STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. Based on review of policies, clinical records and investigative reports, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents were free from any physical restraints not required to treat the resident's medical symptoms for two of 65 residents reviewed (Residents 111, 172). Findings include:The facility's policy on restraints, dated March 12, 2025, indicated that each resident would be free of restraints.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 111, dated June 4, 2025, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, and utilized a wheelchair for mobility. The resident's care plan, dated June 2, 2022, revealed that the resident was at risk for falls and should be placed in a highly populated area to be monitored and not left alone in his room. A quarterly MDS for Resident 172, dated June 12, 2025, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, and utilized a wheelchair for mobility. Observations on August 24, 2025, at 9:46 a.m. revealed that Licensed Practical Nurse E3 pushed Resident 172 in his wheelchair to a table in the dining room and then engaged the wheelchair brakes. Resident 111 was seated at the same table with her wheelchair brakes engaged. Residents 111 and 172 were observed at that time to be attempting to push away from the table or move away but were unable to do so because their chairs were locked in place. There was no programming going on at that time.Observations on August 24, 2025, at 10:51 a.m. revealed that Residents 111 and 172 were still seated at the table with their wheelchair locks engaged. Resident 111 was trying to push her chair away from the table. Resident 172 was attempting to pull the tablecloth and table and then push the table away. He was unable to push himself away from the table because his chair was locked in place.Interview with Licensed Practical Nurse E3 on August 24, 2025 at 9:50 a.m. revealed that staff lock residents' wheelchairs in place in the dining room because they are at risk for falling. She stated that the residents would try to get up from their chairs and fall if they were not locked in place.Interview with the Director of Nursing on August 24, 2025 at 1:09 p.m. revealed that she did not believe it was a restraint to put the residents at the table and lock their chairs, even though it restricted their movements, because they were at risk of falling. 28 Pa. Code 201.18(e)(1) Management.28 Pa. Code 201. 29(j) Resident rights. 28 Pa. Code 211.8(a) Use of restraints.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. Based on review of the Resident Assessment Instrument User's Manual and clinical records, the Centers for Medicare & Medicaid Services (CMS) Minimum Data Set (MDS) validation report, as well as staff interviews, it was determined that the facility failed to ensure that the Care Area Assessment Process of comprehensive Minimum Data Set assessments and comprehensive assessments were completed in the required time frame for 9 of 65 residents reviewed (Residents 2, 3, 32, 35, 87, 99, 119, 122, 200). Findings include:The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that for admission MDS assessments, the assessment completion date, and the Care Area Assessment (CAA - the process of completing an in-depth assessment of triggered, potentially problematic care areas) completion date (Item V0200B2) were to be no later than the resident's admission date plus 13 calendar days and there must be an MDS every 92 days. A comprehensive MDS assessment for Resident 2 revealed that the ARD was May 13, 2025. The MDS assessment was dated as completed on May 28, 2023, which was two days late.A comprehensive MDS assessment for Resident 3 revealed that the ARD was July 13, 2025. The MDS assessment was dated as completed on July 28, 2023, which was two days late.A comprehensive MDS assessment for Resident 32 revealed that the ARD was August 6, 2025. The MDS assessment was dated as completed on August 20, 2023, which was one day late.A comprehensive MDS assessment for Resident 35 revealed that the ARD was May 13, 2025. The MDS assessment was dated as completed on May 27, 2023, which was one day late. A comprehensive MDS assessment for Resident 87 revealed that the ARD was August 1, 2025. The MDS assessment was dated as completed on August 15, 2023, which was one day late.A comprehensive MDS assessment for Resident 99 revealed that the ARD was April 30, 2025. The MDS assessment was dated as completed on May 16, 2023, which was three days late.A comprehensive MDS assessment for Resident 119 revealed that the ARD was May 1, 2025. The MDS assessment was dated as completed on May 16, 2023, which was two days late.A comprehensive MDS assessment for Resident 122 revealed that the ARD was May 14, 2025. There was no MDS completed in the prior 366 days.A comprehensive MDS assessment for Resident 200 revealed that the ARD was May 2, 2025. The MDS assessment was dated as completed on May 16, 2023, which was one day late.Interview with the Registered Nurse Assessment Coordinator Consultant (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on August 26, 2025 at 3:44 p.m. confirmed that the above comprehensive MDS assessments were not completed in the required time frames.28 Pa. Code 211.5(f) Clinical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident’s assessment is updated at least once every 3 months. Based on review of the Resident Assessment Instrument Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that quarterly Minimum Data Set assessments were completed within the required time frame for 2 of 65 residents reviewed (Residents 25, 174). Findings include:The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that the assessment reference date (ARD - the last day of the assessment's look-back period) of a quarterly MDS assessment must be no more than 92 days after the ARD of the most recent assessment of any type, and the assessment was to have a completion date (Section Z0500B) that was no later than the ARD plus 14 calendar days. A quarterly MDS assessment for Resident 25 had an ARD of August 2, 2025, but it was not completed (Section Z0500B) until August 19, 2025.A quarterly MDS assessment for Resident 174 had an ARD of May 8, 2025, but it was not completed (Section Z0500B) until May 26, 2025.Interview with the Registered Nurse Assessment Coordinator Consultant (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on August 26, 2025 at 3:44 p.m. confirmed that the above comprehensive MDS assessments were not completed in the required time frames.28 Pa. Code 211.5(f) Clinical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident’s