

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/17/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews with staff, and a review of facility policies and documentation, it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Findings include: The Food Storage: Cold Foods policy states, All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. An initial tour of the Food Service Department was conducted on July 14, 2026, at 9:30 a.m. with Employee E13, Assistant Food Service Director (AFSD), which revealed the following: The dumpsters located outside the receiving area had some trash on the side and back of the dumpsters. There was a large stack of boxes setting on several wooden pallets in the receiving area stacked in front of and blocking entrance into a side entrance. Observations in the dry storage area revealed several boxes of beard nets and hair nets stored under the ductwork less than 18" from these fixtures and case of crackers stored less than 18 inches from the ceiling in the storage area adjacent to the walk-in freezer. The fluorescent light fixture in the storage area outside the walk-in freezer had no covering exposing wires hanging down. Observations in the walk-in refrigerator revealed a one third size stainless steel pan containing a purple jelly like substance with no label or date. Observation of the heater hanging from the ceiling in the corner of the kitchen revealed a heavy build-up of dust and dirt on the back of the unit. Observation in the kitchen revealed several flies buzzing around the kitchen. Observation of the reach in refrigerator revealed that it was not operational, but there was no sign on the unit to alert staff not to use it for food storage. Observation of the dish machine revealed that it was a low temperature sanitizing machine. When the rinse water was tested the test strip did not change color revealing no chlorine present to sanitize the dishes. Interview with the Assistant Food Service Director, Employee E13, at 9:30 a.m. on July 14, 2026, at 9:30 a.m confirmed the above findings. 28 PA Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management		

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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F 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and staff interview, it was determined that the facility failed to ensure the results of the most recent surveys were posted in a place readily accessible to residents, family members, and legal representatives in one of one area reviewed (main lobby). Findings Include: Review of facility survey history revealed a full health survey was conducted on August 7, 2025, and various abbreviated surveys in response to complaints were conducted in 2025 and 2026. A tour was taken of the facility on July 14, 2026, at 10:00 a.m. Observation in the facility lobby area revealed the Department of Health Survey binder was located on the wall. The Department of Health survey binder was reviewed, and the last printed document was from the year 2024. Interview held with Employee E1 the Nursing Home Administrator on July 14, 2026, at 11:50 a.m. revealed that they were responsible for updating the survey binder and were unaware it had not been updated since the year 2024. The Nursing Home Administrator Employee E1 confirmed that they were responsible for ensuring that the Department of Health Surveyor binder should contain the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. 28 Pa. Code 201.14(a) Responsibility of licensee		

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of clinical records, review of facility policy and interview with staff, it was determined that the facility failed to protect resident's privacy related to clinical information for two of nineteen residents observed (Resident R10 and Resident R78). Findings Include: Review facility policy on Patient's Privacy Rights With the most recent review date of July 17, 2026, revealed that under section policy #4 information security and health records access control access to physical and electronic health records is restricted to personal directly involve in patient scare or organization operations authorize disclosures medical and personal information will only be shared with a patient or individuals that have explicitly authorized. Under section PURPOSE: Personal privacy is a fundamental right that applies to all aspect of a patient's experience including accommodations, medical treatment, written and electronic communications, personal care, visits, and meetings. Observation conducted on July 14, 2026, at 10:29AM revealed that medication cart on the second floor was parked across room [ROOM NUMBER]. Further observation revealed that the laptop was open facing the hallway and unattended. Further, Resident R78's medication information exposed. Interview with Employee E8 conducted on July 17, 2026, at 1:05PM confirmed that the laptop on the medication cart on the second floor was open and was unattended. Observation on July 15, 2026, at 11:00 a.m. of Resident R10's room revealed a sign that stated, Please stop giving 304D ice water.thickened liquids only. A follow up tour was taken of the third-floor nursing unit on July 16, 2026, at 10:36 a.m. and the sign was still observed on Resident R10's wall. Interview and observation held with licensed nurse Employee E12, confirmed that Resident R10 had the sign on the wall and indicated I am unsure who put that there. 