

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 02/26/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, review of policy, review of clinical record and review of facility provided documentation, it was determined facility did not ensure to provide adequate supervision to prevent elopement for one of three residents reviewed (Resident R1) Findings include: Review of facility policy 'Wandering, Unsafe Resident,' revised August 2014, indicated its purpose is to prevent unsafe wandering while maintaining the least restrictive environment for residents who are at risk for elopement. Review of Resident R1's clinical record revealed a medical diagnosis of dementia with mood disturbance and agitation, depression, cognitive communication deficit, adjustment disorder with anxiety, conduct disorder. Review of elopement assessment completed on December 31, 2025, at 3:15 pm, revealed Resident R1 was at high risk for elopement. Review of facility provided investigation report, completed on February 13, 2026, revealed that on February 12, 2026, at 9:00 am, R1 was residing on second floor unit and managed to escape by taking stairs after pressing of fire doors for more than 15 seconds (which activated alarm). Further review of investigation report revealed that Resident R1 also managed to walk through emergency fire doors on first floor which is right next to entrance doors and is located across from receptionist's desk area. Review of Resident R1's care plan revealed that the facility did not develop a care plan to prevent elopement until February 12, 2026; after the elopement incident. 28 Pa Code 201.18(b.1) Management 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12(d)(1)(3)(5) Nursing services		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395193	Facility ID: 395193 If continuation sheet Page 1 of 1