

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER William Hood Dunwoody Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 West Chester Pike Newtown Square, PA 19073	

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>37789</p> <p>Based on review of facility policy and clinical record review, it was determined that the facility failed to ensure one of 18 residents was treated for constipation in a timely manner (Resident 12).</p> <p>Findings include:</p> <p>Review of facility policy, Bowel Protocol, last reviewed/revised June 2, 2022, revealed: If a resident has not moved their bowels for 6 shifts .the 3-11 charge nurse is to give Milk of Magnesia at [bedtime] to the resident with an order.</p> <p>Review of Resident 18's physician's orders revealed an order dated April 4, 2024, for Milk of Magnesia 400mg/5ml - give 30ml by mouth every 24 hours as needed for constipation.</p> <p>Review of Resident 18's bowel records revealed the resident had no recorded bowel movement from April 22, 2024, through April 26, 2024, for a total of 15 shifts.</p> <p>Review of Resident 18's April 2024 Medication Administration Record revealed the resident was not given Milk of Magnesia until April 27, 2024.</p> <p>Interview with Licensed Nurse Employee E3 confirmed the facility failed to administer Resident 12's Milk of Magnesia after 6 shifts with no bowel movement.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER William Hood Dunwoody Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 West Chester Pike Newtown Square, PA 19073	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46166</p> <p>Based on review of clinical records, facility documentation and interviews with staff, it was determined that the facility failed to ensure that one of 24 residents reviewed was free of accidents related to activities of daily living care. (Resident 44).</p> <p>Findings include:</p> <p>Review of information dated March 20, 2024 submitted by the facility on March 20, 2024; revealed Resident 44 was receiving morning care from non licensed staff, Employee E1. Employee E1 was performing a morning care with Resident 44 when Employee E1 rolled Resident 44 over, subsequently Resident 44 rolled out of the bed and fell on to the floor.</p> <p>Review of clinical record for Resident 44 revealed the resident was admitted to the facility on [DATE], with diagnoses including Dementia (loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities), Anemia (deficiency of healthy red blood cells in blood), and Anxiety Disorder (intense, excessive and persistent worry and fear about everyday situations).</p> <p>Review of Resident 44's clinical record including his/her care plan (provides direction on the type of nursing care the individual needs) revealed an intervention dated January 20, 2023, stating Nursing staff are to provide paired care (2 staff members).</p> <p>Review of facility investigation dated, March 20, 2024, revealed Resident 44 While receiving AM care by (Employee) E4, resident rolled out of bed onto the floor onto [his/her] left side, Small abrasion 1.5 x 1.0 cm (centimeters) noted on left upper forehead, Resident 44 reported no pain.</p> <p>Review of written statement from non licensed, Employee E4 dated March 20, 2024, states the following I [Employee E4] was giving care to [Resident 44] and I didn't get any report that [Resident 44] was a two assist and giving [his/her] care [Resident] rolled out of bed.</p> <p>Interview conducted with Nursing Home Administrator (NHA) on May 2, 2024, at 11:20 a.m. confirmed Resident 44 rolled out of bed due to Employee E4 not following the care instructions indicated on care plan of Resident 44. NHA also reported that Employee E4 was reeducated on following resident care plans.</p> <p>28 Pa Code 211.10(c) Patient care policies</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services</p>		