28 Pa. Code 201.29(j) Resident rights. 28 PA Code 201.29(c)(3) Resident rights 28 Pa. Code 211.5(b) Clinical records. 28 PA Code 211.5(b) Medical records 28 PA Code 211.12(d)(1) Nursing services		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations and interviews with residents and staff, it was determined that the facility failed to provide a safe, clean and homelike environment for two of two nursing units observed (Second floor and Third floor units). Findings Include: Review of the facility policy titled, Safe and Homelike Environment last revised on November 24, 2025, reveals the resident has the right to a safe, clean, comfortable, and homelike environment that de-emphasizes the institutional character of the setting. Further review of the facility policy revealed, Process- The Center must provide 1.1 A safe, clean, comfortable, and homelike environment, allowing the patient to use his/her personal belongings to the extent possible. 1.1.3.3 Open and close bedroom and bathroom doors, easily access areas of the room and bath, and operate room lighting. Observation made on the second-floor nursing unit on July 14, 2026, at 10:00 a.m. revealed several observations throughout the second floor that were not clean, comfortable, and homelike. room [ROOM NUMBER] was observed with seven stained ceiling tiles with brown staining. room [ROOM NUMBER] was observed with curtains that were soiled with brown stains. room [ROOM NUMBER] was observed with three stained ceiling tiles with brown staining. Observation made on the third-floor nursing unit on July 14, 2026, at 11:44 a.m. revealed several observations throughout the third floor that were not clean, comfortable and homelike. room [ROOM NUMBER] was observed with a bathroom that had a broken door handle. Interview on July 14, 2026, at 1:00 p.m. with Maintenance Director, Employee E4, revealed doorknobs were ordered one and half weeks ago and should be coming any day. The bathroom door handle was observed with tan masking tape. The bathroom door handle was inoperable. Observations on July 15, 2026, at 11:45 a.m. revealed room [ROOM NUMBER] bathroom door handle was broken. The handle was observed with tan masking tape. The bathroom door handle was inoperable. room [ROOM NUMBER] was observed with curtains that were soiled with brown stains. 28 Pa Code 201.14(a) Responsibility of licensee		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, and interview with staff, it was determined that the facility failed to ensure that MDS (minimum data set- a federally required resident assessment completed at a specific interval) was completed accurately for one of nineteen residents reviewed). Findings include: Review of Resident R78's clinical record revealed that Resident R78 was admitted to the facility on [DATE], with diagnosis of but not limited to Atherosclerotic Heart Disease (a condition that causes arteries to narrow, restricting healthy blood flow to organs and other parts of the body). Review of physician's orders revealed an order for Oxygen at 3 Liters/minute (L/m) via Nasal Cannula, continuously, wean as tolerated to maintain blood oxygen (spo2) 92% or greater every shift- dated December 9, 2025, and Discontinued June 30, 2026. Review of quarterly MDS dated [DATE], section C0500. BIMS Summary Score revealed a score of 15 suggesting that Resident R78 was cognitively intact. Section O0110. Special Treatments, Procedures, and Programs C1. Oxygen therapy was coded NO. Observation conducted on July 14, 2026, at 11:44AM revealed that Resident R78 was on Oxygen concentrator via nasal cannula at 2 liters/minute. Interview with Resident R78 conducted at the time of the observation confirmed that she has been receiving Oxygen continuously via nasal cannula since last year. Interview with RNAC (Registered Nurse Assessment Coordinator) Employee E11 conducted on July 17, 2026, at 10:43AM confirmed Resident R78 received Oxygen in June during the time Resident R78's quarterly MDS dated [DATE], was completed. Further RNAC, Employee E11, confirmed the MDS was marked as NO in section C1. Oxygen therapy of the MDS assessment. Further Employee RNAC, Employee E11, confirmed that Resident R76's quarterly MDS assessment dated [DATE], was coded incorrectly. 