

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  Hopkins Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8100 Washington Lane Wyncote, PA 19095	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46993</p> <p>Based on observations, interview with staff and residents and review of facility documentation, it was determined that the facility failed to provide a functional heating unit for one of eight rooms observed. (room [ROOM NUMBER])</p> <p>Findings include:</p> <p>Observation completed on November 6, 2024 at 10:15 a.m., on 2nd floor unit, revealed a non-working unit in room [ROOM NUMBER].</p> <p>Further observations revealed non-working unit was used to hold resident's hygiene supplies, linens and personal belongings.</p> <p>Interview with Resident R1 who resides in room [ROOM NUMBER], on November 6, 2024 at 10:15a.m., revealed that he was told that a portable heating unit was installed temporarily during last week of October 2024 in the unit in room [ROOM NUMBER] but cold air comes out only.</p> <p>Observations and interview with facility's Director of Maintenance, Employee E3, on November 6, 2024 at 10:45 a.m., revealed that broken unit in room [ROOM NUMBER] had temporary air conditioner installed in unit, not a portable heating unit, which was not connected to outlet.</p> <p>Interview with facility's administrator on November 6, 2024 at 12:00 p.m., revealed that an order was placed for six units on July 15, 2024; however, no known date of delivery available.</p> <p>Per interview with Director of Maintenance, Employee E3, facility currently has two portable heating units available which are not being used.</p> <p>28 Pa Code 202.28(b)(3) 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
---	-------	-----------