STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395217	A. Building B. Wing	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richboro Rehabilitation & Nursing Center	253 Twining Ford Road Richboro, PA 18954

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 - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure physicians' orders were implemented for two of 19 sampled residents. (Resident 34 and 54) Findings include: Review of the policy entitled, Medication Administration, last reviewed January 30, 2025, revealed staff was to obtain and record vital signs in the Medication Administration Record (MAR) per physician order, and when applicable, hold medication for those vital signs outside of the physician's prescribed parameters. Clinical record revealed that Resident 34 had diagnoses that included hypertension (high blood pressure). On February 28, 2025, a physician ordered staff to administer a blood pressure medication (metoprolol succinate) two times a day. Staff was to not to administer the medication if the resident's heart rate was less than 60 beats per minute (BPM). Review of Resident 34's MARs revealed that staff administered the medication 30 times in April 2025, and 27 times in May 2025, with no documentation that the resident's heart rate was assessed prior to the medication administration. In an interview on May 29, 2025, at 10:00 a.m., the Assistant Director of Nursing confirmed there was no documented evidence to support that the heart rate was taken prior to the medication administration for Resident 34 and it should have been in the MAR. Clinical record review revealed that Resident 54 had diagnoses that included hypertension and diabetes. On October 9, 2024, the physician ordered staff to administer a blood pressure medicine (metoprolol tartrate) twice a day. Staff was not to administer the medication if the heart rate was less than 60 BPM. Review of Resident 54's MARs revealed that staff administered the medication two times in April 2025, and two times in May 2025, when the resident's heart rate was below 60 BPM. In an interview on May 29, 2025, at 9:50 a.m., the Director of Nursing confirmed that the medication was administered outside of the established parameters for Resident 54. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on staff interview, it was determined that the facility failed to employ a full-time qualified dietary services manager in the absence of a full-time qualified dietitian. Findings include: During an interview on May 28, 2025, at 10:45 a.m., the dietary manager stated the facility did not employ a qualified dietary manager. There was no evidence that the facility had a qualified dietary services manager or a full-time dietitian. In an interview conducted on May 29, 2025, at 11:00 a.m., the Administrator confirmed that there was not a full-time dietitian employed at the facility and that the facility did not employ a qualified dietary manager in the absence of a full-time dietitian. 28 Pa. Code 201.18(b)(3) Management.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0809 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on review of facility documentation, the facility's meal schedule, resident and staff interview, and observation, it was determined that the facility failed to ensure that meals were served at regularly scheduled times in accordance with resident needs for one of five meal carts. (Doc's dining room) Findings include: Review of the Food Committee Minutes from March 26, 2025, and April 30, 2025, revealed that residents had stated that their meal trays were often served late. In a group interview on May 28, 2025, at 10:30 a.m., Residents 3, 9, 24, 34, 58, and 60, stated that the meals were frequently delivered late to the main dining room and it was an on-going problem. In an interview on May 28, 2025 at 12:15 p.m., Resident 35 stated that meal trays can often be served late. Review of the facility's meal schedule revealed that the scheduled time for lunch in Doc's dining room was 12:30 p.m. Observation on May 28, 2025, in the Doc's dining room, revealed the meal cart arrived at 12:50 p.m., 20 minutes after the scheduled delivery time. On May 29, 2025, the Doc's dining room cart arrived at 12:53 p.m. , 23 minutes after the scheduled delivery time. In an interview on May 29, 2025, at 10:00 a.m., the Administrator confirmed the Doc's dining room meal service was late on the previously mentioned days. 28 Pa. Code 201.14(a) Responsibility of licensee.