28 Pa. Code 211.5 (f) clinical records 28 Pa, Code 211.12 (d)(5) Nursing services		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility records, review of clinical record, review of facility policy and interview with staff and residents, it was determined that the facility did not ensure that a comprehensive person-centered care plan related to smoking was completed for one of nineteen residents reviewed (Resident R66). Findings include: Review of facility policy on Person-Centered Care Plan with a most recent review date of July 17, 2026, revealed that under section POLICY: The center must develop and implement a person-centered care plan for each patient/resident consistent with patient rights measurable objectives and time frames to meet a patient's medical, nursing and mental and psychosocial needs and all services that meet professional standards of quality. Care plan includes measurable objectives and timetables to meet a patient's medical nursing nutrition and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan will be prepared by the interdisciplinary team. The interdisciplinary team in conjunction with a patient and or patient representatives as appropriate, will establish the expected goals and outcomes of care the type, amount, frequency and duration of care, and any other factors related to the effectiveness of the plan of care. The care plan will be reviewed and revised by the interdisciplinary team after each assessment. Under section PURPOSE: To attain or maintain the patient's highest practical physical mental and psychosocial well-being. To promote positive communication between patient, patient representative and team, to obtain the patient's, patient representative's input into the plan of care, ensure effective communication and optimize clinical outcomes. Under section PRACTICE STANDARDS: #2 Comprehensive care plans #2.1 a comprehensive individualized care plan will be developed within seven days after completion of the comprehensive assessment and review and revise the care plan after each assessment. Review of Resident R66 clinical record revealed that Resident R66 was admitted to the facility on [DATE], with diagnosis of but not limited to Chronic Obstructive Pulmonary Disease (a group of lung diseases that block airflow and make it difficult to breathe). Review of facility smoking list revealed that Resident R66 was a smoker. Review of Resident R66's care plan revealed that there was no care plan for smoking. Interview with Resident R66 conducted on July 15, 2026, at 11:46 a.m. revealed that Resident R66 was a smoker. Interview with licensed nurse, Employee E9, conducted on July 16, 2026, at 12:45 p.m. confirmed that Resident R66 was a smoker. Further, Licensed Nurse, Employee E9, also confirmed that the facility did not develop a person-centered care plan related to smoking for Resident R66. 28 Pa. Code 211.12 (d)(1) Nursing services.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observations, and resident and staff interview it was determined the facility did not ensure an environment free of accidents and hazards related to medications found bedside for two of two units reviewed (Second floor and Third Floor). Findings Include: Review of facility policy titled, Medication Storage dated January 2026 states, Policy- Medications and biologicals are stored properly, following manufacturers or provider pharmacy recommendations, to keep their integrity and to support safe, effective administration. The medication supply shall be accessible only to a licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. A tour was taken of the second-floor nursing unit on July 14, 2026, at 9:30 a.m. Observation on July 14, 2026, at 9:41 a.m. in Resident R5's room revealed the resident had a plastic medication cup with pills and a plastic medication cup with a brown liquid. When Resident R5 was questioned about the medications, the resident stated he/she takes a while to take the medications one at a time so the nurse usually leaves it for him/her to take. Licensed nurse, Employee E7, was called to the room and confirmed he/she usually checks back to ensure Resident R5's takes all of his/her medications but today, he/she did not check back. Review of Resident R5 facility record revealed the resident was admitted to the facility on [DATE]. The resident had the following diagnosis: Type Two Diabetes (a chronic condition where sugar builds up in the blood because the body cannot use insulin properly or make enough of it), Hypertension (a common condition where blood pushes too hard against your