STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395380	A. Building B. Wing	12/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saunders Nursing and Rehabilitation Center	100 Lancaster Avenue Wynnewood, PA 19096

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. 38947 Based on interviews from staff and residents, and review of facility documentation, it was determined that the facility failed to act promptly upon resident grievances and recommendations, which included concerns related to the dietary department for 3 out of 3 months reviewed (September 2024, October 2024 and November 2024). Findings include: Review of the policy, Resident Council Meeting, with a revision date of March 2023, indicated that the role of the resident council is to improve residents quality of life, increase resident life satisfaction, and residents input into their daily life in a facility. The policy stated that the resident council governing body works closely with the administration of the facility and other staff to possible [sic] affect changes and resolve problems within the facility where they reside. Continued review of the policy also indicated that the meeting may be coordinated by the Activity or Social Services Directors, in conjunction with the resident council officers. Procedures of the resident council meetings include, but are not limited to, providing a private location for residents, having a monthly meeting schedule sending invitations to the ombudsman . ensuring that non-members and facility staff members' attendance is approved by the resident council members . the use of an agenda to provide structure. Continued review of the policy indicated that the Procedures for conducting the resident council meeting also include ensuring that residents are encouraged to lead discussions and generate ideas, requests and concerns, follow up on concerns . review of the previous month's meeting minutes and previous concerns and resolutions. Review of resident council meeting minutes dated September 25, 2024 indicated that there were 8 residents in attendance at the meeting. Continued review of the meeting minutes indicated that residents at the meeting expressed requests, concerns, and made comments regarding various departments, including the dietary department, in which several residents reporting that the food in the dining room is cold at times. Review of resident council meeting minutes dated October 30, 2024 indicated that 14 residents were in attendance at the meeting. Continued review of the meeting minutes indicated that residents at the meeting expressed requests, concerns, and made comments regarding various department, including the dietary department, in which residents stated that they have arranged a separate meeting with the administrator in regard to dining services. (continued on next page)

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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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of interviews conducted individually for the November 2024 resident council meeting indicated that on November 27, 2024 residents expressed request, concerns, and made comments regarding various departments which also included the dietary department. Resident R5 reported the food needed to be improved. Resident R9 reported the food is often cold and they often run out of coffee. Resident R7 reported food is not hot, can't eat cold eggs, dinners are cold to[sic], has to change up dishwater. Resident R6 reported, cold food burned food. Review of the meeting minutes from September -November 2024 did not show any evidence of how the facility responded to resident's grievances regarding various departments, including the above referenced concerns related to the Dietary Department. During an interview with Resident R7 on December 2, 2024, at 3:11 p.m. the resident reported that a group of residents had a meeting with the Nursing Home Administrator (NHA) a few weeks ago about cold food and other issues concerning the Dietary Department. Another resident (Resident R8) organized the meeting due to ongoing issues for months and not resolved by the NHA and the Dietary Director when it was discussed at various resident council meetings. During an interview with Resident R9 on December 3, 2024 at 12:04 p.m. Resident R9 reported that the food that she has been served was cold. Resident R9 reported that her coffee was always cold, and spoke of a time when she was served cold french fries and a cold hamburger. Resident R9 also reported that a meeting was held a few weeks ago with the NHA to discuss concerns with the food and other issues related to dining that has been discussed for months, and not resolved. During an interview with Resident R5 on December 3, 2024 at 11:20 a.m. Resident R5 reported that any food that she is served is cold. She reported, I would love to have hot food. Resident R5 reported that people have reported cold food at meetings, but nothing has been done about it because the food is still cold. During an interview with Resident R8 on December 3, 2024 at 7:00 p.m, the resident reported that she organized the meeting that was held on November 14, 2024 with the NHA and