

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395258	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2025
NAME OF PROVIDER OR SUPPLIER Silver Lake Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 905 Tower Road Bristol, PA 19007	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, observations, and staff interviews, it was determined that the facility did not complete a comprehensive care plan related to hearing loss for one of eight residents reviewed (Resident R1). Findings include: Interview with the Registered Nurse and Unit Manager, Employee E3, conducted don July 31, 2025, revealed that Resident R1 is hard of hearing at times and he tells me he cannot hear me. Interview with Resident R1 conducted on July 29, 2025, at 10:30 a.m. revealed that the resident is hard of hearing. Continued interview revealed that Resident R1 received hearing aids last week but did not yet receive them this morning. Review of Resident R1's clinical record revealed that the resident was admitted to the facility on [DATE], and had a BIMS (brief interview for mental status) score of 15, indicating cognitive intactness. Further review of Resident R1's clinical record titled, Audiology Consultation dated February 25, 2025, revealed that the resident had a diagnosis of sensory-neural hearing loss in the right and left ear. Interview with the facility Administrator and Nurse Manager, Employee E3, conducted on July 29, 2025, at approximately 1:45 p.m. confirmed that a care plan was no developed for Resident R1's hearing loss; there were no focus, interventions, and goals care planned for Resident R1's diagnosis of sensory-neural hearing loss. 28 Pa Code 211.10 (c)(d) Resident care policies</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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