

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 03/25/2026
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** Based on clinical record review and interviews with staff it was determined that the facility did not ensure that the resident was provided needed care and services related to turning and repositioning for one of ten residents reviewed (Resident R2). Findings include: Review of Resident R2's medical records revealed that she was admitted on [DATE], with diagnosis including, but not limited to paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease) requiring total care. Further review revealed a January 6, 2026, physician's order to turn and re-position the resident every two hours every shift. A review of Resident R2's Treatment Administration Record for March 2026, revealed one box for the nurse to check off for turning and repositioning for each eight-hour shift. Interview with the Director of Nursing on March 25, 2026, at 1:15 p.m. confirmed that the order was not input into the software program to allow for every two hour checks, and that there was no place for the nurse aides to document the every two hour turning and repositioning. She also confirmed that the current documentation did not follow the physician's orders. 28 Pa. Code:201.18(a)(b)(1)(3) Management. 28 Pa. Code:211.12(d)(1)(5) Nursing services.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interviews, it was determined that the facility failed to ensure that call bells were available and operable for resident use for one of nine residents interviewed. (Residents R7) Findings include: Interview with Resident R7 in room [ROOM NUMBER], Bed C, conducted on March 25, 2026, at 11:35 a.m. revealed that the resident's call bell did not work. After pushing the red button, the red light at the panel that the cord was plugged into did not light. The whit light in the hall above the door frame also did not light. Interview on March 25, 2026, at 11:40 a.m. with licensed nurse, Employee E6 confirmed that the call light was not working and that she would follow up with maintenance to get the call bell fixed. Interview with Employee E4, the Assistant Maintenance Manager, on March 25, 2026, at 12:15 p.m. revealed that he had repaired the call bell. When the call bell was tested at 12:20 p.m. it was still not working. Employee E4 again said that he had just had the call bell working and that he has had ongoing issues with this call bell and that he would have to replace the wall panel again. Interview with the Administrator on March 25, 2026, at 11:35 at 1:20 p.m. confirmed that the maintenance department was having ongoing issues with the call bell in room [ROOM NUMBER], Bed C and that he believed the bed was hitting the wall panel causing the bell to malfunction. 28 Pa. Code 205.67(k) Electric requirements for existing construction 28 Pa. Code 201.18 (b)(1) Management 28 Pa Code 211.12(d)(1)(3)(5) Nursing services</p>		