

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  03/06/2025
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41471</b></p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to ensure that residents or their representatives were informed of treatment options, as well as the risks and benefits of the proposed care, for one of six residents reviewed for psychotropic medications (Residents R396).</p> <p>Findings include:</p> <p>Review of Resident R396's Admission MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated December 9, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including progressive neurological conditions and Parkinson's disease. Continued review revealed that the resident had a BIMS (Brief Interview for Mental Status) score of 12, which indicated that the resident was moderately cognitively impaired.</p> <p>Review of progress notes for Resident R369 revealed a nurses note, dated December 24, 2024, which indicated that the resident had a new order for Seroquel (antipsychotic medication used to treat mood disorders).</p> <p>Review of Medication Administration Records (MARs) for Resident R369 revealed that the resident received Seroquel 12.5 milligrams (mg) daily from December 24, 2024, to December 30, 2024. The medication was increased to 25 mg daily on December 31, 2024.</p> <p>Further review of Resident R369's progress notes revealed no indication that the resident or her responsible party were notified of the new medication, that the risks and benefits were explained or that the resident was offered alternative treatment options.</p> <p>Review of Resident R369's psychiatry note, dated December 24, 2024, revealed that the resident had agitation and combative behavior and after adding long acting Sinemet (Medication to treat Parkinson's disease), previous Sinemet regimen was resumed, and Seroquel was added. There was no documented evidence in the psychiatric progress note that the risks and benefits were explained or that the resident was offered alternative treatment options.</p> <p>Interview on March 6, 2025, at 1:21 p.m. Employee E6, Nursing Supervisor, confirmed that there was no documentation available for review at the time of the survey to indicate that Resident R396 or their responsible parties were informed of their psychotropic medication addition, that the risks and benefits were explained or that they were offered alternative treatment options.</p> <p>(continued on next page)</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  03/06/2025
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)
F 0552  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa Code 201.29(a) Resident rights  28 Pa code 211.2(d)(6) Medical Director

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  03/06/2025
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41471</p> <p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observations, resident, and staff interviews, it was determined that the facility failed to determine the ability to self-administer medications for one of five residents reviewed for medication safety (Resident R80).</p> <p>Findings include:</p> <p>Review of the facility policy Self-Administration By Resident dated November 2017, indicates Residents who desire to self-administer medications are permitted to do so with a prescriber's order and if the nursing care center's interdisciplinary team has determined that the practice would be safe and the medications are appropriate and safe for self-administration. If the resident desires to self-administer medications, an assessment is conducted by the interdisciplinary team of the resident's cognitive, physical, and visual ability to carry out this responsibility, during the care planning process</p> <p>Review of Resident R80's physician order dated February 15, 2025, revealed an order for Timolol Maleate Ophthalmic Solution 0.5 % instill 1 drop in both eyes every morning and at bedtime for glaucoma.</p> <p>Observation of Resident R80 on March 6, 2025, at 9:17 a.m. with Employee E9, Registered Nurse, revealed that the resident had a bottle of Timolol Maleate Ophthalmic Solution 0.5 % sitting on her over the bed table. Resident R80 stated she kept the eye drop on the bed side table or on the over bed table. Resident stated she did not keep it in a locked storage.</p> <p>Interview with the Employee E9, Registered Nurse on March 6, 2025 stated Resident R80 self administers the eye drops and there should be an assessment for medication administration safety.</p> <p>Review of Resident R80's assessments on March 6, 2025, did not to include an assessment for medication self-administration.</p> <p>Interview with the Employee E6, Registered Nurse on March 6, 2025 confirmed that there was no medication self-administration assessment for Resident R80.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code: 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p> <p>28 Pa. Code: 211.9(a)(1) Pharmacy 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  03/06/2025
