

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations and interviews with staff, it was determined that the facility failed to provide an environment that promotes the maintenance and enhancement of each resident's dignity for two of two nursing units (First floor and Second floor nursing units).</p> <p>Findings Include:</p> <p>Observations during the initial tour on May 20, 2025 at 1:01 p.m. revealed Resident R92's room had a NPO (nothing per mouth) sign posted at the head on the resident's bed on the wall. The sign had nine residents information listed.</p> <p>Four residents listed as NPO</p> <p>Four residents listed as Nectar Thick</p> <p>One resident listed as Honey.</p> <p>Two residents listed as No straws</p> <p>Two residents listed as Do Not Leave Liquids at Bedside</p> <p>Observations on May 20, 2025 at 12:34 p.m. of the first floor nursing units activities/dining room revealed residents were being served their meals on plastic trays. Further observation for dining area revealed a Thickened liquids sign posted in the dining area on the left when you walk in on the wall.</p> <p>Interview with Resident R1 on April 1, 2025, at 11:30 a.m. stated facility always serves the food on the trays for meals.</p> <p>Observations during a follow up day on May 22, 2025 at 11:53 a.m. on the second floor unit in the activities/dining room during lunch revealed residents were being served their meals on plastic trays. Further observation for dining area revealed a Thickened liquids sign posted in the dining area on the left when you walk in on the wall.</p> <p>Interview with Regional Employee E3 on May 22, 2025 at 11:56 a.m. confirmed the Liquid Diet Posting was posted on the dining room wall area on the left when you walk in.</p> <p>(continued on next page)</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 |
|---|-------|-----------|

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                  |
|--|--|
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 28 Pa. Code 201.29 (j) Resident Rights<br><br>28 Pa. Code 211.12 (d)(1) Nursing Services<br><br>28 Pa. Code 211.12 (d)(5) Nursing Services |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0574</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>                                   | <p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>Based on review of facility policy, observations, resident interviews, and staff interviews, it was determined that the facility failed to post the State Survey Agency phone number and contact information, readily accessible on two of two nursing floors. (1st Floor, 2nd Nursing Units)</p> <p>Findings Include:</p> <p>Review of facility policy titled, Resident Rights with a revision date of August 31, 2022 states, Purpose: Ensures residents know that they can lodge complaints without repercussions.</p> <p>During an observation of First Floor nursing units on May 20, 2025 at 11:00 a.m. revealed there was no posting for the required Department of Health contact information. A tour of the lobby area revealed there was a standard size page for the contact information for Department of Health but the phone number was outdated in between the exterior door of the lobby and the interior glass door of the lobby.</p> <p>Resident Council meeting was held on May 22, 2025, at 10:30 a.m. on the first floor with nine awake, alert, and oriented residents. Several residents reported that they were not aware of where the information on how to contact the State Department of Health is in the building. (R50, R74, R78, R93).</p> <p>A tour was taken with the Director of Social Services, Employee E12 Observation of the First Floor Nursing unit with the Employee E12 on May 22th at 1:05 p.m. to look for required notices and postings.</p> <p>A tour of the first floor (bottom floor) nursing unit revealed there were no required Department of Health contact information posted. The Director of Social Services, Employee E12 showed the surveyor a clear plastic covering next to the elevator that did not have a paper in it and stated, it is usually here, but we have one resident and sometimes he takes the paper.</p> <p>The tour of the second floor (top floor) revealed there was another clear plastic covering next to the elevator that did not have a paper in it. Further review of floor revealed there was one posted size posting for the Department of Health but it was written in Spanish. The Director of Social Services Employee E12 confirmed 2:03 p.m. that there were no postings for the required Department of Health contact information in English on either on the nursing units (first floor or second floor).</p> <p>Interview with the Nursing Home Administrator Employee E1 on May 22, 2025 at 2:09 p.m. confirmed that there was no posting for the Department of Health contact information in English in the facility due to renovations of the bathrooms over the weekend and the signs had been taken down.</p> <p>28 Pa. Code: 201.18(a)(e)(1) Management</p> <p>28 Pa. Code: 201.18(b)(1) Management</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, review of clinical records, and staff interview, it was determined that the facility failed to ensure the POLST form accurately reflected the resident's code status for one of 32 residents reviewed (Resident R15).</p> <p>Findings Include:</p> <p>Review of Resident R15's clinical record revealed the resident was admitted to the facility on [DATE], and had diagnoses of Senile Degeneration of Brain ( a decline in an individual's memory, behavior, and cognitive abilities) and Chronic Obstructive Pulmonary Disease (a progressive lung disease characterized by difficulty breathing, often caused by long-term exposure to irritants).</p> <p>Review of Resident R15's electronic medical record revealed a physician order dated [DATE], that specified the resident's code status was Do Not Resuscitate (DNR - allow natural death if resident found with no pulse and is not breathing), Do Not Hospitalize (DNH), and Do Not Intubate (DNI).