

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>48347</p> <p>Based on staff interview, observation, and review of facility documentation, it was determined that the facility failed to ensure a safe comfortable homelike environment relating to daily cleaning and pest control for two of 15 residents reviewed. (Resident R12 and R15)</p> <p>Findings:</p> <p>Review of policy titled pest control last revised November 11, 2019, revealed that it is the responsibility of the maintenance department to coordinate the control of pest with a company engaged in the business of providing Pest Control Services. The pest control company will provide the control of roaches, ants, rodents, spiders, and other insects that may be harmful to humans, equipment, supplies, or documents through direct contact or contamination. All service technicians shall strictly adhere to all applicable policies and any specific instructions given by environmental/ facility directors. Od particular importance are rules or restrictions regarding contamination of hospital supplies and access to restricted areas.</p> <p>Interview with Resident R12 on May 7, 2024, at 11:22 a.m. revealed disappointment and discomfort with the facility cleanliness regarding insect infestation. Resident R 12 stated that there were bugs crawling all over his room. Resident R12 directed the surveyor to perimeter of the room where four traps can be viewed. Resident R12 revealed that the facility has been aware, and exterminator had been there a week prior at which time he left the traps and gave extra traps to the resident and has not returned. Resident R12 states that housecleaning come daily but the traps have been left.</p> <p>Interview with Resident R15 on May 7, 2024, at 11:22 a.m. revealed that the resident could not leave the room without assistance. The resident confirmed that the insects are all over the room, and that she had witnessed the bugs migrating at night.</p> <p>Observation of resident R 12 and R15's room revealed four sticky traps, glue boards containing an abundant amount of large black bugs found on each trap. The observation was confirmed by facility maintenance director Employee E5, who could not explain why the traps containing bugs have been left in various areas of the resident's room.</p> <p>28 Pa. Code 201.18(b)(1) 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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<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>48347</p> <p>Based on observation, review of facility policies, and interview with resident and staff, it was determined that the facility failed to ensure one of 14 residents reviewed received assistance with toileting and personal hygiene in a timely manner. (Resident R2)</p> <p>Findings include:</p> <p>Review of facility policy titled ADL care Personal Care/ Grooming-Shaving reviewed March 12, 2024, revealed the facility will promote care for residents that maintain or enhance their dignity and respect. Report other information in accordance with facility policy and professional standards of practice. ADL documentation will be completed by the certified nursing assistant that provided the assistance by the end of each shift. The licensed nurse will be made aware of the refusal.</p> <p>Review of Resident R2's care plan-initiated December 13, 2022, revealed that resident was incontinent of bowel and bladder due to cognitive impairment with goals of having elimination and skin care met with dignity and respect. An intervention of this plan included for the resident to be check every two hours and provided incontinence care as needed.</p> <p>Review of Resident R2's quarterly Minimum Data Set (MDS- assessment of resident care needs) dated March 11, 2024 revealed that the resident requested set up and clean up assistance for toileting and and personal hygiene.</p> <p>Observation of Resident R2 on May 8, 2024, at 10:50 a.m. revealed Resident R2 was observed lying in bed, the sheets were visibly soiled and stained with a strong odor of urine. Resident R2 was positioned to the side of the bed, and it was observed that his clothing was stained as well. Observation of the resident at the above time with Nurse aide, Employee E9 confirmed the bedding was soiled stating the resident has accidents at night. Employee E9 admitted that she had not provided morning care to Resident R2 yet.</p> <p>Further observation of Resident R2 revealed that the resident had disheveled hair and unkept facial hair. During interview at the time of the observation Resident R2 admitted that he would like to have his beard shaved.</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services</p>		