artery walls at levels consistently at or above 130/80 mm Hg), Chronic Kidney Disease (a long-term condition where the kidneys are damaged and cannot filter blood well), Osteomyelitis (a painful infection and swelling of the bone most often caused by bacteria), and Protein Calorie Malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body composition and function). Review of Resident R5's clinical record revealed no documented evidence the resident was assessed or had a physician order to safely self-administer his/her own medications. A tour was taken of the third floor on July 14, 2026, at 10:45 a.m. Observation on July 14, 2026, at 11:01 a.m. in Resident R17's room revealed the resident was in bed and appeared disoriented. Resident R17's tray table was located a few feet away with a plastic medication cup filled with pills. Resident R17 was unable to tell the surveyor if they were his/her pills. Licensed nurse, Employee E5, was located in the hall at 11:05 a.m. and came to Resident R17's room. Licensed nurse, Employee E5, came to the resident's room and confirmed they were Resident R17's medications. Licensed nurse, Employee E5, was asked if Resident R17 was able to self-administer medications to which Employee E5 responded, yes. Review of clinical record revealed Resident R17 was admitted to the facility on [DATE], and has the following diagnosis: Dementia (a syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities), Major Depressive Disorder (is a serious mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems), Schizoaffective Disorder (is a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania), Psychophysiologic Insomnia (is a chronic sleep disorder where anxiety and learned associations about sleep prevent restful sleep, often perpetuating a cycle of hyperarousal and sleeplessness), and Anxiety Disorder (is a mental health condition characterized by excessive, uncontrollable worry about (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	everyday issues, affecting daily functioning and quality of life). Review of Resident R17's clinical record revealed no documented evidence the resident was able to self-administer medications. Interview on July 16, 2026, at 2:33 p.m. with the Director of Nursing, Employee E2, confirmed Resident R5 and R17 are not able to self-administer medications. 28 Pa. Code 211.12 (d)(5) Nursing services.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records, review of facility policy and interview with staff and residents, it was determined that the facility failed to provide oxygen to a resident according to physician orders for one of four residents observed (Resident R78). Findings include: Review facility policy on Oxygen: Concentrator with a most recent revision date of August 7, 2023, revealed that an oxygen concentrator extracts oxygen molecules from room air it can be used for low oxygen flow rates for example one to four liters per minute #10. Set litter flow per order #14 document 14.1 date and time oxygen started 14.2 method of administration 14.3 litter flow and 14.4 patient response to therapy. Observation conducted on July 14, 2026, at 11:44AM revealed that Resident R78 O2 on Oxygen concentrator via nasal cannula at 2 liters/minute. Interview with Resident R78 conducted at the time of the observation confirmed that she was on Oxygen and that she has been receiving Oxygen continuously via nasal cannula since last year. Review of Resident R78's clinical record revealed that Resident R78 was admitted to the facility on [DATE], with diagnosis of but not limited to Atherosclerotic Heart Disease and Hypoxemia. Review of physician's orders revealed an order for Oxygen at 3 L/min via NC (nasal cannula) continuously for SS (signs and symptoms) of SOB (shortness of breath) or pulse ox below 92% every shift. Post Tx: Evaluate heart rate, respiratory rate, pulse oximetry, skin color, and breath sounds related to HYPOXEMIA - dated July 15, 2026, Follow-up observation conducted on Resident R78 conducted on July 15, 2026, at 1041AM O2 concentrator via nasal cannula at 2 liters/minute. Interview with Employee E8 conducted at the time of the follow-up observation confirmed that Resident R78 was on Oxygen concentrator via nasal cannula at 2 liters/minute. 28 PA Code 211.12(d)(1)(5) Nursing services		