assessment data and transmit these data to the State within 7 days of assessment. Based on review of the Resident Assessment Instrument Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that encoding/transmitting Minimum Data Set assessments were completed within the required time frame for 5 of 65 residents reviewed (Residents 15, 77, 147, 199, 200). Findings include:The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, indicated that for entry and death in facility tracking records, the MDS Completion Date (Z0500B) must be no later than 7 days from the event date (A1600 for an entry record; A2000 for a Death in Facility tracking record)A discharge MDS assessment for Resident 15 had an ARD of May 4, 2025, but it was not completed (Section Z0500B) until May 19, 2025.An entry MDS assessment for Resident 77 had an ARD of June 1, 2025, but it was not completed (Section Z0500B) until June 25, 2025.A discharge MDS assessment for Resident 147 had an ARD of April 15, 2025, but it was not completed (Section Z0500B) until June 6, 2025. An entry MDS assessment for Resident 199 had an ARD of May 22, 2025, but it was not completed (Section Z0500B) until June 6, 2025.An entry MDS assessment for Resident 200 had an ARD of June 7, 2025, but it was not completed (Section Z0500B) until June 29, 2025.Interview with the Registered Nurse Assessment Coordinator Consultant (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on August 26, 2025 at 3:44 p.m. confirmed that the above comprehensive MDS assessments were not completed in the required time frames.28 Pa. Code 211.5(f) Clinical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on review of the Resident Assessment Instrument User's Manual and residents' clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for four of 65 residents reviewed (Residents 9, 10, 34, and 111).Findings include: The Resident Assessment Instrument (RAI) User's Manual, which gives instructions for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2024, revealed that Section N0450D (antipsychotic medication review) was to be checked (1) yes, if a physician documented a GDR (gradual dose reduction-process involves slowly tapering a patient's medication to see if their symptoms can be managed with a lower dose or if the drug can be discontinued entirely) as clinically contraindicated. Physician's orders for Resident 9 dated May 21, 2025, included for the Resident to receive 0.5 milligrams (mg) of Risperdal (an antipsychotic medication) two times a day. Review of psychiatric consults for Resident 9 dated June 11, 2025, and July 16, 2025, indicated that a GDR was not indicated due to the resident having a chronic psychiatric illness and was stable on the current medication regimen. A quarterly MDS assessment for Resident 9 dated August 8, 2025, was coded 0 (no) for Section N0450D indicating that a physician did not document that a GDR of the resident’s antipsychotic medication was contraindicated. An interview with the regional Registered Nurse Assessment Coordinator on August 26, 2025, at 3:19 p.m. confirmed that there was documentation that a GDR was contraindicated for Resident 9, and her quarterly MDS assessments dated August 8, 2025, was coded incorrectly. Section N0415H was to be coded if the resident received an opioid (pain medication) medication during the seven-day assessment period and Section N0451K was to be coded if the resident received an anti-convulsant during the seven-day assessment period. Physician's orders for Resident 10, dated May 28, 2025, included orders for the resident to receive 50 mg Tramadol (opioid) at bedtime for pain management. Review of the resident's MAR for June 2025 revealed that the resident received Tramadol from June 1 through 30, 2025. However, a quarterly MDS assessment for Resident 10, dated June 12, 2025, revealed that Sections N0415H was not coded, indicating that the resident did not receive an opioid medication during the assessment period. Physician's orders for Resident 34, dated December 4, 2024 and October 6, 2023, included orders for the resident to receive 50 mg Tramadol twice a day for leg pain and 25 mg of Lamotrigine (anticonvulsant medication) twice a day for mood stabilization. Review of the resident's MAR for May 2025 revealed that the resident received Tramadol and Lamotrigine from May 1 through 31, 2025. However, a quarterly MDS assessment for Resident 34, dated May 16, 2025, revealed that Sections N0415H and N0415K were not coded, indicating that the resident did not receive an opioid or anticonvulsant medication during the assessment period. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The RAI User's Manual, dated October 2024, revealed that if the pneumococcal (pneumonia) vaccine was not received, Section O0250C (pneumococcal vaccine) was to be coded with the reason the pneumonia vaccine was not received. The section was to be coded with a (1) if the resident was not in the facility; (2) if the received outside the facility; (3) if the resident was not eligible (medical contraindication); (4) offered and declined; (5) not offered; (6) inability to obtain influenza vaccine due to a declared shortage; and (9) none of the above. A quarterly MDS assessment for Resident 14, dated July 9, 2025 revealed that Section O0250C was coded with not offered. However, an influenza consent/declination form, dated September 25, 2024, revealed that Resident 14 was offered the influenza vaccine and declined. An interview with the Regional Registered Nurse Assessment Coordinator on August 26, 2025 at 3:19 p.m. confirmed that Resident 10, 14, 34, and 111's MDS assessments were coded incorrectly. The Long-Term Care Facility RAI User's Manual, which provides guidance and instructions for the completion of MDS assessments, dated October 2024, revealed that Section N was to be coded for medications received in the last seven days. Section N0415B was to be coded if the resident received an antianxiety medication in the previous seven days. Section N0451H was to be coded if the resident received an opioid (narcotic) medication in the previous seven days. Physician's orders for Resident 111, dated May 21, 2025, included an order for the resident to receive 0.5 milligrams (mg) Lorazepam (anti-anxiety medication) twice a day, and an order dated February 26, 2025 for the resident to receive 5 mg oxycodone (opioid) every six hours as needed for pain which was administered on June 1, 2025. A quarterly MDS assessment for Resident 111, dated June 4, 2025, revealed that Section N0415B was coded indicating that the resident had not received an anti-anxiety medication and Section N0415H was coded indicating that the resident had no received an opioid medication. An interview with the regional Registered Nurse Assessment Coordinator on August 26, 2025 at 3:19 p.m. confirmed that Resident 111's MDS was coded incorrectly. 