

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  05/06/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on review of clinical records, review of facility policy and interview with staff, it was determined that the facility failed to develop and implement a comprehensive person-centered care plan related to respiratory care for one of 21 residents reviewed. (Resident R102)</p> <p>Findings include:</p> <p>Review of facility's policy 'Care Plans, Comprehensive Person-Centered,' indicates that the comprehensive, person-centered care plan will: 8 (e) describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.</p> <p>Review of Residents R102's clinical record indicated admitted [DATE], with the diagnoses of encounter for screening for respiratory tuberculosis other specified symptoms and signs involving the circulatory and respiratory system, nasal congestion. A physician order dated April 18, 2024 revealed Ipratropium -Albuterol Solution 0.5-2.5 (3) Mg/ML Order summary 1 vial inhale orally two times a day for wheezing/chest congestion.</p> <p>Observation conducted on May 1, 2024, at 2:20 p.m. of Resident R102 revealed that the resident had a nebulizer machine next to his bedside. On May 3, 2024, at 9:47 a.m. an observation with a Director of Nursing, Employee E2 confirmed that Resident R103 has the nebulizer was receiving a active treatment during the observation. A review of the comprehensive care plan dated April 18, 2024, did not include a nebulizer treatment. Director of Nursing was able to confirm that the resident's comprehensive care plan was not revised to include the nebulizer treatment.</p> <p>28 Pa Code 211.12(d)(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
---	-------	-----------

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  05/06/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48347</b></p> <p>Based on a review of clinical records, review of facility policy and staff interviews, it was determined that the facility failed to follow physician orders related to congestive heart failure protocol for one of eight sampled residents (Resident R 72) to monitor resident's daily weights and notify the medical doctor if any weight gain.</p> <p>Findings include:</p> <p>Review of facility policy titled Heart Failure-Clinical Protocol revised November 2018, revealed that the physician identifies individuals with a history of heart failure and the nurse with assess and document. The physician will review and make recommendations for relevant aspects of the nursing care plan; for example, what symptoms to expect, how often and what (weights, renal function, digoxin level, etc.) to monitor and when to report the finding to the physician.</p> <p>Review of Resident R72's clinical record revealed that Resident R72 was admitted to the facility on [DATE] with the diagnoses of acute embolism and thrombosis of auxiliary vein (blood clots in the upper arm), Type 2 diabetes (blood sugar or glucose is too high), hyperlipidemia (high cholesterol), hypertension (high blood pressure), anxiety (condition marked by extreme anxiety or panic), malignant neoplasm of breast (metastatic breast cancer), and chronic diastolic heart failure(congestive heart failure).</p> <p>Continued review of Resident R72's April and May 2024 physicians orders revealed an order to weigh daily for CHF (congestive heart failure) protocol, weigh resident before breakfast, notify MD (medical doctor) of weight gain of two pounds in twenty-four hours or five pounds in one week.</p> <p>Review of the resident's clinical record revealed no documented evidence that the resident was weighted daily before breakfast as ordered by the physician.</p> <p>Interview with Director of Nursing, Employee E2 on May 5, 2023, at 12:40 p.m. confirmed that the weights were not documented but believed that there was documentation elsewhere. The facility was no able to submit documentation related to daily weights obtained for Resident R72 for review.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

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  05/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on review of facility policy, facility documentation, review of clinical records, observations, and staff interviews, it was determined that the facility failed to ensure that a resident's wander guard was functioning for the resident who is at risk for elopement for one of the one resident reviewed (Resident R89 and failed to ensure hot beverage temperatures were monitored on one of three nursing units (3rd floor dining room).</p> <p>Findings include:</p> <p>Review of the facility Wandering and Elopements policy, last revised March 2019, indicated that the facility will identify residents who are at risk of unsafe wandering and strive to prevent harm while maintaining the least restrictive environment for residents.</p> <p>Review of Residents R89s clinical record revealed that the resident was admitted to the facility on [DATE], with the diagnoses of Alzheimer's diseases and unspecified dementia without behavioral disturbance, psychotic disturbance mood disturbance and anxiety.</p> <p>Review of Residents R89's quarterly MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated January 29, 2024, revealed Resident 89's BIMS score was 4 (Brief Interview for Mental Status- a tool to assess cognitive function; a score of 4 indicates that the resident's was cognitively impaired).</p> <p>A further review of the clinical record indicated that Resident R89 had a physician order dated March 20, 2024,</p> <p>check wanderguard (device place on wrist or ankle which automatically activates a locking mechanism system to lock doors when the resident approaches the exit doors) and proper placement every shift. A comprehensive care plan-initiated April 4, 2024, indicated The resident is an elopement risk r/t (related to) disoriented to place, impaired safety awareness. Under interventions further stated Device noted please monitor for function/placement and skin integrity impairment while device in use.</p> <p>On May 1, 2024, at 10:52 a.m. Resident R89 was observed wearing a wanderguard on his left wrist. A registered nurse, unit manager Employee E5 tried testing the wanderguard for functionality with the wanderguard testing equipment and it wasn't screening that the wanderguard was functioning. Resident R89 and Employee E5 walked towards the elevator to test the functionality of the device and the resident's wanderguard did not function to alert the staff that Resident R89 was exiting the nursing unit. Employee E5 confirmed that the wanderguard was not functioning and needed a replacement.</p> <p>Review of facility policy Safety of Hot Liquids, revised October 2014, revealed appropriate precautions will be implemented to maximize choice of hot beverages while minimizing the potential for injury. Further review of facility policy revealed appropriate interventions will be implemented to minimize the risk from burns such as maintaining a hot liquid serving temperature of not more than 180 degrees Fahrenheit. Food service staff will monitor and maintain food temperatures that comply with food safety requirements but do not exceed recommended temperatures to prevent scalding.</p> <p>(continued on next page)</p>		

