

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Rydal Park of Philadelphia Presbytery Homes, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 the Fairway Rydal, PA 19046	

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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>44882</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not ensure that appropriate discharge notices were provided to the State Office of the Long-Term Care Ombudsman for two of five months reviewed (June and July 2024).</p> <p>Findings include:</p> <p>Review of emailed notifications sent to the office of the long term care ombudsman for the months of April, May, June, July, and August 2024, revealed that facility initiated emergency transfers and discharges for the months of June and July 2024, were not sent to the State Ombudsman until the date of the survey, September 24, 2024.</p> <p>Interview with the Executive Director, Employee E1, on September 24, 2024, at 4:00 p.m. confirmed that the notifications for June and July 2024 had not been sent to the State Ombudsman's office in a timely manner as required.</p> <p>28 Pa. Code 201.18(b)(3) Management</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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