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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395226 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>03/21/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Spruce Manor Nursing & Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>220 S. Fourth Avenue<br>West Reading, PA 19611 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48578</p> <p>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to develop or implement a comprehensive care plan that addressed individual resident needs as identified in the comprehensive assessment for two of 36 sampled residents. (Residents 36 and 82)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 36 had diagnoses that included depression, dementia, anxiety, and hallucinations. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated August 2, 2024, noted that the resident's psychotropic medication was to be addressed in the care plan. An MDS summary dated January 20, 2025, noted that the resident's psychiatric disorders continued. There was no evidence that interventions to address Resident's 36's psychotropic medication were included in the current care plan.</p> <p>Clinical record review revealed that Resident 82 had dementia, depression, and partial blindness. The MDS CAA summary dated December 4, 2024, noted that the resident's psychotropic medication and vision were to be addressed in the care plan. There was no evidence that interventions to address Resident 82's psychotropic medications and vision were included in the current care plan.</p> <p>In an interview on March 21, 2024, at 1:35 p.m., the Director of Nursing confirmed there was no documented evidence that the care areas were addressed in the care plans or implemented in accordance with the care plans.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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