28 Pa. Code 211.5(f) Medical records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop and implement an individualized care plan for one of 65 residents reviewed (Resident 13). Findings include:The facility's policy regarding care plans, dated March 12, 2025, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Care plan interventions are chosen based on relevant clinical data and decision making. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change. The interdisciplinary team reviews and updates the care plan when there has been a significant change in condition, when the desired outcome has not been met, when the resident has been readmitted from the hospital and at least quarterly, in conjunction with the required quarterly Minimum Data Set (MDS) assessment.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 13, dated May 23, 2025, revealed that the resident was cognitively intact, required assistance with care needs, received an antibiotic and had a diagnosis that included hepatic encephalopathy (loss of brain function when the liver is unable to remove toxins from the blood).Physician's orders for Resident 13, dated June 10, 2025, included an order for the resident to receive 550 milligrams (mg) of Rifaximin (an antibiotic) twice daily for hepatic encephalopathy.There was no documented evidence that a care plan was developed to address Resident 13's hepatic encephalopathy and his need for long term antibiotic use for treatment of his hepatic encephalopathy.Interview with the Director of Nursing on August 25, 2025, at 4:26 p.m. confirmed that Resident 13 did not have a care plan to address his hepatic encephalopathy and his need for long term antibiotic use for treatment of his hepatic encephalopathy. 28 Pa. Code 211.11(d) Resident care plan.28 Pa. Code 211.12(d)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's care plan was updated/revised to reflect the resident's specific care needs for two of 65 residents reviewed (Residents 5 and 13).Findings include:The facility's policy regarding care plans, dated March 12, 2025, indicated that a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Care plan interventions are chosen based on relevant clinical data and decision making. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change. The interdisciplinary team reviews and updates the care plan when there has been a significant change in condition, when the desired outcome has not been met, when the resident has been readmitted from the hospital and at least quarterly, in conjunction with the required quarterly Minimum Data Set (MDS) assessment.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated July 15, 2025, and completed July 22, 2025, revealed that the resident was cognitively intact, required assistance with care needs, had a stage three pressure ulcer (pressure wound involving the fat layers beneath the skin), and did not receive intravenous (administration of fluids and/or medications directly into a person's vein) medications. A care plan for the resident, dated May 29, 25, indicated that the resident had a stage three pressure ulcer. A care plan for the resident, dated June 16, 2025, indicated that the resident was on intravenous fluids for a fluid deficit. A care plan for the resident, dated June 19, 2025, indicated that the resident had a midline intravenous catheter (a thin tube inserted into a vein and used long-term for the administration of fluids and/or medications). A care plan for the resident, dated July 2, 2025, indicated that the resident had a stage three pressure ulcer. A care plan for the resident, dated July 14, 2025, indicated that the resident was taking oral vancomycin (an antibiotic) related to sepsis (the body's extreme response to infection) and that staff were to maintain contact precautions (used to prevent the spread of infection passed through direct contact with an infected person or their environment).Review of Resident 5's clinical record, including review of the resident's Medication Administration Record (MAR) and physician's orders, revealed no documented evidence that the resident had an active stage three pressure ulcer, was receiving intravenous fluids, had a midline intravenous catheter, was taking oral vancomycin and no documented evidence that the resident was on contact precautions.Interview with the Director of Nursing on August 24, 2025, at 1:07 p.m. confirmed that Resident 5's care plans should have been updated to reflect that the resident did not have an active stage three pressure ulcer, was no longer receiving intravenous fluids, did not have a midline intravenous catheter, was no longer taking oral vancomycin and was not actively on contact precautions.A quarterly MDS assessment for Resident 13, dated May 23, 2025, and completed on May 28, 2025, revealed that the resident was cognitively intact, required assistance with care needs, received an antibiotic and had a diagnosis that included hepatic encephalopathy (loss of brain function when the liver is unable to remove toxins from the blood). A care plan for the resident, dated May 19, 2025, indicated that the resident was receiving intravenous antibiotic medications related to sepsis and extended spectrum beta-lactamase (ESBL) infection (a resistant bacterial infection that can be spread through contact) and was on contact precautions. Review of Resident 13's clinical record, including review of the resident's Medication Administration Record (MAR) and physician's orders, revealed no documented evidence that the resident was receiving an intravenous antibiotic for sepsis/ESBL infection and there was no documented evidence that the resident was on contact precautions.Interview with the Director of Nursing on August 25, 2025, at 4:26 p.m. confirmed that Resident 13's care plans should have been updated to reflect that the resident was no longer receiving intravenous antibiotic for sepsis/ESBL infection and no longer required contact precautions.28 Pa. Code 211. 