

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Luther Woods Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 313 County Line Road Hatboro, PA 19040	

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on observation, staff and resident interview, it was determined that the facility failed to provide a safe, clean, comfortable and homelike environment for residents on two of three nursing units. (B Unit and C Unit).</p> <p>Findings include:</p> <p>On August 21, 2024, at 10:10 a.m. tour observation was conducted with the unit manager, Employee E1 which confirmed the following observations:</p> <p>B Unit, room [ROOM NUMBER]'s bathroom had two bedpans exposed, while room [ROOM NUMBER] had three empty basins and four bedpans stored behind the toilet. room [ROOM NUMBER] had the entire baseboard removed and stored underneath the sink. The floors were being redone, with tiles missing near the toilet. Additionally, dirty linen was found behind the toilet, and there was a strong odor of feces in the restroom.</p> <p>The hallway across from the activity room, leading into the C wing resident area, had an exposed electrical baseboard heater approximately 30 feet long that was not properly covered.</p> <p>An observation in C Wing confirmed that Shower 1, located before the nursing unit, was cluttered with various items. The sink was filled with random objects, including a dirty hairbrush with brown hair, multiple briefs, single-use packs of zinc cream, a box of gloves, scissors, random socks, bottles of Vitamin D & A and cream, personal nightgowns, a sweatshirt, razors in a bucket, shoes on the floor, and boxes of briefs. The entire shower room was scattered with these items.</p> <p>The second shower in C Wing was being used as a storage space. It contained a sink with pink and brown substance, a standard mattress, a bariatric wheelchair equipped with an air mattress and pump, a geri- chair, a commode, and a large plastic bag filled with clothing. The floor was cluttered with shoes, socks, and a large floor mattress. The shower was completely filled with these items, rendering it unusable as a functional shower. These observations were confirmed by the unit manager, Employee E1.</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: 395370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Luther Woods Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 313 County Line Road Hatboro, PA 19040	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On August 21, 2024, at 10:40 a.m., an interview was conducted with Maintenance staff member, Employee E3. They confirmed the observation in room [ROOM NUMBER] regarding the missing tiles and the completely stripped baseboard, stating that the work had been started but was forgotten and left incomplete. Additionally, the shower in B Wing was noted to have a chipped tile on the baseboard edge, which was partially taped with tape.</p> <p>On August. 21, 2024 1:45 p.m. an interview was held with the Resident R13 who is resigning in room [ROOM NUMBER] reported that his bathroom floor and baseboard was ripped about two months ago and never finished.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p>