack of care plan development and implementation for cardiac disease, cardiac medication uses or parameters for vital sign monitoring for Resident C11 28 PA. Code 211.12(d)(5) Nursing services</p> | | |