other residents regarding concerns related cold food and other issues regarding their dining experience at the facility. Resident R8 reported that the concern regarding cold food had been brought up several times in various resident council meetings over the months, but reported, we were never updated on what was being done about it, and the food continues to be cold. Cold food is not ok. During an interview with the Nursing Home Administrator (NHA) and the Food Service Director on December 2, 2024, at 2:45 p.m. it was discussed that no information could be found to review how resident concerns expressed during the resident council meetings from September 2024 through November 2024, and the November 14, 2024 meeting were resolved. During an interview on December 2, 2024, at 4:50 p.m. the NHA, he confirmed that he attended above referenced meeting that the residents reported that they requested that they have with him. The NHA reported that the meeting was held on November 14, 2024 regarding dining concerns, which included cold food. The NHA reported knowledge of knowing that the heating device that is used to warm that pallet that helps keep the food warm while being transported to residents needed to be replaced for quite some time, but has not been replaced by the facility. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility failed to act promptly upon resident grievances and recommendations during monthly resident group meetings, which included ongoing concerns related to cold food. 28 Pa. Code 201.18 (b)(1)(3)(2.1)(4) Management 28 Pa. Code 201.29 (a) Resident Rights

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. 38947 Based on staff interviews, and review of facility documentation, it was determined that the facility failed to ensure that resident grievances were investigated and resolved for 3 of 3 residents reviewed. (Resident R12 R15 and R14) Findings include: Review of the facility policy, Grievances, with a revision date of November 2022 indicated that upon receipt of a written grievance/concern form, the grievance official or designee will forward the concern form to the appropriate department for investigation, and the investigating department will submit a written report of findings and resolutions to grievance officials. Continued review of the policy indicated that grievence official or designee will forward the concern form to the appropriate department for review, and that the grievance official at the facility will ensure that all written grievance decisions include the date the grievance/concern was received, a summary of the resident's grievance/concern, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance/concern was confirmed or not confirmed, any corrective action taken or to be taken by the facility a result of the grievance/concern, and the date the written decision was issued. Review of a grievance dated September 5, 2024, revealed that Resident R12 reported concerns regarding her breakfast meal being cold. Review of the resident's resident's grievance regarding her cold food indicated that there was no information regarding any investigation that was completed. Review of a grievance dated October 14, 2024 by Resident R15 indicated that the resident reported to the social worker (Employee E9) that on the date of her admission (October 13, 2024) her room was not clean and that someone else's belongings were in her room. The resident also reported that she asked for soup and tea and did not get it. Continued review of the grievance form regarding the allegations that her room was not clean on the date of her admission. The resident's grievance regarding her missing food items and the resident's allegations that her room was not cleaned when she arrived at the facilty were not addressed at all by the facility, with no evidence that an investigation was conducted, and no evidence that a solution was provided to the resident. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a grievance dated October 15, 2024 submitted by Resident R14's daughter regarding a number of concerns related to care and services related to medication, housekeeping, hospice services and dietary concerns that was attached to the grievance form. The daughter reported that cold food that is supposed to be hot is being delivered to her father to consume for most meals. The daughter also reported that her father is not eating much at all and that it is even more difficult to get food in him when it is delivered cold. Continued review of the resident's daughter's concern regarding her father's meals indicated that last night was supposed to be a cheeseburger with lettuce and tomato with ketchup, crinkle fries (ketchup side), diet pudding, cranberry juice and an ensure shake. The daughter reported that the whole meal was ice cold and that there was no lettuce or tomato on the burger, no ketchup and no diet pudding. The resident's daughter reported that her mother (Resident R14's wife) went out in the hall to ask for ketchup and was told that there was none. Continued review of the grievance form indicated that there was no information on the grievance form indicating that an investigation was conducted or that any resolution was provided regarding the daughter's grievance related to cold food and missing food items. During an interview with the Nursing Home Administrator (NHA) and the Food Service Director on December 2, 2024, at 2:45 p.m. it was discussed that the above reference grievances provided by the facility showed no evidence that the above-refenced grievances, were addressed by the facility for Resident R12 R15 and R14. 28 Pa. Code 201.18 (b)(1)(3)(2.1)(4) Management 28 Pa. Code 201.29 (a) Resident Rights