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility documentation and interviews with staff, it was determined that the facility failed to maintain ongoing communication between the facility and a dialysis provider for one of nineteen residents reviewed (Resident R22). Findings include: A review of the Dialysis: Hemodialysis (HD) - Communication and Documentation, revised November 14, 2025, revealed that the Center staff will communicate with certified dialysis facility regarding the ongoing assessment of the patient's condition by monitoring for complications before and after hemodialysis treatments received at a certified dialysis facility. Review of Resident R22's clinical record revealed that the resident was admitted on [DATE], with diagnoses including but not limited to end stage renal disease (condition where the kidney reaches advanced state of loss of function). Further review of Resident 22's clinical record revealed that the resident has dialysis treatments three times per week on Monday, Wednesday and Friday at a local dialysis center with a 9:30 a.m. pickup time. Continued review of Resident R35's clinical record revealed no documentation predialysis or post dialysis by the facility on 7/3/26. Further review revealed no documentation post dialysis by the facility on the following dates (7/13/26, 7/10/26, 7/8/26, 7/6/26, 7/1/26, 6/29/26, 6/22/26, 6/19/26, 6/15/26, 6/12/26, 6/8/26, 6/1/26 and 5/29/26). Further review of progress notes reveals no refusals or missed appointments in June or July 2026. An interview on July 16, 2026, at 11:00 a.m. with Employee 12, Unit Manager, who stated that he/she was not sure why these log papers were not completed post dialysis and that he/she is not here when the resident returns from dialysis. The Unit Manager acknowledged that both the pre and post dialysis parts of the log sheets should be completed each time the resident goes to dialysis. The facility failed to maintain ongoing communication between the facility and a dialysis provider. 28 Pa. Code: 211.10(c) Resident care policies 28 Pa Code 211.5(f) Clinical records 28 Pa. Code 211.12(d)(5) Nursing services		

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F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on review of employee personnel records and staff interview it was determined that the facility failed to complete annual performance review at least every 12 months for two of six nurse aides reviewed (Employee E16 and Employee E18). Findings Include: Review of the facility performance reviews revealed two of the nurse aides were not completed timely. Review of facility documentation provided revealed that nurse aide Employee E16 was hired on November 19, 2017. Review of documentation provided by the facility Employee Performance Appraisal Form revealed nurse aide, Employee E16, most recent performance review was dated March 22, 2025. The facility was unable to provide a performance appraisal form for the year 2026. Review of facility documentation provided revealed that nurse aide Employee E18 was hired on November 4, 2020. Review of documentation provided by the facility Employee Performance Appraisal Form revealed nurse aide, Employee E18, most recent performance review was dated March 27, 2025. The facility was unable to provide a performance appraisal form for the year 2026. Interview on July 17, 2026, at 1:33 p.m. the Regional Nurse Employee E9 confirmed the evaluations were not able to be found for the year 2026 for Employees E16 and E18. 28 Pa. Code 201.14(a) Responsibility of License 28 Pa. Code 201.19(2) Personnel Policies and Procedures		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records, review of facility policy and interview with staff it was determined that the facility failed to ensure that controlled substances were securely stored for two of two units observed (second and third floor units). Findings include: Review of facility policy on Medication Storage with a most recent revision date of January 2026, revealed that under section POLICY: Medications and biologicals are stored properly following manufacturers or provider pharmacy recommendations to keep their integrity and to support safe effective drug administration. The medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel or staff members lawfully authorized to administer medications. Under section PROCEDURES: #2. Controlled medications should be stored separately from non-controlled medication. The access system used to lock scheduled medications cannot be the same access system used to obtain the non-scheduled medications. Schedule II medications and preparations must be stored in a separately locked permanently affixed compartment. Controlled substances stored in refrigerator should be secured in a separately locked permanently affixed compartment. Review of Resident R81's clinical record revealed that Resident R81 was admitted to the facility on [DATE], with diagnosis of but not limited to adjustment disorder with Depressed Mood (mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things). Review of Resident R81's physician's orders revealed an order for Lorazepam Oral Concentrate 2 milligrams (mg)/milliliter (ml) (Lorazepam) Controlled Drug Give 0.25 ml orally every 4 hours as needed for anxiety for 14 Days dated April 8, 2026. Review of Resident R30's clinical record revealed that Resident R30 was admitted to the facility on [DATE], with diagnosis of but not limited to Generalized Anxiety Disorder (intense, excessive, persistent worry or fear). Review of Resident R81's physician's orders revealed an order for Lorazepam Oral Concentrate 2 MG/ML (Lorazepam) Controlled Drug Give 0.25 ml orally every 4 hours as needed for anxiety dated June 5, 2026. Third floor medication room observation with unit manager Employee E12 conducted on July 14, 2026, at 1:42PM revealed that a medication refrigerator was in the medication administration room. Observation of the medication refrigerator revealed two vials of unopened Lorazepam Oral Concentrate 2mg/ml. Further, both vials were labelled with Resident R81's name. Further, both vials were not stored in a separately locked permanently affixed compartment. Further observation revealed that the two vials of unopened Lorazepam Oral Concentrate 2mg/ml were in an open bin together with non-controlled medications. Interview with Employee E12 conducted at the time of observation, confirmed that two vials of unopened Lorazepam Oral Concentrate 2mg/ml labelled with Resident R81's name were inside the third-floor medication refrigerator. Further Employee E 12 also confirmed that the two vials of unopened Lorazepam Oral Concentrate 2mg/ml labelled with Resident R81's name were not in a separately locked permanently affixed compartment and was mixed up with non-narcotic medications. Second floor medication room observation with unit manager Employee E10 conducted on July 14, 2026, at 1:58PM revealed that a medication refrigerator was in the medication administration room. Observation of the medication refrigerator revealed one vial of opened Lorazepam Oral Concentrate 2mg/ml. Further, the vial was labelled with Resident R30's name. Further, the vial was not stored in a separately locked permanently affixed compartment. Further observation revealed that the vial of opened Lorazepam Oral Concentrate 2mg/ml were in an open bin together with non-controlled medications. Interview (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Hopkins Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8100 Washington Lane Wyncote, PA 19095	
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with Employee E10 conducted at the time of observation, confirmed that one vial opened vial Lorazepam Oral Concentrate 2mg/ml labelled with Resident R30's name were inside the second-floor medication refrigerator. Further Employee E10 also confirmed that the vial of opened Lorazepam Oral Concentrate 2mg/ml labeled with Resident R30's name was not in a separately locked permanently affixed compartment and was mixed up with non-narcotic medications. Further interview with Employee E10 revealed that licensed nurses have the keys to the medication room. Further Employee E10 also revealed that the central supply person also has access to the medication room. 28 PA Code 211.9 (k) Pharmacy services.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records, review of facility policy and interview with staff, it was determined that the facility did not maintain an effective infection control program related to EBP (enhanced barrier precaution) for one of nineteen residents observed (Resident R66). Findings include: Preview a facility policy on EBP (Enhanced Barrier Precaution) with the most recent revision date of November 14, 2025, revealed that under section POLICY: In addition to standard precautions, enhanced barrier precautions will be used for novel or targeted multi-drug resistance organisms. Enhanced barrier precaution expands on the use of gown and gloves beyond anticipated blood and body fluid exposures, focusing on use of gowns and gloves only during high contact patient care activities that have been demonstrated to result in transfer of MDROS to hands and clothing of healthcare personnel, even if blood and body exposure is not anticipated. Because enhanced barrier precaution do not impose the same restrictions as contact precautions, they are intended to be in place for the duration of the patient's stay in the center or until resolution of wound or discontinuation of the indwelling medical device that plays them at higher risk. Under section DEFINITIONS: Enhanced barrier precautions our infection control intervention designed to reduce the transmission of novel or multidrug resistant organisms. It employs targeted personal protective equipment used during high contact patient activities Under section PURPOSE: To reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Review of Resident R66's clinical