

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Silver Stream Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 905 Penllyn Pike Spring House, PA 19477	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on clinical record reviews, interviews with staff and hospital record and policy and procedure review, it was determined that the facility failed to ensure that breathing treatments were prescribed upon admission and that medications were administered as order by the physician for one of fourteen residents reviewed. (Resident R1)</p> <p>Findings include:</p> <p>A review of the facility policy titled administering medications dated December, 2012 revealed that the all medications were to be administered by a licensed person(s) in a safe and timely manner as prescribed by the attending physician. The policy indicated that medications must be administered in accordance with orders, including any required time frames.</p> <p>A review of the policy titled reconciliation of medications on admitted d July 2027 revealed that it was the responsibility of the nurse to ensure the accurate accounting of residents' medications, routes and dosages upon admission to the facility. The nurse was to use the discharge summary from the referring facility and reconcile any medications and orders for treatments such as: (patches, eye drops, inhalers, shots) for dose, route, frequency and last time taken. The nurse was also responsible to ask the physician the reason for taking the medication or treatment and document in the resident's clinical record.</p> <p>Clinical record review for Resident R1 revealed that this resident was admitted to the facility on [DATE] at 9:38 p.m., the resident had diagnoses that included: chronic obstructive pulmonary disease (disease process that causes decreased ability of the lungs to perform), chronic hypoxic (low levels of oxygen) and, emphysema (abnormal enlargement of the air spaces in the lungs) and chronic obstructive sleep apnea (breathing stops during sleep due to a blockage).</p> <p>Review of hospital discharged record dated March 14, 2025 indicated that this resident was to receive supplemental oxygen and continue with NiPPV (noninvasive ventilation technique) called a BiPAP (bilevel positive airway pressure machine) to enhance breathing by delivering two levels of air pressure.</p> <p>There was no documentation to indicate that physician's orders for oxygen or breathing therapy were obtained for Resident R1 upon admission to the facility on [DATE].</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with the Director of Nursing, Employee E2, at 10:30 a.m., on April 1, 2025, confirmed that the nurse who admitted the resident failed to obtain, supplemental oxygen therapy and continous breathing therapy with the BiPAP machine for Resident R1 upon admission to the facility on [DATE].</p> <p>Review for Resident R1 March 2025 physican's orders revealed an order for Bromide inhalation 62.5 MCG/ACT aerosol powder breath activated one puff inhale orally one time a day for shortness of breath administer at 9:00 a.m., daily with a start date of March 15, 2025. Review of Resident R1's Medication Administration Record revealed no documented evidence that this medication was administered to Resident R1 as ordered by the physician on March 15, 2025. Interview with the Director of Nursing, Employee E2 on April 1, 2025 at 10:00 a.m. confirmed no evidence of the administration of the medication.</p> <p>Continued review of physician's orders revealed an order for Albuterol inhalation solution .5-2.5MG/3ml inhale orally three times a day for shortness of breath at 10 a.m., 2:00 p.m., and 8:00 p.m., start on March 15, 2025. Review of Resident R1's Medication Administration Record revealed no documented evidence that this medication was administered to Resident R1 as ordered by the physician on March 15, 2025. Interview with the Director of Nursing, Employee E2 on April 1, 2025 at 10:00 a.m. confirmed no evidence of the administration of the medication.</p> <p>Review of Resident R1's hospital records was admitted to the hospital emergency room from the facility on March 15, 2025 at 7:00 p.m., after experiencing the shortness of breath, change in mental status because of inadequate duration of time on NiPPV (noninvasive ventilation technique) with the use of a BiPAP or CPAP (resident care equipment with a mask) to treat breathing problems. The hospital record indicated that Resident R1's respiratory rate was alarmingly high at 32 breaths per minute. Normal respiratory rate was 10 to 20 breaths per minute for an adult.</p> <p>28 PA. Code 211.10(c) Resident care policies</p> <p>28 PA. Code 211.12(d)(1) Nursing services</p>		