</p> <p>Further review of Resident R15's electronic medical record revealed a form, Physician Orders for Life Sustaining Treatment (POLST), dated and signed by the physician on February 14, 2019, that indicated the resident's code status was a CPR/Attempt Resuscitation (Cardiopulmonary Resuscitation (CPR) is an emergency procedure consisting of chest compressions often combined with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest).</p> <p>Interview with the Director of Nursing , on [DATE], at 12:50 p.m., confirmed the POLST form did not accurately reflect the physician order for code status on Resident R15's electronic medical record.</p> <p>28 Pa Code 211.10(d) Resident care policies.</p> <p>28 Pa Code 211.12(d)(5) Nursing services.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, resident interviews, and staff interviews, it was determined that the facility did not ensure clean and homelike environment was maintained in resident care areas and dining experience for two of two nursing units observed (First Floor and Second Floor).</p> <p>Findings Include:</p> <p>Observations on May 20, 2025, at 10:20 a.m. on East Wing First Floor in room [ROOM NUMBER] revealed a red paint colored on the wall next to the A-Bed.</p> <p>Observations on May 20, 2025, at 10:40 a.m. on East Wing First Floor in room [ROOM NUMBER] revealed the baseboard along the perimeter of the wall behind the B-bed was peeling off.</p> <p>Observations on May 20, 2025, at 10:51 a.m. revealed the resident had a bathroom with a leak behind toilet, on the floor was a wet saturated towel between the sink and toilet area along the wall. On the wall in the bathroom there was also a broken piece of plastic from the plastic box that holds gloves. The box was broken so that no gloves could be held inside of it.</p> <p>Observations on May 20, 2025, at 11:03 a.m. on East Wing First Floor in room [ROOM NUMBER] revealed the bottom drawer on the right side of the closet was broken and hanging off.</p> <p>Observations on May 20, 2025, at 11:08 a.m. revealed Resident R38's room revealed the air conditioning vents had heavy caked on dust.</p> <p>Observations during the initial tour on May 20, 2025 at 12:34 p.m. of the first floor nursing units activities/dining room revealed residents were being served their meals in this room. There was one hand sanitizer located on the wall in the dining room which was not working at the time.</p> <p>Observations on May 20, 2025 at 1:01 p.m. of Resident R92's room revealed the resident's bathroom had several floor tiles that were peeling. The resident was laying in her bed and at the head of the bed underneath the bed there was residue from dried up tube feeding formula and caked up dirt visible on the floor and on the baseboards. To the left of Resident R92's bed was one fall mat which also had dried up tube feeding formula.</p> <p>Continued observations on May 22, 2025 at 11:53 a.m. on the second floor (upper floor) unit revealed Resident R80 came out to the nurses station and said that aide is sitting down in there and she said, I am not passing out trays because I am agency staff and I don't know anybodys names.</p> <p>After entering the dining/activities room on the second floor nurse aide Employee E14 was seen getting up out of a chair with a cellphone in one hand a bag of chips in the other. Employee E14 was asked her name and stated it. When asked if it was her first time working at the facility Employee E14 stated, no it's not but I don't know these peoples names and diets and then walked out of the dining room area.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Nurse aide Employee E15 was also in the room in the same area as Employee E15 and started to attempt to open up to food truck and read to lunch meal tickets. Employee E15 was asked if she was familiar with the residents in the room and she stated, some of them.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate foot care.</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to timely arrange a podiatry appointment for one of two residents reviewed for foot care (Resident R47).</p> <p>Findings Include:</p> <p>Review of Resident R47's comprehensive care plan revised December 3, 2022, revealed the resident had potential for impaired skin integrity related to congestive heart failure (heart is not able to pump enough blood to meet the body's needs causing fluid build up in the body), type 2 diabetes mellitus (body's inability to effectively process sugars (glucose) causing high blood sugar levels), and hypertension (high blood pressure). Intervention dated January 5, 2025, included to consult podiatry as ordered.</p> <p>Review of Resident R47's clinical record revealed a nursing note dated December 5, 2024, that indicated upon assessment with the wound team, Resident R47's right great toe was noted with ingrown toenail and touching second toe. Per the note, treatment was applied and podiatry aware and will follow-up.</p> <p>Review of Resident R47's clinical record revealed medication administration note dated December 9, 2024, consult appointment needed with podiatry ASAP (as soon as possible) d/c (discontinue) when complete. Further review of the note revealed [Resident R47] needs consult for podiatry per MD for right foot greater and first toe.</p> <p>Review of Resident R47's clinical record revealed medication administration note dated December 14, 2024, consult appointment needed with podiatry ASAP (as soon as possible) d/c (discontinued) when complete. Further review of the note revealed [Resident R47] needs consult for podiatry per MD (physician) for right foot greater and first toe.</p> <p>Review of Resident R47's clinical record revealed medication administration note dated December 15, 2024, consult appointment needed with podiatry ASAP d/c when complete. Further review of the note revealed [Resident R47] needs consult for podiatry per MD for right foot greater and first toe.</p> <p>Review of Resident R47's clinical record revealed medication administration note dated December 20, 2024, consult appointment needed with podiatry ASAP d/c when complete.