12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on review of clinical records and shower schedules, as well as staff interviews, it was determined that the facility failed to ensure that residents were provided with showers as scheduled for two of 65 residents reviewed (Residents 13 and 144).Findings include:A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 13, dated May 23, 2025, revealed that the resident was cognitively intact, required assistance with care needs including bathing and toileting hygiene, had an indwelling catheter and was incontinent frequently of bowel. A care plan for Resident 13, dated April 21, 2025, indicated that the resident had a history of refusal of medications, showers and treatments.Physician's orders for Resident 13, dated June 9, 2025, revealed that the resident was scheduled to receive a shower on Wednesdays and Saturdays on the 3-11 shift.A review of the nurse aide bathing report and Treatment Administration Record (TAR) for Resident 13 from April 2025, through August 24, 2025, revealed that there was no documented evidence that the resident received a shower as scheduled and there was no documented evidence that the resident refused his showers, requiring a bed bath be given.Interview with the Director of Nursing on August 25, 2025, at 4:36 p.m. confirmed that there was no documented evidence that Resident 13 received and/or refused showers from April 2025, through August 24, 2025, as per the resident's schedule and physician's orders.A quarterly MDS assessment for Resident 144, dated August 10, 2025, revealed that the resident was admitted to the facility on February, 5, 2025, was cognitively intact, required assistance with care needs including bathing and toileting, was frequently incontinent of bowel and bladder, and had a diagnosis of cerebral vascular accident (an event caused by poor blood flow or bleeding to in the areas of the brain).An interview with Resident 144 on August 23, 2025, at 10:45 a.m. indicated that she had not received a shower since she was admitted to the facility. She indicated that she would like a shower but was never offered one.Physician's orders for Resident 144, dated April 1, 2025, revealed that the resident was scheduled to receive a shower on Wednesdays and Saturdays on the 7-3 shift with indications to document refusals.A review of the nurse aide bathing report and TAR for Resident 144 from February 2025, through August 24, 2025, revealed that there was no documented evidence that the resident received a shower as scheduled and there was no documented evidence that the resident refused her showers, requiring a bed bath be given.Interview with the Director of Nursing on August 25, 2025, at 4:36 p.m. confirmed that there was no documented evidence that Resident 144 received and/or refused showers from February 2025, through August 24, 2025, as per the resident's schedule and physician's orders.28 Pa. Code 211.12(d)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on review of facility policies and clinical record reviews, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders regarding medication administration were followed for two of 65 residents reviewed (Residents 6, 30), and failed to address physician recommendations from an outside appointment for one of 65 residents reviewed (Resident 25).Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6, dated May 25, 2025, indicated that the resident was severely cognitively impaired, had no speech, could rarely understand, and was rarely understood, required assistance from staff for care needs, had diagnoses that included Type II diabetes (body does not use insulin effectively or does not produce enough insulin to control blood sugar levels), and was administered insulin (medication to lower blood sugar). A care plan dated April 23, 2025, for Resident 6 indicated that he was an insulin dependent diabetic, staff were to assess and record blood glucose, and levels and administer insulin as ordered. Physician's orders for Resident 6, dated June 11, 2025 , included an order for the resident to receive 2 units Insulin Lispro (a rapid-acting insulin) before meals and bedtime. Staff were to call the physician if the blood glucose was less than 70 milligrams per deciliter (mg/dl) or above 400 mg/dl. The dose was to be held if the blood glucose was less than 110 mg/dl, if the tube feed was off, or the resident was not eating. Physician's orders for Resident 6, dated August 11, 2025 , included an order for the resident to receive 2 units Insulin Lispro before meals. Staff were to call the physician if the blood glucose was less than 70 mg/dl or above 400 mg/dl. The insulin was to be held if the blood glucose was less than 110 mg/dl or if the resident was not eating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Medication Administration Record (MAR) for Resident 6, dated July and August 2025, revealed that on July 4, 2025, at 4:30 p.m. the resident had a blood sugar of 103 mg/dl and was administered 2 units of Lispro; on July 4, 2025, at 9:00 p.m. the resident had a blood sugar of 103 mg/dl and was administered 2 units of Lispro; on July 10, 2025, at 4:30 p.m. the resident had a blood sugar of 103 mg/dl and was administered 2 units of Lispro; on July 11, 2025, at 11:00 a.m. the resident had a blood sugar of 107 mg/dl and was administered 2 units of Lispro; on July 14, 2025, at 7:30 a.m. the resident had a blood sugar of 100 mg/dl and was administered 2 units of Lispro; on July 16, 2025, at 9:00 p.m. the resident had a blood sugar of 108 mg/dl and was administered 2 units of Lispro; on July 17, 2025, at 7:30 a.m. the resident had a blood sugar of 107 mg/dl and was administered 2 units of Lispro; on July 17, 2025, at 11:30 a.m. the resident had a blood sugar of 96 mg/dl and was administered 2 units of Lispro; on July 17, 2025, at 4:30 p.m. the resident had a blood sugar of 103 mg/dl and was administered 2 units of Lispro; on July 18, 2025, at 9:30 p.m. the resident had a blood sugar of 101 mg/dl and was administered 2 units of Lispro; on July 21, 2025, at 11:30 a.m. the resident had a blood sugar of 102 mg/dl and was administered 2 units of Lispro; on July 22, 2025, at 7:30 a.m. the resident had a blood sugar of 102 mg/dl and was administered 2 units of Lispro; on July 24, 2025, at 7:30 a.m. the resident had a blood sugar of 102 mg/dl and was administered 2 units of Lispro; on July 25, 2025, at 7:30 a.m. the resident had a blood sugar of 107 mg/dl and was administered 2 units of Lispro; on July 26, 2025, at 7:30 a.m. the resident had a blood sugar of 96 mg/dl and was administered 2 units of Lispro; on July 26, 2025, at 11:30 a.m. the resident had a blood sugar of 102 mg/dl and was administered 2 units of Lispro; on July 28, 2025, at 7:30 a.m. the resident had a blood sugar of 96 mg/dl and was administered 2 units of Lispro; on July 28, 2025, at 11:30 a.m. the resident had a blood sugar of 94 mg/dl and was administered 2 units of Lispro; on July 30, 2025, at 7:30 a.m. the resident had a blood sugar of 107 mg/dl and was administered 2 units of Lispro; on August 2, 2025, at 7:30 a.m. the resident had a blood sugar of 93 