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>47973</p> <p>Based on the review of clinical records and interview with staff, it was determined that the facility failed to notify the resident and the resident's representative(s) of the transfer to the hospital and the reasons for the transfer to the hospital in a timely manner, in writing and in a language and manner they understood for 3 of 4 residents reviewed for hospitalization s. (Resident R1, R59, and R246)</p> <p>Findings Include:</p> <p>Review of nursing note for Resident R1, dated August 24, 2024, revealed that the resident was discharged to the hospital for shortness of breath.</p> <p>Review of nursing note for Resident R59, dated October 27, 2024, revealed that the resident was discharged to the hospital for evaluation and treatment.</p> <p>Another nursing note for Resident R59, dated November 12, 2024, revealed that the resident was discharged to the hospital for shortness of breath.</p> <p>Further review revealed a nursing note for Resident R59, dated December 28, 2024, which indicated that the resident was discharged to the hospital with diabetes ketoacidosis (complication of diabetes).</p> <p>Another nursing note for Resident R59, dated February 18, 2024, indicated that the resident was discharged to the hospital with Hypoxia (body deprived of adequate oxygen supply at the tissue level).</p> <p>Review of nursing note for Resident R246, dated February 11, 2025, revealed that the resident was sent to the hospital for evaluation.</p> <p>Review of clinical record revealed no evidence that Residents R1, R59, and R246 representatives were notified of the transfer to the hospital and the reasons for the transfer in writing, and in a language and manner they understood.</p> <p>Interview with the Nursing Home Administrator, Director of Nursing, on March 5, 2025, at 2:46 p.m. confirmed that the residents' representatives were not notified of the hospital transfers and the reasons for the transfers in writing, and in a language and manner they understood. Further interview confirmed that there was no system in place regarding notifying the residents representatives, in writing, including the reasons, prior to resident transfer or discharge.</p> <p>28 Pa. Code 201.14(a) Responsibility of license</p> <p>28 Pa. Code 201.29(a) Resident rights</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  03/06/2025
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>47973</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital for 3 of 4 residents reviewed for hospitalization s. (Resident R1, R59, and R246)</p> <p>Findings include:</p> <p>Review of nursing note for Resident R1, dated August 24, 2024, revealed that the resident was discharged to the hospital for shortness of breath.</p> <p>Review of nursing note for Resident R59, dated October 27, 2024, revealed that the resident was discharged to the hospital for evaluation and treatment.</p> <p>Another nursing note for Resident R59, dated November 12, 2024, revealed that the resident was discharged to the hospital for shortness of breath.</p> <p>Further review revealed a nursing note for Resident R59, dated December 28, 2024, which indicated that the resident was discharged to the hospital with diabetes ketoacidosis (complication of diabetes).</p> <p>Another nursing note for Resident R59, dated February 18, 2024, indicated that the resident was discharged to the hospital with Hypoxia (body deprived of adequate oxygen supply at the tissue level).</p> <p>Review of nursing note for Resident R246, dated February 11, 2025, revealed that the resident was sent to the hospital for evaluation.</p> <p>Further review of clinical records revealed that there was no documented evidence that the Resident and Residents' representative were provided with a written notice of the facility bed-hold policy at the time of facility-initiated transfer to the hospital for Resident R1, R59, and R246.</p> <p>Interview with the Nursing Home Administrator, Director of Nursing, on March 5, 2025, at 2:46 p.m. confirmed that Resident R1, R59, and R246, and resident representatives were not provided with the bed hold policy, that included information explaining the duration of the bed-hold, bed hold reserve payment and permitting return to a bed at the facility. Further interview confirmed that there was no system in place to ensure that the resident and resident representative receive written notice of the facility bed-hold policy at the time of a facility-initiated transfer to a hospital.</p> <p>28 Pa Code 201.14(a) Responsibility of licensee</p> <p>28 PA Code 201.29(f) Resident rights</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  03/06/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46106</p> <p>Based on review of clinical record, review of facility documentation and review of facility policy, it was determined that the facility failed to ensure that a resident was transfer into bed timely as prefer by the resident for one of 21 residents sampled residents for activities of daily living (Resident R246).</p> <p>Findings Include:</p> <p>Review the policy title Activates of Daily Living (ADLs), supporting that was revised on March on 2018, revealed that on residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs)</p> <p>Review of Resident R246's Minimum Data Set (MDS- assessment of resident's needs) dated January 6, 2025 revealed that the resident had a BIMS (Brief Interview of Mental Status) of 14, which indicated that the resident was cognitively intact. Continued review of the MDS revealed that the resident was able to chose her/his own customary preferences and the residnet required partial to moderate assistance for bed mobility.</p> <p>Review faciltiy investigation initiated on January 7, 2025, revealed that the resident reported to the Social Worker that on January 7, 2025, that after lunch the team member who help her to the bathroom refused to put her in bed when she requested to go to bed.</p> <p>Reviewed the witness statement from nursing aide, Employee E5 (7-3 pm day shift), from January 7, 2025, revealed that resident R246 asked to go to the bed around 3:02 p.m. yesterday. ask her can she wait for the other shift.