record revealed the resident was admitted to the facility on [DATE], with diagnosis of but not limited to Chronic Obstructive Pulmonary Disease (a group of lung diseases that block airflow and make it difficult to breathe), Pressure Ulcer (localized damage to the skin and/or underlying soft tissue) of left hip. Review of Resident R66's clinical record revealed progress notes dated July 15, 2026, July 10, 2026, and July 6, 2026, discussing the status of Resident R66's wounds which includes a pressure ulcer stage 3 (full thickness tissue loss in which the skin injury has gone through the skin into the fat tissue) and moisture associated skin damage (MASD). Observation conducted during initial tour of the facility conducted on July 14, 2026, at 11:59AM revealed that there was no EBP (enhanced barrier precaution) signage posted outside Resident R66's. Interview with Licensed Nurse, Employee E5, confirmed that Resident R66 has a wound. Further Employee E5 confirmed that there was no EBP signage outside of Resident R66's room. Licensed Nurse, Employee E5, confirmed that EBP was necessary for residents with wounds. 28 PA Code 211.10(d) Resident care policies 28 PA Code 211.12(d)(5) Nursing services		

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of the facility policy and staff and resident interview, it was determined that the facility failed to ensure that call bells were available and operable for resident use for one of 19 residents observed (Residents R57). Findings include: Review of facility policy, Call Lights, revised June 6, 2021, revealed that Patients will have a call light or alternative communication device at each patient's bedside, toilet, and bathing room to allow patients to call for assistance when unattended. Staff will respond to call lights and communication devices promptly. Interview with Resident R57 in room [ROOM NUMBER] bed D, on July 15, 2026, at 11:25 a.m. revealed that he/she uses roommate's call bell because his/hers is not working. Observation of the call revealed that the bell for bed D was cracked at the top and the red button was also cracked and could not be pressed in to operate the call bell. When the button was pushed, it did not activate. Further observation of the light on the ceiling outside Resident R57's door revealed that it did not ignite the light after pressing the button multiple times. Interview with the unit manager, E12, on July 15, 2026, at 11:30 a.m. confirmed that the call bell for bed 326-D was not working. 28 Pa. Code 205.67(j) Electric requirements for existing construction 28 Pa. Code 201.18 (b)(1) Management 28 Pa Code 211.12(d)(5) Nursing services		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, review of posted daily nurse staffing data, and staff interview, it was determined that the facility did not ensure to accurately post information regarding daily nurse staffing data as required. Findings Include: Observation on July 14, 2026, at 11:45 a.m. revealed the nurse staffing was posted on the front desk in the lobby area. Review of the nurse staffing posting revealed it was dated July 7, 2026. Interview on July 14, 2026, at 11:45 a.m. with the front desk receptionist, Employee E20, revealed the staffing coordinator, Employee E21, has been out of work and that may be why the staffing is not up to date. Interview on July 14, 2026, at 11:50 a.m. with the Nursing Home Administrator, Employee E1, confirmed that nurse staffing was only posted at the front lobby and it was posted for July 7, 2026. Nursing Home Administrator, Employee E1, confirmed there is no other place in the facility where the nurse staffing is posted. 28 Pa. Code 201.14(a) Responsibility of licensee		

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility documentation and staff interviews, it was determined that the facility failed to include active involvement from direct care staff and input from residents or resident representatives in the facility assessment process. Findings Include: Review of the facility assessment revealed the only assessment contributors as; The Medical Director, Director of Nursing, Nursing Home Administrator, and one Representative from a Governing Body. Further review of the facility assessment revealed there was no direct care staff, residents, or resident representative input in the facility assessment process. Interview held with the Nursing Home Administrator Employee E1 on July 15, 2026, revealed that the facility assessment is reviewed quarterly when administration meets for Quality Assurance and Performance Improvement but there were no opportunities for staff, residents, or resident representative involvement in the facility assessment. 28 Pa. Code 201.18 (b)(3) Management. 28 Pa. Code 211.12 (d)(1) Nursing services.		