mg/dl and was administered 2 units of Lispro; on August 2, 2025, at 4:30 p.m. the resident had a blood sugar of 97 mg/dl and was administered 2 units of Lispro; on August 3, 2025, at 11:30 a.m. the resident had a blood sugar of 104 mg/dl and was administered 2 units of Lispro; on August 6, 2025, at 9:00 p.m. the resident had a blood sugar of 101 mg/dl and was administered 2 units of Lispro; on August 11, 2025, at 7:30 a.m. the resident had a blood sugar of 98 mg/dl and was administered 2 units of Lispro; on August 2, 2025, at 11:30 a.m. the resident had a blood sugar of 106 mg/dl and was administered 2 units of Lispro; on August 12, 2025, at 7:30 a.m. the resident had a blood sugar of 109 mg/dl and was administered 2 units of Lispro; on August 18, 2025, at 7:30 a.m. the resident had a blood sugar of 98 mg/dl and was administered 2 units of Lispro; on August 18, 2025, at 11:30 a.m. the resident had a blood sugar of 92 mg/dl and was administered 2 units of Lispro; on August 22, 2025, at 7:30 a.m. the resident had a blood sugar of 98 mg/dl and was administered 2 units of Lispro. Interview with the Director of Nursing on August 26, 2025, at 12:48 p.m. confirmed that Resident 6's insulin was not administered as physician ordered for the dates listed above. A facility policy related to consultations and appointments, dated March 12, 2025, indicated that upon return from a consultation, the nurse will review the consult documentation and ensure any new orders or recommendations are promptly communicated to the attending physician for approval and implementation. If no consult documentation is returned, the nurse will call the consulting physician to follow up. A significant change MDS assessment for Resident 25, dated June 2, 2025, revealed that the resident was cognitively intact, was independent with care needs, received radiation and had a diagnosis of prostate cancer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A consult note for Resident 25, from the radiation oncologist/urologist, dated July 22, 2025, revealed that the resident had moderate to severe dysuria (painful urination). A urinalysis (a test that examines a urine sample to detect and monitor various health conditions, including urinary tract infections) was done and showed evidence of an infection. A culture (a laboratory test that determines if bacteria or other microorganisms are present in a urine sample) was pending and the physician indicated that he would like the resident to start Bactrim double strength (DS) (an antibiotic) twice daily for 10 days and when the culture results come back, if it was resistant to Bactrim DS, he would change to antibiotic to one that shows sensitivity (identifies bacteria or yeast causing a urinary tract infection (UTI) and which drugs work best to treat the infection). A physician’s note for Resident 25, dated July 30, 2025, at 3:14 p.m. revealed that the resident endorsed dysuria and was seen for follow up status post urology recommendations. He indicated that the resident had a urine sample obtained from urology on July 22, 2025, and that urology prescribed Bactrim for 10 days. He indicated that the resident was to get his first dose the evening of July 30, 2025. There was no documented evidence that the facility obtained Resident 25’s radiology oncology/urology recommendations on July 22, 2025, for Bactrim DS related to a urinary tract infection. Interview with the Director of Nursing on August 25, 2025, at 11:48 a.m. confirmed that Resident 25’s consult note from July 22, 2025, was not sent to the facility until July 30, 2025. She indicated that typically there are no communication sheets sent back with the resident unless there are changes. She indicated that they must have forgotten to send the consult sheet indicating the recommendation for the antibiotic. She indicated that they did not consider the resident’s appointments with radiology/urology consult appointments as it was scheduled routinely for a time period of six weeks. She indicated that typically, for consult appointments, they would call the physician for updates if no communication was returned post appointment. The facility policy for administration procedures for all medications, dated March 12, 2025, indicated that medications will be administered in a safe and effective manner. Staff are to at a minimum, review the five rights of medication administration at each step of medication administration. Prior to removing the medication package/container from the cart/drawer, check for vital signs or other tests to be done during or prior to medication administration. When preparing to administer medication, staff are to obtain and record any vital signs or other monitoring parameters ordered or deemed necessary prior to the medication administration and notify the physician and/or prescriber of held medications for pulse, blood pressure, low or high blood sugar, or other abnormal test result for vital signs resulting in medication being held. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 30 , dated June 28, 2025, revealed that the resident was cognitively impaired, received scheduled pain medication, received an opioid (a controlled pain medication), and had diagnoses that included dysphagia following a cerebral infarction (difficulty swallowing after having a stroke). Physician's orders for Resident 30 dated July 15, 2025, included for the resident to receive 25 milligrams (mg) of metoprolol tartrate (used to treat high blood pressure) twice a day and to hold the medication if the resident's blood pressure (BP) was less than 130 over 80. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the Medication Administration Record (MAR) for Resident 30, dated August 2025, indicated that 25 mg of metoprolol tartrate was administered to the resident on August 1 at 5:00 p.m. when the resident's BP was 151/60, August 2 at 9:00 a.m. when the resident's BP was 142/70, August 2 at 5:00 p.m. when the resident's BP was 145/78, August 3 at 9:00 a.m. when the resident's BP was 145/61, August 4 at 9:00 a.m. when the resident's BP was 132/78, August 5 at 9:00 a.m. when the resident's BP was 119/66, August 5 at 5:00 p.m. when the resident's BP was 120/60, August 7 at 9:00 a.m. when the resident's BP was 133/74, August 8 at 9:00 a.m. when the resident's BP was 144/66, August 9 at 9:00 a.m. when the resident's BP was 136/69, August 9 at 5:00 p.m. when the resident's BP was 125/68, August 10 at 5:00 p.m. when the resident's BP was 126/74, August 11 at 9:00 a.m. when the resident's BP was 134/78, August 11 at 5:00 p. m. when the resident's BP was 131/64, August 12 at 5:00 p.m. when the resident’s BP was 131/64, August 13 at 9:00 a.m. when the resident’s BP was 147/64, August 113 at5:00 p.m. when the resident’s BP was 149/57, August 14 at 5:00 p.m. when the resident’s BP was 155/61, August 15 at 5:00 p.m. when the resident’s BP was 136/77, August 18 at 9:00 a.m. when the resident's BP was 122/66, August 19 at 5:00 p.m. when the resident's BP was 132/71, August 20 at 5:00 p.m. when the resident's BP was 126/77, August 21 at 5:00 p.m. when the resident's BP was 143/64, August 23 at 9:00 a. m. when the resident's BP was 128/78, and August 24 at 5:00 p.m. when the resident's BP was 124/70. Interview with the Director of Nursing June 4, 2025, at 12:48 p.m. confirmed that Resident 30 was administered metoprolol tartrate when it should have been held per physician's orders for a BP less than 130 over 80 on the above-mentioned dates and times. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on review of facility policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that the resident environment remained as free from accident hazards as possible by failing to complete an air mattress safety assessment to identify potential safety hazards for 11 of 65 residents reviewed (Residents 1, 5, 7, 10, 13, 14, 19, 111, and 143) and failed to ensure that each resident received assistance devices to prevent accidents during transport in a wheelchair for one of 65 residents reviewed (Resident 172).Findings Include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated May 16, 2025, indicated that the resident was cognitively impaired, required assistance from staff for his daily care needs, and had diagnoses that included prostate (gland located below the bladder in men) cancer. Physician's orders for Resident 1, dated August 25, 2023, included an order for the resident's bed to be equipped with a low air loss mattress. There was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 1's bed. Care plan for Resident 1 dated July 30, 2024, included that the resident was at risk for falls and staff were to provide a bariatric (medical treatment and management of obesity, or being significantly overweight to a degree that is dangerous to health) bed and a bariatric air mattress. Observations on August 23, 2025, at 11:52 a.m. revealed that Resident 1 was in bed with an air mattress in place. A quarterly MDS assessment for Resident 5, dated July 15, 2025, 2025, revealed that the resident was cognitively intact, required assistance with care needs, has an indwelling catheter and ostomy, stage 3 pressure ulcer (pressure wound that forms as a result of prolonged pressure involving the fat layers beneath the skin), and had a pressure relieving device on her bed. A care plan for the resident, dated July 2, 2025, included an intervention for the resident to have an air mattress. Physician's orders for Resident 5, dated July 11, 2025, included an order for the resident to have an air mattress (an inflated mattress for pressure relief) for skin integrity. Observations on August 23, 2025, at 12:14 p.m. revealed that Resident 5’s bed was equipped with an air mattress; however, there was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to being placed on the resident's bed. A quarterly MDS assessment for Resident 7, dated June 20, 2025, indicated that the resident was cognitively impaired, required assistance from staff for her daily care needs, had a stage two pressure ulcer (damage to the skin or underlying soft tissue), and received hospice services. Observations of Resident 7 on August 23, 2025, at 12:27 p.m. indicated the resident was laying in bed with an air mattress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Physician's orders for Resident 7, dated April 1, 2025, included an order to check the settings and function of the air mattress. Care plan for Resident 7 dated April 14, 2025, indicated that her family requested that the resident stay in bed at all times and was to have a pressure reduction mattress to the bed, Interview with the Nursing Home Administrator on June 17, 2025, at 4:03 p.m. confirmed that there were no specific assessments completed to ensure that the use of an air mattress was safe for Residents 7. A quarterly MDS assessment for Resident 10, dated June 12, 2025, indicated that the resident was moderately cognitively impaired and was at risk for developing pressure ulcers. Physician's orders for Resident 10, dated November 20, 2024, included an order for the resident's bed to be equipped with a low air loss mattress. There was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 10's bed. Observations on August 23, 2025, at 10:40 a.m. revealed that Resident 10 was in bed with an air mattress in place. A quarterly MDS assessment for Resident 13, dated May 23, 2025, revealed that the resident was cognitively intact, required assistance with care needs, had an arterial/venous ulcer and surgical wound and had a pressure relieving device for his bed. A care plan for the resident, dated July 21, 2025, included an intervention for the resident to have an air mattress. Observations on August 23, 2025, at 11:04 a.m. revealed that Resident 13’s bed was equipped with an air mattress; however, there was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to being placed on the resident's bed. A quarterly MDS assessment for Resident 14, dated July 9, 2025, indicated that the resident was cognitively impaired, was incontinent of bowel and bladder, had limited range of motion to her lower extremities, had a pressure ulcer, and had diagnoses that included dementia. Physician's orders for Resident 14, dated August 19, 2025, included an order for the resident's bed to be equipped with an air mattress. There was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 14's bed. Observations on August 26, 2025, at 2:27 p.m. revealed that Resident 14 was in bed with an air mattress in place. An annual MDS assessment for Resident 19, dated July 23, 2025, indicated that the resident was cognitively impaired, required assistance from staff for his daily care needs, and had diagnoses that included diabetes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Care plan for Resident 19 dated August 11, 2025, included that the resident was admitted with a stage two sacral wound (a shallow, open wound on the skin over the bony part at the base of the spine) and was to have an air mattress on his bed. There was no documented evidence in Residents 19’s clinical record to indicate that an air mattress safety assessment was completed to determine if the resident would be safe while on the mattress. A quarterly MDS assessment for Resident 111, dated August 28, 2025, revealed that he was cognitively impaired and