</p> <p>Reviewed another witness statement from Register nurse, Employee E6 (3-11pm evening shift) of January 7, 2025, revealed that Employee E7 went into room to resident R246 and the resident reported that she asked earlier to be put into bed after she went to the bathroom and the person refused to take her to the bed. Resident stated that the aid told her to wait after dinner .the agency aide took her to the bathroom around 6:27 p.m.</p> <p>The facility failed to ensure that Resident R246 was assisted into bed timely.</p> <p>28 Pa. Code 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  03/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47973</p> <p>Based on observations, interviews with staff, and a review of facility procedures, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>Review of facility policy titled, Production, Purchasing, Storage revised January 1015 revealed that, All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. Further review revealed staff must date and rotate items; first in, first out (FIFO) and discard food past the use-by or expiration date.</p> <p>A tour of the main kitchen was conducted with the Food Service Director (FSD), Employee E3, on March 3, 2025, at 9:43 a.m.</p> <p>The refrigerator emitted a foul sulfur odor.</p> <p>Observations in the refrigerator revealed an open package of ground beef was labeled with an expiration date of February 22, 2025. Further observations revealed two 10-pound cooked, ready to eat pastrami was labeled January 17, 2025.</p> <p>Further observations revealed eleven 10-20-pound beef hunks were undated and unlabeled; and four 10-pound beef briskets were unlabeled and undated.</p> <p>Further observations revealed eight 10- pound lamb hunks were labeled good through 2/19 and placed in a tall metal container. The container was filled with red colored liquid covering the lamb hunks.</p> <p>Further observations revealed five 10-20- pound pork loins undated and unlabeled; two top round roast beef contained no received date.</p> <p>Interview with the FSD during the kitchen tour confirmed the above-mentioned findings.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</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  03/06/2025
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>47973</p> <p>Based on observations and interviews with staff, it was determined that the facility did not ensure that that trash and recyclables were properly disposed of in the receiving and dumpster area.</p> <p>Findings include:</p> <p>A tour of the Food Service Department was conducted was conducted with the Food Service Director (FSD), Employee E3, on March 3, 2025, at 9:43 a.m., revealed the following concerns:</p> <p>Observations in the receiving area revealed two grey trash cans and one blue dumpster of trash inside exposed.</p> <p>Observations near the receiving door revealed four wooden pallet stacks with broken pieces, laying on the ground, approximately five feet high, three broken wooden cabinets, and broken bathroom vanity.</p> <p>Interview with the FSD on March 3, 2025, at 9:55 a.m. confirmed the above findings.</p> <p>28 PA Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</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  03/06/2025
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 0842</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47973</p> <p>Based on facility documentation and staff interview, it was determined that the facility failed to maintain clinical records that were accurate and complete for 21 of 21 sampled residents.</p> <p>Findings include:</p> <p>Review of facility document titled, Arbitration Agreement revealed a designated signature area and two blank check boxes indicating whether the resident agrees to consent to arbitrate or do not consent to arbitrate. Further review revealed that resident signatures were present without indication of whether residents agree to arbitrate or disagree.</p> <p>Interview with the Facility Administrator, on March 6, 2025, at 10:00 a.m. revealed that facility staff failed to direct residents to mark which option they prefer and required a signature of the incomplete document. Further interview confirmed that a total of 204 residents arbitration records were incomplete.</p> <p>28 Pa. Code 211.5(f) Medical records.</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  03/06/2025
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41471</p> <p>Based on observation, review of facility policy and procedure and interviews with staff, it was determined that the facility failed to maintain an effective infection control program related to the hand hygiene during medication administration, and wound treatment for two of two residents observed. (Resident R67 and Resident R57)</p> <p>Findings include:</p> <p>Review of Medication Administration General Guidelines dated May 2016, revealed that Hands are washed with soap and water and gloves applied before administration of topical, ophthalmic, otic, parenteral, enteral, rectal and vaginal medications.</p> <p>On March 6, 2023, at 9:26 a. m., observed a medication administration, dispensed by a Registered Nurse, Employee E9, to Resident R396. It was observed that Licensed nurse, Employee E5 prepared the medication, including the eye drop, placed the medication next to the resident. Employee E9 touched resident's bed side table. Once the nurse administered the oral medications, he opened an eye drop and administered the eye drop to the resident. It was observed that the employee did not wash his hand or wear gloves prior to the eye drop administration.</p> <p>28 Pa Code 211.12 (d)(1)(5) Nursing services</p>