

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  03/11/2026
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of policies and employee files, and staff interviews, it was determined that the facility failed to ensure that Pennsylvania Nurse Aide Registry checks were obtained prior to hire for one of four nurse aides reviewed (Employee E3). Findings Include: The facility's policy titled Criminal Background Checks/Verification of License and Certifications Thru Nurse Aid Registry last revised July 7, 2023 states, Policy- All offers of employment at the facility are contingent upon results of a thorough criminal background check. In addition, for professionals or nurse aides who are required to have a license or certification issued by the respective state they are currently applying for employment, must have a current verification that their license or certification is active and in good standings. Review of facility documentation submitted to the State Survey Agency on March revealed On March 3, 2026, [NAME] Nursing and Rehab Center was notified by the Pennsylvania Attorney General's Office that agency nurse aide [Employee E3] did not possess a valid nurse aide certification during the time she provided services at the facility. Interview held with the Director of Nursing, Employee E2 and the Nursing Home Administrator on March 11, 2026 at 10:03 a.m. it was confirmed that the facility did previously rely on the staffing agency to obtain credentials. The Director of Nursing, Employee E2 stated that the facility was not made aware by the Attorney General's office of the unlicensed employee until March 4, 2026. Review of the facility investigation file included an email from the staffing agency stating, During the investigation, it was found that she pulled a license from a website, and did a very good photoshopping of the name. Looking at it you would never know, however, under close scrutiny, it was apparent that the font on her name was slightly different from the other legit licenses we reviewed. Upon questioning our onboarding team, it was found that they were accepting a license that was uploaded by a clinician from the versification website and not running the verifications themselves. Further review of the facility investigation file revealed nurse aide Employee E3 worked at the facility on the following dates: July 27, August 3, August 23, August 26, August 27, September 2, September 5, September 7. Employee E3 was an agency staff member who provided credentialing documentation to the staffing agency that has since been determined to be false. Employee E3 was removed from the facility schedule in September 2025 and has not worked in the building since that time. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(1) Management.</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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