

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2024
NAME OF PROVIDER OR SUPPLIER  Rosemont Center		STREET ADDRESS, CITY, STATE, ZIP CODE  35 Rosemont Avenue Rosemont, PA 19010	

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 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**</b> 43923</p> <p>Based on observations and staff interviews, it was determined that the facility failed to provide a safe, sanitary, and comfortable environment in one resident room on the 1st floor. (room [ROOM NUMBER])</p> <p>Findings:</p> <p>On June 25, 2024, at 10:08 a.m. observations were conducted in rooms 105A bed and 105C bed. Bed 105A Resident R1 was lying in a bariatric bed which was located between the A and B section of the room. Room was cluttered with open and closed boxes on the floor against the wall. Room had two drawers full of items on the top. On the top of those boxes there was large number of random items including spices, hygiene, snacks, multiple basins, jewelry, clothing stored. Open grocery paper bags were stored on the floor with random items such as snacks, nuts, sodas, jams, bottles of water. Underneath the bed there were grocery paper bags with random papers, snacks, fruit cups and there was a urinal container. The chair was full of clothing, papers, snacks, sodas, on the top of each other. In addition, a 5-power strip outlet was shoved into the piles of clothing with the nebulizer and Bi-pap respiratory machines on the chair. Resident R1 reported that facility provided her with the 5-power strip outlet. The tray table had breakfast, fan, headphones phone, random hydyne items and a full urinal.</p> <p>Bed 105C, Resident R2 was a bariatric resident whose bed was away from the headboard wall. On the other side by the feet board there was no room to walk thru as there was a chair and bariatric wheelchair blocking the airway to go around the resident and her closet. Resident R2 had Walmart paper bags on the floor with random snacks. There were two plastic boxes on the top of each other and nebulizer was on the top of the box with an electric mixer. The top of the dresser had random hygiene item and no room for nebulizer treatment machine. On the floor there was a 6-power outlet strip and a separate single outlet strip. On the floor the grocery bags had oranges, clothing's, snacks, wheelchair rests. Resident R2 reported that all items belong to her, and she does order things online. The power strips were given to her by the facility.</p> <p>The bathroom also had a bariatric commode and with a folded bariatric wheelchair against the wall.</p> <p>On June 25, 2024, at 10:30 a.m. the maintenance director, Employee E4 came into the room and confirmed the observations and moved the bed so the headboard of the bed would touch the wall and took away the empty chair that was blocking the entrance.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 26, 2024, at 10:54 a.m. Administrator, Employee E1 confirmed above observations and reported that he was not aware of the power strips and believes residents ordered the power strips. Further observation of the first unit revealed Resident R4 room [ROOM NUMBER] had shopping bags on the floor and nebulizer was also inside the shopping bag on the floor.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		