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  05/06/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility documentation revealed an in-service conducted for nursing staff for Heating of Food/Liquids dated 2/6/24 and 2/7/24. Review of in-service documentation revealed nursing staff may not reheat food for residents. Dietary is responsible to take temperatures.</p> <p>Observations on May 3, 2024, at 12:12 p.m. in the 3rd floor dining room revealed Dietary Aide, Employee E13, heating up a beverage in the microwave. Further observations revealed when the beverage was done in the microwave, Dietary Aide, Employee E13, took the mug out of the microwave and handed it back to the nurse aide without checking the temperature first.</p> <p>Subsequent interview on May 3, 2024, at 12:15 p.m. with Dietary Aide, Employee E13, confirmed the employee did not check the temperature of the water heated in the microwave before giving it back to the nurse aide for distribution to the resident.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e)(1) Management.</p> <p>28 Pa. Code: 207.2(a) Administrator's responsibility.</p>

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  05/06/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43277</p> <p>Based on review of facility policy, review of clinical records, and staff interview it was determined that the facility failed to monitor and modify interventions consistent with the resident's needs to maintain acceptable parameters of nutritional status for one four residents reviewed for nutritional status (Resident R39).</p> <p>Findings Include:</p> <p>Review of facility policy Weight Assessment and Intervention, revised March 2022, revealed undesirable weight change is evaluated by the treatment team whether or not the criteria for significant weight change have been met. The evaluation includes, but not limited to, the resident's target weight range, and the resident's calorie, protein, and other nutrient needs compared with the resident's current intake.</p> <p>Review of Resident R39's comprehensive Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated April 4, 2024, revealed the resident was admitted to the facility on [DATE], and had diagnoses of dementia and malnutrition.</p> <p>Review of Resident R39's nutrition assessment dated [DATE], by Registered Dietitian, Employee E3, revealed the resident was at risk for dehydration and development of pressure ulcers. Resident R39 was identified as underweight related to variable intakes, dementia, and need for assistance with meals. Weight goal for Resident R39 was identified as a range between 104 to110 pounds. Interventions included to monitor weight monthly/weekly.</p> <p>Review of Resident R39's weight history revealed the resident was weighed at 107 pounds on admission on April 2, 2024. Further review of Resident R39's weight trend revealed the resident was weighed at 99.8 pounds on April 10, 2024, and April 11, 2024, reflecting a significant weight loss of 6.7% and 7.2 pounds over 9 days. Resident R39 maintained a weight between 99.8 pounds and 100.4 pounds through April 24, 2024.</p> <p>Review of Resident R39's entire clinical record revealed no documented evidence the Registered Dietitian was made aware of the significant weight loss. Further review of Resident R39's clinical record revealed no documented evidence the Registered Dietitian monitored the resident's weekly weights and modified/reassessed the resident's needs consistent with the significant weight loss.</p> <p>Interview on May 3, 2024, at 11:45 a.m. with Registered Dietitian, Employee E3, confirmed Resident R39's significant weight loss was not assessed.</p> <p>28 Pa. Code 211.10 (c) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(3) Nursing services</p>		

