

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 06/17/2024
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)
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>45244</p> <p>Based on facility policy review, clinical record review, and resident and staff interview, it was determined that the facility failed to provide written notice, including the reason for the change, prior to moving a resident to another room, for four of 12 sampled residents. (Residents 9, 10, 11, 12)</p> <p>Findings include:</p> <p>Review of the facility policy entitled Room Change/Roommate Assignment, last reviewed October 30, 2023, revealed that prior to changing a room or roommate assignment residents and their representatives are given advanced written notice of the change. The advance notice would include why the change is being made and documentation of the change would be recorded in the resident's medical record.</p> <p>Clinical record review revealed that Resident 9 had a room change completed on May 24, 2024. There was no documented evidence that Resident 9 and their representative were given notice, including written notice, of the room change. In an interview on June 17, 2024, at 10:45 a.m., Resident 9 stated he did not know why or when he changes rooms, they just moved him.</p> <p>Clinical record review revealed that Resident 10 had a room change completed on May 24, 2024. There was no documented evidence that Resident 10 and their representative were given notice, including written notice, of the room change.</p> <p>Clinical record review revealed that Resident 11 had a room change completed on June 14, 2024. There was no documented evidence that Resident 11 and their representative were given notice, including written notice, of the room change.</p> <p>Clinical record review revealed that Resident 12 had room changes completed on June 3 and 14, 2024. There was no documented evidence that Resident 12 and their representative were given notice, including written notice, of the room changes.</p> <p>In an interview on June 17, 2024, at 12:22 p.m., the Director of Nursing confirmed there was no documented evidence that the residents and their representatives were notified of the room changes.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.12(d)(5) Nursing services.</p>		