

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Saunders Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Lancaster Avenue Wynnewood, PA 19096	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48347</p> <p>Based on review of facility policy, review of facility documentation, review of clinical records, and interviews with staff, it was determined that the facility failed monitor and serve hot beverages at a safe temperature. This failure resulted in Immediate Jeopardy situation to Resident R371 who spilled a hot beverage and sustained a second degree on the right thigh for one of four residents reviewed. (Resident R371)</p> <p>Findings include:</p> <p>Review of facility policy Hot Liquid Safety last revised February 24, 2023, the intention of the policy was to minimize the risk for potential injury related to burns caused by hot liquids. Continued review of the facility policy revealed that residents will be evaluated on admission, readmission, quarterly and change on condition to ensure appropriate precautions will be implemented. If the resident triggers for any risk factors such as: weakened strength, impaired cognition, contractures of upper extremities, vision impairment, balance issues and nerve of muscular conditions (termers, cerebral palsy, multiple sclerosis, Parkinson disease, cerebrovascular accident, Huntington's disease, and traumatic brain injury). Further eval should be completed by occupational therapy physical therapy and or speech therapy. Continued review of the facility policy of hot liquid safety revealed that it is the facility staff responsibility to implement interventions such as serving temperatures at point of service no greater than 140 degrees Fahrenheit, serving hot beverages in a cup with a lid, providing protective lap covering, staff supervision or assistance.</p> <p>Review of Resident R371's Significant Change Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated January 18, 2024, revealed the resident was cognitively impaired with a BIMS (brief interview of mental status) score of 4 which indicated that the resident was cognitively impaired. Further review of the MDS indicated that Resident R371 had impairment in range of motion to upper extremity on one side. The MDS revealed the resident had diagnoses including Parkinson's disease (progressive disease of the central nervous system characterized by tremors, muscle weakness and unsteady gait), Arthritis (joint inflammation), and malnutrition. Continued review of Resident R371's MDS revealed the MDS section G0130 A. Eating - how resident eats and drinks, regardless of skill was coded as Substantial, Maximal assistance -the resident is minimally involved in the activity, the helper does more than half the work.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of Hot Liquid Safety Evaluation dated February 1, 2024, revealed that Resident R371 was determined to be visually impaired, cognition impaired, altered level of consciousness, weakened upper extremity strength, tremors, demonstrated difficulty handling eating equipment, had contractures, and balance issues.</p> <p>Review of Physical Therapy Evaluation dated January 15, 2024, Resident R371 was referred to pt (physical therapy) due to exasperation of decrease in strength, decrease in functional mobility, decrease in transfers, reduced ability to ambulate, decreased judgement, increased need for assistance from other and reduced ADLs (activities of daily living).</p> <p>Continued review of this physical therapy evaluation revealed that Resident R371 was identified to have Hypotonic (weak) muscle tone, kyphotic posture /gross motor coordination impaired. The resident required total dependence for mobility and transfers.</p> <p>Review of Occupational Therapy evaluation dated February 2, 2024, revealed Resident R371 was assessed with impaired range of motion, his shoulders were very limited, and his fine motor coordination was impaired.</p> <p>Review of facility documentation provided to the State Survey Agency on February 1, 2024, revealed Resident R371 was dining in the common room and dropped a cup of hot water on his right thigh. Upon further investigation, it was determined that, Licensed Nurse, Employee E10 provided Resident R371 with a cup of hot water from the kitchen lunch trucks and prepared hot tea for the resident. It was further identified that the temperature of the beverage may not have been temped.</p> <p>Review of Resident R371's progress nurses note dated February 1, 2024, revealed that the resident presented with a 7.9 centimeter (cm) x 7.8 cm x 0.1 cm area flat fluid filled blister.</p> <p>Review of Resident R371's physician orders revealed a physician order dated February 2, 2024, to apply Silvadene External Cream 1% (topical antibiotic cream used to treat burns and prevent infection) daily for burn.</p> <p>Review of facility investigation into the incident revealed a written statement dated February 1, 2024, by Licensed nurse, Employee E10 this nurse gave [Resident 371] tea with hot water at lunchtime, I was not aware the water was so hot. No, I did not heat the water up and no family was present.</p> <p>Interview with Licensed nurse, Employee E10 on July 17, 2024 at 12:40 p.m. confirmed that she handed the cup of hot water to Resident R1, she placed it on his lunch tray. He picked it up and spilled it. Licensed nurse, Employee E10 immediately brought Resident R371 to his room, undressed him and applied cool compress.</p> <p>Unit manager, Licensed nurse Employee E7 was presented during the above interview.</p> <p>(continued on next page)</p>		

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