

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Wyomissing Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Wyomissing Blvd 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 (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>43883</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of 20 sampled residents. (Resident 101)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 101 had diagnoses that included hypertension, heart disease, and dementia. Physician's orders dated July 25, 2024, directed staff to administer amlodipine and metoprolol (medications for high blood pressure) once daily; staff were to hold the medications if the resident's systolic blood pressure (SBP, the measure of the pressure when the heart beats) was below 100 millimeters mercury (mmHg). Staff were to also hold the metoprolol if the resident's heart rate was below 60 beats per minute. Review of the medication administration records for August and September 2024 revealed no evidence that staff obtained the resident's blood pressure before they administered amlodipine 12 times in August and one time in September. There was no evidence that staff obtained the resident's blood pressure or heart rate before they administered metoprolol eleven times in August and one time in September.</p> <p>In an interview on October 24, 2024, at 11:28 a.m., the Director of Nursing confirmed that there was no evidence that staff obtained and recorded the resident's blood pressure and heart rate prior to administration of the medications, per the physician's order.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43883</p> <p>Based on clinical record review, observation, review of facility documentation, and staff interview, it was determined that the facility failed to provide nail care to promote foot health for one of 20 sampled residents. (Resident 12)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 12 had diagnoses that included protein calorie malnutrition and cognitive communication deficit. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident had cognitive impairment. A physician's order dated September 13, 2024, directed staff to consult podiatry services as needed. On October 23, 2024, at 11:22 a.m., the resident was observed in bed; her toenails were long and jagged. Review of a facility resident list dated July 15, 2024, revealed that the resident was identified as in need of podiatry services at that time. There was no evidence that the resident was seen by a podiatrist or provided with foot care.</p> <p>In an interview on October 24, 2024, at 9:34 a.m., the Director of Nursing confirmed that the resident was identified to need podiatry services in July 2024 and had not been seen by a podiatrist.</p> <p>CFR 483.25(b)(5) Foot care</p> <p>Previously cited 10/21/2023</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>