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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395077 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/27/2024 |
| NAME OF PROVIDER OR SUPPLIER Garden Spring Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1113 North Easton Road Willow Grove, PA 19090 | |

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Post nurse staffing information every day.</p> <p>39766</p> <p>Based on observation and staff interview, it was determined that the facility failed to post accurate and current nurse staffing information.</p> <p>Findings include:</p> <p>During a tour of the facility on February 27, 2024, at 9:15 a.m., the staffing information that was posted in the lobby was dated for January 23, 2024.</p> <p>During an interview on February 27, 2024, at 2:00 p.m., the Director of Nursing confirmed that incorrect staffing data was posted.</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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