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 38947 Based on staff interviews, review of facility policy, and the review of clinical records, it was determined that the facility failed to ensure that a person-centered plan of care was developed for a resident related to irritants (e.g. aerosol sprays, perfumes, bleach, dust mites) and the adverse reactions that they can have on the resident's health for 1 out of 1 residents reviewed (Resident R1). Findings include: Review of the facility policy, Care Planning Process and Care Conference, with a revision date of July 2023, indicated that each care need/problem of the resident must have a goal and interventions to address the need of the resident/patient. Review of the December 2024 physician orders for Resident R1 included the following diagnosis: pulmonary hypertension (increased blood pressure in the arteries of the lungs); heart failure (a condition in which the heart muscle doesn't pump blood as well as it should), chronic kidney disease (a condition in which the kidneys become damaged over time and have difficulty their essential functions), and chronic obstructive pulmonary disease (a progressive lung disease causing obstructed airflow and breathing difficulties). Review of a journal article from Ohio State University, How fragrance affects health and effects on exposure (July 6, 2023), indicated that short term effects of fragrances for people with lung disease, particularly asthma or chronic obstructive pulmonary disease (COPD), could be wheezing, shortness of breath, or other underlying symptoms. Review of a journal article from WEBMD, Household Hazards for people with COPD (January 4, 2024), indicated that an individual's lungs are sensitive to irritants in the air, especially if an individual has chronic obstructive pulmonary disease, and recommened staying away from cleaning products, mold, air fresheners and perfumes that could worsen symptoms of COPD. Review of information received by the State Survey Agency on November 16, 2024 included concerns regarding Resident R1 having a lung disease, and that some perfumes make her sick. The concerns also described an incident that took place at the facility on or around Novmber 16, 2024 in which a nurse aide assigned to her (Employee E3) had on perfume. The report indicated that the scent of the prfume had a suffocating effect on Resident R1. During an interview with the Director of Nursing (DON) on December 3, 2024 at 1:11 p .m. the DON reported that she was aware of the above referenced incident, and that she spoke with the resident's nurse aide and provided her with education. Review of the education material that was reviewed with the nurse aide included educated related to working with residents with .varying degrees of illness and respiratory issues. The education also indicated that to maintain resident safety, I will not wear strong smelling perfumes or sprays while working in in the facility, as it may aggravate residents with COPD and respiratory issues. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of resident grievance dated April 4, 2024, indicated that the resident made a complaint about a staff member spraying aerosol air fresher which irritated her lungs. Staff education that was conducted by the facility regarding this grievance was reviewed. Review of the resident's person-centered plan of care did not include a plan of care for the resident's sensitivities to aerosol sprays and perfumes and the effects that the use of them could have on the resident's health related to the diagnosis of COPD. During a discussion with the DON on December 3, 2024 at 1:36 p.m. it was confirmed that there was no evidence that a person-center plan of care was developed by the facility to address the above referenced concerns related to the use of irritant (e.g. aerosol sprays and perfumes), to ensure all staff, nursing and non-nursing was aware of the impact that such could have on the resident's health. 28 Pa. Code 211.10(c) Resident care plan 28 Pa. Code 211.12(c) Nursing services 28 Pa. Code 211.12(d)(1) Nursing services 28 Pa. Code 211.12(d)(5) Nursing services

