

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Broomall Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  43 Church Lane 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>41765</p> <p>Based on review of clinical records, facility documentation, and staff interview, it was determined the facility failed to provide appropriate and consistent treatment for a skin tear for one of the 24 residents reviewed (Resident 54).</p> <p>Findings include:</p> <p>Review of Resident 54's nursing progress notes dated October 8, 2024, at 8:34 p.m., revealed while changing and repositioning Resident 54, a circular skin tear to the left elbow, approximately 2.5 cm. in size, was observed. The physician and the responsible party were notified.</p> <p>Review of the facility's documentation titled, Skin Integrity Events, dated October 8, 2024, at 8:31 p.m., revealed the resident had a 2.5 x 2.5 cm skin tear to the left elbow. The same report revealed the physician was notified, and under interventions, document revealed treatment ordered.</p> <p>Review of Resident 54's October 2024 Medication/Treatment Administration Record failed to reveal a treatment order for Resident 52's left elbow skin tear identified on October 8, 2024.</p> <p>Review of Resident 54's nursing progress notes dated October 9, 2024, at 6:43 p.m., revealed Skin tear to left elbow. No reported pain this shift. Treatment done.</p> <p>Review of Resident 54's clinical records failed to reveal type of treatment provided to Resident 54's left elbow skin tear on October 9, 2024, since there was no documented wound treatment order to the left elbow despite documents indicating a treatment was ordered.</p> <p>Review of Resident 54's clinical records failed to reveal Resident 54's left elbow skin tear identified on October 8, 2024, was provided with wound treatment on October 10, 11, 12, 13, and 14.</p> <p>The above information was conveyed to the Director of Nursing on October 31, 2024.</p> <p>The facility failed to ensure Resident 54's left elbow skin tear was appropriately and consistently provided with treatment.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. 211.12(d)(1)(3)(5) Nursing services</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Broomall Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  43 Church Lane 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.5(f) Clinical records</p>		