STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395370	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Woods Nursing and Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policy, observations, and staff interviews, it was determined that the facility failed to implement contact precautions for three of three resident rooms reviewed (room [ROOM NUMBER], 225, and 216).Findings include: Review of facility policy, dated February 6, 2020, titled Transmission Based Precautions (TBPs), indicated Transmission based precautions are designed for patients documented as suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond standard precautions are needed to interrupt transmission. Further review revealed Contact precautions: In addition to standard precautions, for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when preforming patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient care items in the patient's environment. Use the contact precaution special enteric sign or patients with C difficile and/ or norovirus. Review of Contact Precaution sign, indicates Preform hand hygiene using soap and water and/or alcohol-based rub before entering and before exiting room. Wear gown when entering room, remove before exiting room. Wear gloves when entering room, remove before exiting room. Bag linen and discard trash to prevent contamination of self, environment or outside bag. Observation of Employee E7, Nurse Aide on May 13, 2026 at 11:15 a.m., preforming care by stripping bed in room [ROOM NUMBER]. Observation of door indicated resident on Contact precautions. Employee E7, Nursing Assistant observed with no gown. Employee E7, exited room holding soiled linens, not bagged, Employee E7 walked down hallway to linen cart to dispose of soiled linens. Interview with Employee E3, Assistant Director of Nursing on May 13, 2026 at 11:30 a.m., confirmed room [ROOM NUMBER] was on contact precautions and staff are required to wear gowns when entering room and all linens should be bagged prior to exiting the room. If one person in the room is on contact precautions, the whole room is on contact precautions to prevent any confusion with staff. Observation of Employee E6, Maintenance assistant on May 13, 2026 at 11:40 a.m., entered room [ROOM NUMBER], with contact precaution signage on door. Employee E6 did not wear gown or gloves and did not sanitize or wash hands upon entering or exiting room. Interview with Employee E6, Maintenance assistant on May 13, 2026 at 11:45 a.m., revealed I am not really taught about those signs, I don't really do that. Observation of Employee E5, Housekeeping assistant on May 13, 2026 at 12:15 p.m., in room [ROOM NUMBER], contact precaution sign visible on door. Employee E5 not wearing gown while in contact precaution room. Interview with Employee E5, Housekeeping assistant on May 13, 2026 at 12:20 p.m., revealed housekeeping only puts the gowns on if they have covid and housekeeping doesn't have to. Interview with Employee E3, Assistant Director of Nursing on May 12, 2026 at 12:30 p.m., confirmed resident rooms 210, 225 and 216 on contact precautions and infection prevention and control policy should be followed by all staff entering and exiting room. 28 Pa. Code 211.10 (d) Resident care policies. 28 Pa. Code 211.12 (d)(5) Nursing services. 28 Pa Code 211.12 (d)(1)(5) Nursing services

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