

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 02/19/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46106</p> <p>Based on clinical record review and interview with staff, it was determined that the facility did not ensure that care plans were updated in a timely manner for one of 10 records reviewed related to resident's behaviors (Resident R1).</p> <p>Findings include:</p> <p>Review of clinical documentation revealed that Resident R1 was admitted to the facility on [DATE], and had diagnoses including, bipolar disorder (condition in which a person has periods of depression and periods of being extremely happy), major depressive disorder (major loss of interest in pleasurable activities), anxiety disorder, post-traumatic stress disorder (a mental condition that's caused by an extremely stressful or terrifying event) and schizoaffective disorder (mental condition that combines schizophrenia and mood disorder).</p> <p>Reviewed of social worker note for Resident R1 revealed that on January 24, 2025, at 8:40 a.m. fire alarm went off shortly after and resident was in the vicinity.</p> <p>Further review revealed a clinical nurses note, dated January 27, 2025, at 9:34 p.m. revealed that resident pulled the fire alarm.</p> <p>Further review revealed a note, dated February 11, 2025, 7:21 a.m. revealed that resident pulled fire alarm on another wing, police and fire came and talked to resident and supervisor.</p> <p>Further record reviews for Resident's R1 care plan were not update with the behavior of pulling the fire alarm.</p> <p>Interview with Director of Nursing, Employee E2, on February 19, 2025, at 10:30 a.m. confirmed that she just revised the care plan related to the resident's behaviors.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</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
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