

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 07/12/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>39422</p> <p>Based on clinical record review, observation, and resident interview, it was determined that the facility failed to accommodate resident needs by providing access to the call bell system for two of six sampled residents. (Residents 4, 5)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included Alzheimer's disease, abnormalities of gait and mobility, and muscle weakness. According to the Minimum Data Set (MDS) assessment, dated May 16, 2024, the resident could communicate her care needs and was dependent on staff for care. Review of the care plan revealed that the resident was at risk for falls and that staff was to keep her call bell within reach. Observations on July 12, 2024, at 10:00 a.m. and 12:15 p.m., revealed the resident was in bed and the call bell was wrapped around the armchair, out of reach.</p> <p>Clinical record review revealed that Resident 5 had diagnoses that included hemiplegia and hemiparesis (paralysis on left side) and heart failure. According to the MDS assessment, dated April 30, 2024, the resident was alert and was dependent on staff for care. Review of the care plan revealed that the resident was at risk for falls and that staff was to keep her call bell within reach. On July 12, 2024, at 10:20 a.m., the resident was in bed and the call bell was on the dresser tucked under stuffed animals, out of reach. At that time the resident stated, I can't find my call bell. At 12:35 p.m., the resident was observed sitting in her wheelchair eating her meal. The call bell was observed behind the resident on the dresser tucked under stuffed animals, out of reach.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>39422</p> <p>Based on clinical record review and observation, it was determined that the facility failed to ensure that safety interventions for falls were in place for one of six sampled residents. (Resident 4)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included Alzheimer's disease, abnormalities of gait and mobility, and muscle weakness. According to the Minimum Data Set assessment, dated May 16, 2024, the resident could communicate her care needs and was dependent on staff for care. Review of the care plan revealed that the resident was at risk for falls and staff was instructed to place the bed in the low position with floor mats on both sides of the bed while the resident was in bed. Observations on July 12, 2024, at 10:00 a.m. and 12:15 p.m., revealed the resident was in bed without the floor mats in place, and the bed was not in a low position.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		