STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395346	A. Building B. Wing	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Onyx Wellness Center	205 East Johnson Highway Norristown, PA 19401

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 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. 06525 Based on observations of care and services, interviews with residents and staff, review of clinical records and policy and procedures, it was determined that the facility failed to develop and implement a comprehensive care plan to meet the behavioral health and medical needs of one of seven residents reviewed with anxiety disorder, bipolar disorder, post traumatic stress disorder and spinal stenosis. (Resident R1) Findings include: A review of the policy titled drug screening and drug searches for Residents dated February 24, 2025 revealed that it was the responsibility of the facility staff to maintain an environment for the residents that was free of medical marijuana on it's premises. The policy indicated that illicit drugs may include cannabis, hallucinogens opiates or amphetamines. The policy indicated that a resident found using drugs illegally would be referred to drug counseling. Clinical record review revealed a comprehensive quarterly assessment MDS(an assessment of care needs) dated February 14, 2025 that indicated that Resident R1 was cognitively intact. The assessment also indicated that this resident had diagnoses of anxiety disorder, depression, manic depression (bipolar disease) and PTSD (post traumatic stress disorder). Clinical record review revealed that Resident R1 had been identified by the PA (physician's assistant) on February 20, 2025 as being prescribed Zoloft (antidepressant) and Xanax (antianxiety agent) as needed for anxiety disorder. The PA also documented that this resident had spinal stenosis pain and was prescribed tramadol as needed for pain management. The PA indicated that this resident had bipolar disorder, major depression and post traumatic stress disorder. Clinical record review indicated that the psychologist documented on February 24, 2025 that Resident R1 had anxiety disorder from outside stressors; however the stressors were not specifically documented. The psychologist mentioned that Resident R1 was experiencing trauma from the loss of her father to cancer. The psychologist indicated that this resident was paranoid, anxious and depressed. There was no care plan developed or revised to address anxiety with outside stressors, post traumatic stress disorder, death of a family member or paranoid and anxious behavior for Resident R1. (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
	395346	A. Building B. Wing	04/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Onyx Wellness Center	205 East Johnson Highway Norristown, PA 19401

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Clinical record review indicated that on March 11, 2025 the nursing staff found Resident R1 sleepy. The nursing staff member indicated that the resident had to be encouraged to wake up for meals and medication administration. Resident R1 was observed unsteady on her feet while ambulating. The nursing staff indicated that Resident R1 was encouraged to lay down and rest for safety reasons. Clinical record review indicated that on March 12, 2025 the nursing staff noted Resident R1 was not arousable. The resident was aroused and was then fell back to sleeping. The nursing staff noted that the resident's room smelled of marijuana. Resident R1 was assessed to be lethargic. Resident R1 handed nursing staff a vape pen containing marijuana oil. Resident R1 admitted to using a vape pen containing marijuana oil. Clinical record review for Resident R1 revealed a psychiatry progress note dated March 21, 2025 that indicated Resident R1 was requesting help with her anxiety symptoms. The psychologist indicated that relaxation techniques were discussed with Resident R1 on March 21, 2025. There was no indication what the relaxation techniques were, when to use or how often. There was no documentation to indicate that any relaxation techniques were added to the care plan to address Resident R1's mental health needs. Clinical record review indicated that on March 28, 2025 the physician indicated that resident was found intoxicated with marijuana vaping device in her room. The physician indicated that Resident R1 was found to be intoxicated again and her medications Xanax and tramadol would continue to be held; because of the negative, intoxicating and intensified effects of taking these drugs with marijuana. Interview with Resident R1 at 1:00 p.m., on April 16, 2025 revealed that the resident was unaware how she could cope with her continued anxiety without the use of her as needed Xanax (a benzodiazepine used to treat anxiety or panic disorders). The resident was also speaking about having pain in her right hip and back that she used tramadol (an opiod pain medication) to relieve the pain. Observations of Resident R1 at 1:00 p.m., on April 16, 2025 revealed that she was feeling nervous about her new roommate. Resident R1 said that she likes to use the fan at night and that her roommate does not like it blowing on her at night, while she was sleeping. Resident R1 was also worried about her lack of treatment of the pain in her lower back: how would this be treated. Review of Resident R1's clinical record and care plan revealed that there were no interventions developed to address the resident's chronic anxiety disorder and spinal stenosis pain of her back and right hip. Interview with the director of nursing Employee E1, and the licensed practical nurse Employee E3 who was most familiar with the care of Resident R1 at 11:30 a.m., on April 16, 2025 confirmed there was no person centered care plan interventions implemented to meet the preferences and goals of Resident R1 while addressing the medical, mental and psychosocial needs of this resident. 28 PA. Code 211.10(a)(b)(c)(d) Resident care policies 28 PA. Code 211.12(d)(2)(3)(5) Nursing services 28 PA. Code 201.14(a) Responsibility of licensee