STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395334	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chestnut Hill Lodge Health and Rehab Ctr	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, Insulin Glargine's manufacturer's guidelines, and interview with staff, it was determined the facility failed to monitor the blood sugar of resident on Insulin Glargine which resulted in harm to one resident that was transferred to the hospital with Hypoglycemia for one of ten residents on insulin reviewed (Resident R1). This was identified as Past Non-Compliance.Findings Include: Review of the Insulin Glargine's (Lantus) manufacture's guideline revealed under section titled Dosage and Administration: individualized dosage based and metabolic needs, blood glucose monitoring, glycemic control type of diabetes and prior insulin use. Further review of the guidelines revealed, Full Prescribing Information, 2.2 GENERAL DOSING INSTRUCTION, individualize and adjust the dosage of insulin glargine based on the patient's metabolic needs, blood glucose monitoring results and glycemic control goal, 4 CONTRAINDICATION Insulin glargine is contraindicated during episodes of hypoglycemia. 5.3 Hypoglycemia: Hypoglycemia is the most common adverse reaction associated with insulins including insulin glargine products. Review of Resident R1's hospital discharge record revealed Resident R1 was admitted to the hospital on [DATE], and was discharged home on March 20, 2026, with diagnoses of but not limited to Type 2 Diabetes, Sepsis (life-threatening medical emergency caused by the body's extreme, dysfunctional response to an infection), and CKD (Chronic Kidney Disease - long-term condition where kidneys are damaged and gradually lose their ability to filter waste and excess fluid from the blood). Further review of Resident R1's hospital discharge record revealed that POC (point of care) glucose testing (rapid blood sugar analysis performed directly at patient's bedside using a portable glucometer providing immediate results for quick management decisions) dated March 20, 2026, at 5:58 a.m. reading of 60mg/dl (milligram/deciliter), and glucose reading at 6:20 a.m. was at 90mg/dl and at 12:58 p.m. was 109 mg/dl. Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on [DATE], with diagnoses including but not limited to Type 2 Diabetes Mellitus (chronic condition characterized by high blood sugar (Hyperglycemia) caused by insulin resistance and relative insulin deficiency). Review of Resident R1's physician's orders revealed the following orders: Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 10 unit subcutaneously at bedtime for regulating blood glucose levels-ordered on April 8, 2026. Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 10 unit subcutaneously at bedtime for regulating blood glucose levels with a start date of April 8, 2026 at 9:00 PM. Further review of Resident R1 physician's orders failed to reveal orders for blood sugar monitoring of the resident. Review of Resident R1's MAR (Medication Administration Record) revealed administrative instructions for Insulin Glargine Subcutaneous Solution100 UNIT/ML (Insulin Glargine); Inject 10 unit subcutaneously at bedtime for regulating blood glucose levels with a start date of April 8, 2026 at 9:00 PM. Review of Resident R1's care plans revealed a care plan for Diabetes: I (Resident R1) have diabetes type (2). I am on a CHO (carbohydrate control) diet. GOALS: I want to have my blood sugars within my doctor's acceptable range through the next review period. Date Initiated: April 9, 2026, and INTERVENSIONS: Administer my diabetes medications as ordered. Monitor for side effects and effectiveness. Date Initiated: April 9, 2026. Review of Resident R1's progress note dated April 11, 2026, revealed Around 12:45 PM, CNA (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395334	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	(certified nurse's aide) reported that the resident has a pull [sicl] of spit in the corner of her mouth on left side. At this time, the resident's daughter was in attendance. Floor staff and I immediately did vitals and checks BS (blood sugar) which was 54. The nursing supervisor was called; Glucagon was administered and 911 called. EMS arrived and took over. MD was called, order given to send out. Further review of Resident R1's clinical record revealed a progress note dated April 11, 2026, indicating Resident R1 was admitted to local hospital for Hypoglycemia, Sepsis, and wound evaluation. Interview with Director of Nursing Employee E2 conducted on April 30, 2026, at 10:29 AM confirmed Resident R1 was on Insulin Glargine subcutaneously. Further interview with Employee E2 revealed there was no physician's order for accu-checks (blood sugar testing) for Resident R1. Further, interview with Employee E2 revealed the blood sugar monitoring should have been in place since admission. Additionally, Employee E2 confirmed there was no baseline blood sugar documented for Resident R1 at the time admission to the Nursing Facility. Interview with facility physician, Employee E3, conducted on April 30, 2026, at 12:34 PM confirmed Resident R1 was on Lantus. Additionally, Employee E3 revealed residents who receive Lantus should have blood sugar monitoring/fingerstick regularly usually before breakfast, before lunch, before dinner and at bedtime. Further interview with Employee E3 revealed there should have been an order for fingerstick monitoring for Resident R1. Additionally, Employee E3 revealed the lack of blood sugar monitoring on Resident R1 was an oversight on the facility's part. Review of Resident R1's clinical records failed to reveal documented evidence Resident R1's blood sugar level was being monitored. Review of facility's plan of corrections revealed the facility conducted a facility wide audit of residents receiving insulin and blood sugar monitoring. Further, a facility-wide education on blood glucose monitoring for residents on insulin, was conducted with 100% of licensed nurses in-serviced. Plan of correction was completed on April 20, 2026. 28 Pa. Code 211.5 Clinical records28 Pa. Code 211.12 Nursing services28 Pa. Code 211.10 Resident care policies