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 38947 Based on observations, interviews with staff and residents, review of clinical records and facility documentation, it was determined that the facility failed to ensure adequate supervision during medication administration for 1 out of 15 residents observed (Resident R2). Fimdings include: Review of the facility policy, Medication Administration/Disposition with a review date of June 2023, indicated that medications, both prescription and non-prescription, shall be administered under the orders of the attending physician, or the physician's designees. Review of Resident R2's December 2024 physician orders included diagnosisof kidney failure (a condition where the kidney reaches advanced state of loss of function); hypertension (high blood pressure); diabetes (a condition that affects an individual's blood sugar levels and can cause serious complications); cerebral infarction (a stroke); senile degeneration of the brain (a type of dementia characterized by a decline in cognitive function, memory and behavior abilities, typically occurring in older adults). Review of a Decisional Capacity Evaluation, completed by the psychologist on October 16, 2024 indicted that the resident lacked the capacity to make general healthcare decisions. Review of the resident's Significant Change Minimum Data Set Assessment completed on November 13, 2024 indicated that the was assessed with moderate (average or less than average) cognitive impairment. During an observation on December 3, 2024 at 11: 20 a.m. the resident was observed in her room lying in her bed. A plastic cup with approximately 4 pills inside were observed on her bedside table that was in front of her. The resident was asked who left the pills in the plastic cup, and she reported, the nurse. The Director of Nursing (DON) was on the floor at the above referenced time, and was notified that the resident had medication in front of her that was reportedly left for her to take by the nurse. She entered the resident's room to observe the above. During a discussion with the DON on December 3, 2024 at 11:20 a.m. it was confirmed that the medications that the resident had in her cup included the following medications: nifedipine (for hypertension); allegra (for allergies); farixiga (for diabetes) and an aspirin (for cerebrovascular accident-CVA). The DON also identified the licensed nurse (Employee E4) who left the medications unattended in the plastic cup on the resident's bedside table. Review of the resident's physician orders indicated that the resident was being administered Nifedipine for hypertension; Allegra for allergic rhinitis (inflammation of the nose and sometimes the eyes and throat); Farxiga for the treatment of type 2 diabetes, and aspirin for cerebral vascular disease. Continued review of the physician orders did not include a physician's order for the resident to self administer medication. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	It was discussed with the DON on December 3, 2024 at 7:50 p.m. that review of the resident's clinical record did not show evidence that the resident was authorized to self-administer any medication on her own. 28 Pa. Code 211.12 (d) Nursing services 28 Pa. Code 211.12(d)(1) Nursing services

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38947 Based on interviews with staff and residents, review of the facility tray audit form, and the completion of a lunch test tray, it was determined that the facility failed to provide food and drinks that were served at safe and appetizing temperatures on one of four nursing units (3rd floor nursing unit). Findings include: During an interview with Resident R7 on December 2, 2024, at 3:11 p.m. the resident reported that a group of residents had a meeting with the Nursing Home Administrator (NHA) a few weeks ago about cold food and other issues concerning the Dietary Department. Another resident (Resident R8) organized the meeting due to these issues being ongoing issues for months and not resolved by the NHA and the Dietary Director when it was discussed at various resident council meetings. Regarding the concerns with cold food, Resident R7 reported during the group meeting the NHA reported to the residents in attendance that the burner that heats up the food was broke. During interview with Resident R4 on December 2, 2024 at 3:45 p.m. the resident reported that his food is not hot and spoke about the cold french fries that he had the other day. During an interview with Resident R5 on December 3, 2024 at 11:20 a.m. Resident R5 reported that any food that she is served is cold. She reported, I would love to have hot food. Resident R5 reported that people have reported cold food at meetings, but nothing has been done about it because the food is still cold. During an interview with Resident R9 on December 3, 2024 at 12:04 p.m. Resident R9 reported that the food that she has been served is cold. Resident R9 reported that her coffee was always cold and spoke of a time when she was served cold French fries and a cold hamburger. Resident R9 also reported that a meeting was held a few weeks ago with the NHA to discuss concerns with the food and other issues related to dining that has been discussed for months, and not resolved. The resident reported that during the meeting the group of residents were told that the device that kept the hotplates warm in the kitchen were not working. Resident R9 also reported that the food continues to be cold even after the meeting that was held a few weeks ago, and that there was no follow up as to what was going to be done about it. During an interview with Resident R8 on December 3, 2024 at 7:00 p.m, the resident reported that she organized the meeting that was held on November 14, 2024 with the NHA and other residents regarding concerns related cold food and other issues regarding their dining experience at the facility. Resident R8 reported that the concern regarding cold food had been brought up several times in various resident council meetings over the month, but reported, we were never updated on what was being done about it, and the food continues to be cold. Cold food is not ok. Resident R8 reported that during the meeting on November 14, 2024, the NHA notified residents that the heating device that is used to keep the food warm while it is being transported to the different floors was broken, and it is expensive to place it. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of resident council meeting minutes dated September 25, 2024 indicated that the 8 residents were in attendance at the meeting, with several residents reporting that the food in the dining room was cold at times. Review of resident council meeting minutes dated October 30, 2024 indicated that 14 residents were in attendance at the meeting and residents stated that they have arranged a separate meeting with the administrator in regard to dining services. Review of resident council meeting minutes dated November 27, 2024 indicated concerns with the dietary department. Resident R5 reported the food needed to be improved. Resident R9 reported the food is often cold and often run out of coffee. Resident R7 reported. food is not hot, can't eat cold eggs, dinners are cold to[sic], has to change up dishwater. Resident R6 reported, cold food burned food. Review of a grievance dated September 5, 2024, indicated that Resident R12 reported concerns regarding her breakfast meal being cold. On December 2, 2024 for the lunch time meal on the third floor, test tray temperatures were taken by the dietary supervisor (Employee E7) with the facility's food thermometer, with the director of dietary present. The cart was followed up to the 3rd floor once all the trays were observed to be on the cart and it was ready to be delivered by Employee E6 (dietary aide). Employee E6 delivered the cart to the 3rd floor section of the floor that has the higher room numbers at 12:24 p.m. The first tray was observed being taken off the cart and served to a resident by the nurse aide (Employee E9) 10 minutes later at 12:34 p.m. The Food and Drug Administration recommends that hot foods should be kept at an internal temperature of 140 Fahrenheit or warmer, and that cold foods should be kept at 40 degrees Fahrenheit, or colder. The tray line temperatures of the food items taken in the facility kitchen prior to them being served on the third floor were the following: the coffee was 140 degress Fahrenheit; the chicken [NAME] was 137 degrees; the carrots was 125 degreees; potatoes 123 degrees; pears 40 degrees, and apple juice 30 degrees. The test tray was conducted on the last tray on the 3rd floor food cart, (high end hallway) at 12:45 p.m. The test tray consisted of hot water, coffee, chicken [NAME], carrots, potatoes, pears and apple juice. The hot water temperature was 110 degrees Fahrenheit. The coffee's temperature was 124 degrees, the chicken [NAME] was 106 degrees Fahrenheit. The temperature of the carrots was 101 degrees Fahrenheit, the potatoes was 113 degrees Fahrenheit. The resident's bowl of pears was 60 degrees Fahrenheit. During an interview with the Food Service Director, FSD (Employee E5) on December 2, 2024 at 12:55 p.m. it was confirmed with the FSD that the food and beverage items were not served at acceptable temperatures. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On December 2, 2024 at 2:31 p.m. it was confirmed that the heating device that is utilized to heat the pallets that are utilized to keep the plates warm while being transported to the floors, was broken, and needs to be replaced. Continued interview with the food service director (FSD) on December 2, 2024 at 2:45 p.m. found that he noticed that the heating device was not working on November 17, 2024. The Maintenance Department was notifed to see if they could fix it, and it was found out that the heating device needed to be replaced. When the FSD was asked what interventions were put in place to ensure that meals were delivered at acceptable temperatures once it was known that the heating device was broken, the FSD did not provide any information during the above referenced interview. During an interview on December 2, 2024, at 4:50 p.m. the NHA confirmed that residents requested a meeting with him and that it was held on November 14, 2024 regarding resident dining concerns, which included cold food. The NHA reported knowledge of knowing that the heating device that is used to warm the pallet that helps keep the food warm while being transported to residents needed to be replaced for quite some time, but had not been replaced by the facility. On December 3, 2024 at 11:10 a.m. during an observation in the kitchen, the food service director confirmed that prior to the above referenced date (December 3, 2024), there were no interventions put in place to ensure that food was served to residents at acceptable temperatures. 28 Pa. Code 201.18 (b)(3) Management 28 Pa. Code 211.6 (c) Dietary Services