required extensive assistance from staff for care. A care plan for the resident, dated May 13, 2025, revealed that he was at risk for skin breakdown and that he had an air mattress. A comprehensive MDS assessment for Resident 111, dated June 4, 2025, revealed that the resident was cognitively impaired and required extensive assistance from staff for care. A care plan for the resident, dated June 2, 2025, revealed that the resident was at risk for skin breakdown and that she had an air mattress. There was no documented evidence in Residents 111’s, clinical record to indicate that an air mattress safety assessment was completed to determine if the resident would be safe while on the mattress. A quarterly MDS assessment for Resident 143, dated May 12, 2025, indicated that the resident was moderately cognitively impaired and was at risk for developing pressure ulcers. Physician's orders for Resident 143, dated October 31, 2024, included an order for the resident's bed to be equipped with an air mattress. There was no documented evidence that the use of an air mattress was assessed for potential safety hazards prior to the air mattress being placed on Resident 143's bed. Observations on August 26, 2025, at 9:23 a.m. revealed that Resident 143 was in bed with an air mattress in place. An interview with the Nursing Home Administrator August 25, 2025 at 4:03 p.m. confirmed that the facility did not do a bed safety assessment on the residents before they were placed on the air mattresses. A quarterly MDS assessment for Resident 172, dated June 12, 2025, revealed that the resident was cognitively impaired, required staff assistance for all daily care needs, and used a wheelchair for mobility. Observations on August 24, 2025 at 9:46 a.m. revealed that Licensed Practical Nurse E3 pushed resident 172 from the table in the dining room through the hall and to his room while his feet, which had non-skid socks on, were dragging on the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with Licensed Practical Nurse E3 on August 24, 2025 at 9:50 a.m. revealed that she pushed the resident back to his room so that she could give him his medications. She stated that he is able to self propel and that is why he did not have leg rests on his chair. She further stated that she didn't think that he needed leg rests to be pushed even though his feet were dragging on the floor. Interview with Nursing Home Administrator on August 24, 2025 at 3:51 p.m. confirmed that Resident 172 should have had leg rests on his wheelchair while being transported if his feet were dragging. He said that they do not keep leg rests on the residents that can self propel. 28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that interventions were in place to prevent urinary tract infections for one of 65 residents reviewed (Resident 13) who had an indwelling urinary catheter.Findings include:The facility's policy regarding indwelling urinary catheters (a flexible tube inserted and held in the bladder to drain urine), dated March 12, 2025, revealed that catheter drainage bags were to be kept off the floor.A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 14, dated July 9, 2025, revealed that the resident was cognitively impaired, incontinent of bladder, and had urinary tract infections.Physician's orders for Resident 11, dated August 19, 2025, included an order for the resident to have an indwelling urinary catheter due to a pressure ulcer.Observations of Resident 14 on August 26, 2025, at 2:27 p.m. revealed the resident was laying in bed and her catheter collection bag was in direct contact with the floor. Interview with Licensed Practical Nurse XX ([NAME]) at that time confirmed that the catheter bag should not be in contact with the floor.Interview with the Assistant Director of Nursing on August 26, 2025, at 4:38 p.m. confirmed that Resident 14's catheter bag should be off the floor.28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for two of 65 residents reviewed (Resident 5 and 30). Findings include: A facility policy regarding medication administration, dated March 12, 2025, indicated that after administering the medication, document administration on the Medication Administration Record (MAR) and the controlled substance sign out record, if necessary. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 5, dated July 15, 2025, indicated that the resident was cognitively intact, required assistance with care needs, had pain and was taking an opioid medication (medications with the potential to be abused used to treat pain). Physician's orders for Resident 5, dated May 22, 2025, included an order for the resident to receive 5 milligrams (mg) of Oxycodone HCL (a narcotic pain medication) every four hours as needed for severe pain 7-10 on a pain scale for 14 days. Physician's orders for Resident 5, dated June 5, 2025, included an order for the resident to receive 5 mg of Oxycodone HCL every four hours as needed for severe pain 7-10 on a pain scale observe for respiratory depression, sedation and constipation. Physician's orders for Resident 5, dated July 11, 2025, included an order for the resident to receive 5 mg of Oxycodone HCL every six hours as needed for severe pain 7-10 on a pain scale. Review of the controlled drug record (a form that accounts for each tablet/pill/dose of a controlled drug) for Resident 5, dated May 2025 through August 2025, revealed that a 5 mg tablet of Oxycodone HCL was signed out on May 16 at 3:10p.m., May 22 at 1:00 p.m., May 23 at 12:45 p.m., May 25 at 9:30 a.m., May 30 at 10:15 a.m., June 5 at 2:36 p.m., June 9 at 9:4- a.m., June 18 at 9:00 p.m., June 19 at 9:00 p.m., June 22 at 9:55 a.m., July 2 at 8:00 p.m., July 3 at 9:00 p.m., July 28 at 1:50 a.m., July 29 at 11:00 a.m., August 3 at 3:15 p.m., August 5 at 9:45 a.m., August 18 at 1:00 p.m. and 6:45 p.m., and August 24 at 7:03 p.m. However, there was no documented evidence in Resident 5's clinical record, including the MAR, that the signed-out doses of Oxycodone HCL were administered to the resident on the above-mentioned dates and times. Interview with the Assistant Director of Nursing on August 26, 2025, at 4:42 p.m. confirmed that there was no documented evidence in Resident 5’s clinical record to indicate that the signed-out doses of Oxycodone HCL were administered to the resident on the above-mentioned dates and times. The facility's policy regarding controlled substances, dated March 12, 2025, indicated that the facility complies with all laws, regulations, and other requirements related to handling, storage, disposal and documentation of controlled medications. Wasting of controlled medication is done in the presence of the nurse and a witness who also signs the disposition sheet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 30 , dated June 28, 2025, revealed that the resident was cognitively impaired, received scheduled pain medication, received an opioid (a controlled pain medication), and had diagnoses that included dysphagia following a cerebral infarction (difficulty swallowing after having a stroke). Physician's orders for Resident 30, dated June 27, 2025, included an order for the resident to receive a 12 micrograms (mcg) Fentanyl (a narcotic pain patch) patch to be applied every three days for pain. The Medication Administration Record (MAR) and a controlled drug count record (tracks each dose of a controlled medication) for Resident 30, both dated July and August 2025, revealed that a Fentanyl patch was applied to the resident on July 3, 6. 