STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395077	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Spring Rehab and Care Center	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)
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, family interview, and staff interview, it was determined that the facility failed to demonstrate that a resident's discharge from the facility was appropriate and that a discharge plan was implemented prior to the discharge for one of five sampled residents. (Resident 1) Findings include: Review of the facility policy entitled, Discharge Summary and Plan, last reviewed January 23, 2026, revealed that when the facility anticipates a resident's discharge to a private residence, a post-discharge plan will be developed to assist the resident to adjust to his or her new living environment. The post-discharge plan will be developed by the interdisciplinary team with the assistance of the resident and their representative(s). The plan will include: where the resident plans to live, arrangements that have been made for aftercare and services, a description of the resident's discharge goals, how the interdisciplinary team will support the resident and their representative in the transition to post-discharge care, what factors make the resident vulnerable to prevent readmission, and how those factors will be addressed. In addition, the resident and their representative will be involved in the post-discharge planning process and informed of the final post-discharge plan. Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included rhabdomyolysis (breakdown of skeletal muscles), frostbite with tissue necrosis of the foot (severe cold injury), and an infection of the skin. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was alert, required assistance with activities of daily living, and was at risk for developing pressure ulcers. A review of the care plan revealed that the resident was at risk for pain related to a foot infection. On April 15, 2026, the physician discharge summary revealed that the resident was initially planned for surgical intervention on his foot as an outpatient, but no available appointments were available. The physician noted that the prolonged wait would not have been advised due to the level of necrosis/ischemia (death of cells and tissue) secondary to severe frostbite and had requested to send the resident to the hospital for re-evaluation. The physician further noted on April 15, 2026, that the resident reported feeling well and had voiced a desire to proceed with whatever intervention was able to be done to get his feet taken addressed. On April 15, 2026, a review of a nursing note revealed that the resident was discharged via ambulance. Resident received education on his medications and was encouraged to follow-up with a primary care physician. Medications, prescriptions, and belongings were sent with resident. Clinical record review revealed that Resident 1's discharge MDS assessment was completed on April 15, 2026. In an interview on May 6, 2026, at 11:10 a.m., the Social Services Director stated that she was unaware that Resident 1 had been discharged . She stated that Resident 1's mother had called her April 16, 2026, to assist her in obtaining homecare services. In an interview on May 6, 2026, at 1:50 p.m., the Nurse Practitioner stated that she had met with Resident 1 and had spoken to him about his foot. She stated that the resident's condition improved with physical therapy and the insurance canceled him soon after; however, the resident still had wounds on his foot when he was discharged to the hospital. In an interview on May 6, 2026, at 3:00 p.m., the Administrator stated that Resident 1 was not admitted to the hospital and that his foot was only bandaged prior to release. He (continued on next page)

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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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	further stated that Resident 1's representative was not informed by staff of the discharge and that Resident 1's belongings were still at the facility. During a phone interview with Resident 1's representative on May 6, 2026, at 4:10 p.m., she stated that she was not made aware that Resident 1 was discharged from the facility and she was unclear of what had happened. She stated that the resident asked to return to the facility; however he was sent home from the hospital in a cab. She further stated that he had not received home care, including wound care services, and that the resident's belongings remained at the facility. In an interview on May 6, 2026, at 4:45 p.m., the Administrator confirmed that the resident was not transferred to the hospital. The facility had discharged the resident to the hospital, and the resident was not provided the proper after-care planning and services. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(2) Management. 28 Pa. Code 201.29(a)(c.3)(1) Resident rights.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident and the resident's representative(s) or legal representative of all required information, including the date of discharge, the reason for discharge, the location to which the resident was discharged , their appeal rights, and the State Long-Term Care Ombudsman's information in writing upon discharge from the facility for one of five sampled residents. (Resident 1)Findings include: Clinical record review revealed that Resident 1 was discharged to the hospital on April 15, 2026, after a change in condition. There was no documented evidence that the resident and resident's responsible party, or the legal representative were provided information regarding the location to which the resident was discharged , appeal rights, State Long-Term Care Ombudsman information, and agency information pertaining to protection of individuals with a mental disorder, and that the facility provided copies of the written transfer notices to a representative of the Office of the State Long-Term Care Ombudsman. During a phone interview on May 6, 2026, at 4:10 p.m., Resident 1's representative stated that she was not made aware that Resident 1 was discharged from the facility In an interview on May 6, 2026, at 4:45 p.m., the Administrator confirmed that the notification of discharge was not completed. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(2) Management. 28 Pa. Code 201.29(a)(c.3)(2) Resident rights.