

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395052	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2026
NAME OF PROVIDER OR SUPPLIER Rosewood Gardens Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 146 Marple Road Broomall, PA 19008	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that resident assessments accurately reflect the residents' status for one of 27 residents reviewed. (Resident 11). Findings include: Review of Resident 11's quarterly MDS (Minimum Data Set - periodic assessment of resident needs) dated December 11, 2025, revealed under section N0350 - Insulin, that the resident was not marked as receiving insulin medication. Review of Resident 11's physician's orders revealed that the resident has an order for insulin. Review of Resident 11's Medication Administration Record (MAR) revealed that the resident did receive insulin on two days of the seven days look back period, December 9th and 10th 2026. Interview with the licensed nursing staff, Employee E3, on February 5, 2026, at 10:40 a.m. confirmed that the resident's MDS assessment was marked incorrectly. 483.20 Accuracy of Assessments Previously cited 11/22/2024 28 Pa. Code 211.5(f) Clinical records Previously cited 11/22/2024 28 Pa. Code 211.12(c) Nursing services Previously cited 11/22/2024</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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