</p> <p>Review of Resident 47's entire clinical record revealed no documented evidence podiatry was consulted as ordered by the physician.</p> <p>Further review of Resident R47's clinical record revealed a nursing note dated December 30, 2024, that the resident complained of feet pain and upon assessment by the nurse Resident R47 was noted with ruptured blisters to bilateral feet. Podiatry was in the building and consulted to assess the resident.</p> <p>Interview on May 22, 2025, at 1:07 p.m. with the Director of Nursing, Employee E2, confirmed the facility did not have documented evidence that a podiatry consult was timely ordered per the physician orders.</p> <p>(continued on next page)</p> |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>28 Pa Code 211.10(d) Resident care policies.</p> <p>28 Pa Code 211.12(d)(5) Nursing services.</p>                      |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on observations, review of facility documentation, review of personnel files and interviews with residents and staff, it was determined that the facility failed to ensure that agency nursing staff demonstrated competencies and skill sets necessary to care for residents' needs for three of three agency personnel files reviewed (Employees E9, E10 and E11).</p> <p>Findings include:</p> <p>Interview on May 20, 2025, at 10:35 a.m. Resident R89 stated, agency staff don't give good care.</p> <p>Interview on May 20, 2025, at 11:02 a.m. Resident R27 stated, agency staff don't do anything for us.</p> <p>Interview on May 20, 2025, at 12:36 p.m. Resident R37 stated, agency staff just sit around and don't give us care.</p> <p>Interview on May 21, 2025, at 9:37 a.m. Resident R80 stated, agency staff don't give us care and never give showers at night.</p> <p>Interview on May 21, 2025, at 11:14 a.m. Resident R44's family member stated, agency staff don't know residents' care needs and don't reapproach Resident R44 when she's having a tough day or declines care.</p> <p>Review of facility staffing schedules revealed that Employee E9, licensed nurse; Employee E10, licensed nurse; and Employee E11, nurse aide; worked at the facility on May 20, 2025, as agency nursing staff.</p> <p>Observation on May 20, 2025, at 9:28 a.m. revealed Employee E9, agency licensed nurse, prepare and administer medications to Resident R103. Interview, at the time of the observation, Employee E9, agency licensed nurse, stated that it was her first day working at the facility and that she did not receive any trainings or skills competency evaluations by the facility.</p> <p>Observation on May 20, 2025, at 11:00 a.m. revealed Employee E10, agency licensed nurse, prepare and administer medications to Resident R91. Interview, at the time of the observation, Employee E10, agency licensed nurse, also stated that it was her first day working at the facility and confirmed that she did not receive any trainings or skills competency evaluations by the facility.</p> <p>Review of personnel files for Employee E9, licensed nurse; Employee E10, licensed nurse; and Employee E11, nurse aide; revealed that there were no trainings or skills competency evaluations that were conducted by the facility available for review at the time of the survey.</p> <p>Interview on May 22, 2025, at 11:46 a.m. the Director of Nursing confirmed that the facility did not conduct any skills competency evaluations for Employee E9, licensed nurse; Employee E10, licensed nurse; and Employee E11, nurse aide.</p> <p>28 Pa. Code 201.20(a)(b) Staff development</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0726<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa. Code 211.12(d)(1) Nursing services<br><br>28 Pa. Code 211.12(d)(5) Nursing services                                |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered care plan to address a resident's dementia care needs for one of 32 residents reviewed (Resident R 67).</p> <p>Findings Include:</p> <p>Review of the admission sheet of Resident 67, revealed that Resident R67 was admitted to the facility on [DATE], with diagnoses including Dementia (Dementia is a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities).</p> <p>On May 21, 2025, at 1:55 p.m., review of Resident R67's interdisciplinary plan of care revealed no care plan with measurable goals and interventions to address the care and treatment need related with dementia care of Resident R67.</p> <p>During an interview on May 21, 2025, at 2:05 p.m., the Director of Nursing (DON), confirmed the finding, and the DON stated that the facility tried to make the care plans as specific as possible. No additional information was received.</p> <p>The facility overlooked to develop and implement a person-centered care plan to include and support Resident R67's dementia care needs.</p> <p>28 Pa Code 211.11(d) Resident care plan</p> <p>28 Pa Code 211.12 (d)(1)(3)(5) Nursing service</p> |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395346 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>05/22/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Onyx Wellness Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>205 East Johnson Highway<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations and staff interview it was determined that the facility failed to maintain essential kitchen equipment in clean and sanitary conditions related to the ice machine.</p> <p>Findings Include:</p> <p>A tour of the main kitchen was conducted on May 20, 2025, at 9:20 a.m. with Food Service Director, Employee E16.</p> <p>Observations inside the ice machine revealed the white, plastic, inner lining had a blackish/brown stain along the bottom half perimeter.</p> <p>Further observations of the area surrounding the ice machine revealed the plastic baseboard along the wall adjacent (facing) the ice machine was peeling off and has significant build-up of dirt and debris.</p> <p>The floor underneath and surrounding the area of the ice machine was dirty and had a significant build up of dirt and debris. Three to four fruit flies were hovering the area of the ice machine.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p> |