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  05/06/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>48347</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to ensure a resident's medication regimen was free from potential unnecessary medications for one of five residents reviewed. (Resident R 72).</p> <p>Findings include:</p> <p>Review of Resident R72's clinical record revealed that Resident R72 was admitted to the facility December 1, 2020. Resident R 72 has diagnosis' including acute embolism and thrombosis of auxiliary vein (blood clots in the upper arm), Type 2 diabetes ((blood sugar or glucose is too high), hyperlipidemia (high cholesterol), hypertension (high blood pressure), anxiety (condition marked by extreme anxiety or panic), malignant neoplasm of breast (metastatic breast cancer), and chronic diastolic heart failure (congestive heart failure).</p> <p>Review of Resident 72's clinical record revealed a physician order dated March 29, 2024, for Alprazolam (a psychotropic medication belonging to the class called benzodiazepine, is a fast acting tranquilizer used to treat anxiety disorders) 0.5 milligrams give one tablet by mouth every 8 hours as needed for anxiety.</p> <p>Review of Resident R72's MAR (Medication Administration Record), revealed that the resident received the medication Alprazolam on 4/5/2024, 4/12/2024, 4/14/2024, 4/19/2024, and 4/26/2024.</p> <p>Review of a pharmacy consultant review dated November 7, 2023 revealed a recommendation Per CMS regulations PRN (as needed) anxiolytic orders need a fourteen day stop date, however if a duration date greater then 14 days is needed, the order will need 1) a duration for use AND 2) a clinical rationale. Please include the duration for use and rationale for the following order: Alprazolam 0.5 mg PRN. Further review of this pharmacy consultant review revealed a nurses note that the medication Alprazolam was discontinued February 9, 2024, restarted March 23, 2024 and discontinued May 3, 2024.</p> <p>Review of clinical records revealed no evidence that the practitioner/ physician documented the rational and indicated the duration of the PRN order when the PRN order for Alprazolam was continued beyond 14 days.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		

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  05/06/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39343</p> <p>Based on review of the facility policy, observation, and staff interview, it was determined that the facility failed to ensure all drugs and biologicals used in the facility were labeled in accordance with professional standards, and to discard expired medications in accordance with professional standards, for one of four medication carts observed (Middle Cart of Second Floor).</p> <p>Findings include:</p> <p>Review of the facility policy on Medication Labelling and Storage revised in February 2023; indicated; multi-dose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial.</p> <p>Observation of the Middle Cart of Second Floor, on May 6, 2024, at 10:31 a.m., revealed; the following opened eye medicines without marking any opened date on those medication vials:</p> <p>An opened 5 ML bottle of Tobramycin Ophthalmic Solution (used to treat eye infections), with expiry date, June 2025; two opened 15 ML bottles of [NAME] Tears Lubricant Eye Drop (used to dry eye), with expiry date, May 2026; an opened 5 ML bottle of Polymyxin B Sulfate and Trimethoprim Ophthalmic Solution (used to treat eye infection), with an expiry date of October 2025; an opened 5 ML bottle of Latanoprost Ophthalmic Solution (used to treat glaucoma, a condition in which increased pressure in the eye can lead to gradual loss of vision), with an expiry date of October 2025; an opened box of Systane Lubricant Eye drops Convenient single vials on the Go (used to treat dry eyes), with an expiry date of March 2025; and an opened 5 ML bottle of Brimonidine Tartrate/Timolol Maleate Ophthalmic Solution (used to treat high pressure inside the eye due to glaucoma), with an expiry date of September 2025.</p> <p>Interview with Registered Nurse (RN), Employee E9, at the time of the finding, confirmed; the eye drops bottles should have been discarded, as those eye drops vials had not been marked with the opened- dates, per the facility policy.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 Pa Code 211.9(g)(h) Pharmacy services</p> <p>28 Pa Code 211.12(c) Nursing services</p> <p>28 Pa 211.12(d)(1)(5) Nursing services</p>		

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  05/06/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39343</p> <p>Based on observation, and interviews with staff, it was determined that the facility failed to maintain an effective infection control program, related to the processing of linens.</p> <p>Findings include:</p> <p>Observation at the Laundry room of the facility on May 6, 2024, at 9:34 a.m., revealed that one Laundry Aide, Employees E10, processing and folding clean linens for the use of residents, but letting the downward end of the linen dragging on the floor of the Laundry Room. At the time of the finding interviewed Employee E10, confirmed that the linen should have been folded without letting it drag on the floor of the Laundry Room, to prevent contamination and to maintain infection control.</p> <p>Observation at the Laundry room of the facility, on May 6, 2024, at 9:42 a.m., revealed that one Laundry Aide, Employees E12, was processing and folding clean linens for the use of residents, by holding the linens letting it to touch the Laundry Aides' personal clothing. At the time of the finding interviewed with Employee E12, confirmed that the linen should have been folded without letting it touch the employee's clothing to prevent contamination and to maintain infection control.</p> <p>28 Pa Code 211.12 (d)(1)(5) Nursing services</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p>