9, 10, 12, 15, 18, 21, 24, 27, and 30, and August 2, 5, and 8, 2025. There was no documented evidence that two staff members signed that the old patch was destroyed after removal on these dates. Interview with the Director of Nursing on August 26, 2025, at 4:13 p.m. revealed that she was not aware that removing and destroying a Fentanyl patch required two nurse signatures and that there were not two witness signatures for the destruction of Resident 30’s Fentanyl patches on the above mentioned dates. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on review of manufacturer's instructions and clinical records, as well as observations and staff interviews, it was determined that the facility failed to maintain a medication administration error rate of less than five percent. Findings include:Observations during medication administration on August 24, 2025, revealed that two medication administration errors were made during 25 opportunities for error, resulting in a medication administration error rate of 8.00 percent.Current manufacturer's directions for use of Advair (Fluticasone-Salmeterol) Inhalation Aerosol Powder (used to treat chronic obstructive pulmonary disease (COPD) and Asthma) revealed that serious side effects including thrush (a fungal infection in the mouth and throat) can occur. Rinse the mouth with water without swallowing after use to reduce the chance of getting thrush.Physician's orders for Resident 66, dated January 24, 2025, included an order for the resident to receive 100-50 micrograms of Fluticasone-Salmeterol Inhalation Aerosol Powder with instructions to inhale 1 puff orally twice daily for asthma and to rinse mouth after each use.Observations during medication administration on August 24, 2025, at 8:37 a.m. revealed that Licensed Practical Nurse E4 administered the Fluticasone-Salmeterol and did not have the resident rinse her mouth after administration.Physician's orders for Resident 129, dated May 24, 2025, included an order for the resident to receive 250-50 micrograms of Advair (Fluticasone-Salmeterol) Inhalation Aerosol Powder with instructions to inhale 1 puff orally twice daily for COPD. Step 5 on the Advair box stated to rinse mouth with water and spit out water after administration. Observations during medication administration on August 24, 2025, at 8:46 a.m. revealed that Licensed Practical Nurse E4 administered the Advair (Fluticasone-Salmeterol) and did not have the resident rinse her mouth after administration.Interview with Licensed Practical Nurse E4 on August 24, 2025, at 8:55 a.m. confirmed that she should have had Resident 66 and Resident 129 rinse their mouths after administering the Advair/ Fluticasone-Salmeterol.Interview with the Director of Nursing on August 24, 2025, at 3:11 p.m. confirmed that the nurse should have had Resident 66 and Resident 129 rinse their mouths after administering the Advair/ Fluticasone-Salmeterol.28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395078	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine View Healthcare and Rehabilitation Center	50 North Malin 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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of manufacturer's instructions, as well as observations and staff interviews, it was determined that the facility failed to date an opened multidose vial of Aplisol tuberculin (TB) solution (used to test for tuberculosis infection) in one of two medication storage area refrigerators reviewed (1 Main) and failed to provide a separately-locked, permanently-affixed compartment in the refrigerator for the storage of controlled drugs (medications that have the potential to be abused) in two of two medication storage area refrigerators reviewed (1 main and 2 West).Findings include: Manufacturer's instructions for Aplisol TB solution, dated November 2013, indicated that vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency. Observations of the facility's medication storage area refrigerator on 1 Main, on August 26, 2025, at 11:01 a.m. revealed an opened and undated vial of Aplisol TB solution. The narcotic box in the refrigerator was fixed to the shelf and did not contain any narcotic medications; however, the shelf with the fixed narcotic box could be removed from the refrigerator. Interview with Licensed Practical Nurse E5 at the time of the observation confirmed that the vial of Aplisol TB solution was not dated when it was opened and confirmed that the shelf with the fixed narcotic box could be removed from the refrigerator. Interview with the Director of Nursing on August 26, 2025, at 1:11 p.m. confirmed that the vial of Aplisol TB solution should have been dated when opened and confirmed that the narcotic box should have been fixed to the fridge and not able to be removed. Physician's orders for Resident 181, dated October 5, 2018, included an order for the resident to receive 0.25 milliliters (ml) of lorazepam intensol concentrate (a controlled liquid antianxiety medication) 2 milligram/milliliter (mg/ml) by mouth every 4 hours as needed for anxiety. Observations of the second floor west medication refrigerator on August 26, 2025, at 9:43 a.m. revealed that there was a separate box secured in the refrigerator that contained two boxes of lorazepam intensol concentrate (a controlled liquid antianxiety medication) 2 milligram/milliliter; however, the entire shelf that the narcotic box was mounted on could be removed from the refrigerator. Interview with Registered Nurse Unit Manager E6 confirmed that the box was able to be removed from the refrigerator. Interview with the Director of Nursing on August 26, 2025, at 1:11 p.m. confirmed that the box was not permanently affixed and should have been. 28 Pa. Code 211.9(a)(1) Pharmacy services. 28 Pa. Code 211.12(d)(1) Nursing services.