

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Ambler Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  32 South Bethlehem Pike Ambler, PA 19002	

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 0814</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>45125</p> <p>Based on observation, it was determined that the facility failed to dispose of trash and refuse properly.</p> <p>Findings include:</p> <p>Observation of the dumpster area on February 25, 2025, at 10:30 a.m., revealed multiple pieces of crushed plastic and cardboard debris, Styrofoam cups, food debris, an opened milk carton with a clumpy white substance in front of it, and used gloves around the outside of the dumpster. There were two bags of garbage and a window curtain sticking out from below the dumpster. There was a collapsed bin behind the dumpster with a layer of leaves on top.</p> <p>28 Pa Code 201.18(b)(3) Management.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</b></p> <p>Based on observation and resident interview, it was determined that the facility failed to provide a sanitary and comfortable environment for residents and staff in one of two shower rooms and on one of two nursing units. ([NAME] nursing unit shower room)</p> <p>Findings include:</p> <p>In a confidential resident interview on February 26, 2025, at 10:00 a.m., a resident stated that the shower rooms were messy and had mold in the shower stalls.</p> <p>Observations on February 26, 2025, at 10:05 a.m., of the shower room on the [NAME] nursing unit revealed the following:</p> <p>There was a piece of wood on top of the heater in the room. There was dirt on the wall where the heater was located.</p> <p>The toilet bowl was soiled with urine and feces.</p> <p>The ceiling light over the tub was dirty on the inside of the light cover.</p> <p>There was a wet sheet on the floor in front of the shower stall.</p> <p>There was a black substance on the tile flooring of the shower stall and on the bottom tile moldings of the shower stall.</p> <p>The plastic bumpers near the entrance of the shower stall were broken and damaged.</p> <p>28 Pa. Code 201.18 (b) (1) Management.</p>		