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	04/30/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of policy and review of facility provided documentation, it was determined that facility did not ensure to provide clean, homelike environment for multiple residents on four units (1st floor unit, 2nd floor unit, 3rd floor unit, 4th floor unit)Findings include:On Monday, April 27, 2026, at 10:00 am, 1st floor unit, observations in common shower room revealed used towels and used paper towels on the shower gurney; floors not cleaned to an acceptable sanitary standard.In room [ROOM NUMBER], bed side table and floor were not cleaned to an acceptable sanitary standard.In room [ROOM NUMBER], bedside table and floor were not cleaned to an acceptable sanitary standard.In room [ROOM NUMBER], foul odor was noted and floor was not cleaned to an acceptable sanitary standard.Observations of 1st floor unit hallways revealed visible debris on the floor; food particles, trash, and dust accumulation.Interview with Resident R42, on April 27, 2026, at 11:30 am, revealed concerns related to unsanitary common shower room and unclean dining tables often left dirty overnight.Review of resident council meeting minutes for month of March, 2026, revealed that residents reported dining room floor not clean - food on floor, chairs not being put back in correct places after cleaning.Review of grievance reports revealed concern was reported by Resident R165 on April 6, 2026, regarding cleanliness of room.Further review of grievance reports revealed a concern was reported by resident R83's representative on February 16, 2026, regarding cleanliness of room and bathroom.Further review of grievance reports revealed a concern reported by Resident R166's representative on January 19, 2026, regarding room not clean regularly, dusty.Further review of grievance reports revealed a concern reported by Resident R205 representative on January 19, 2026, regarding room not cleaned, stating sometimes we don't have a housekeeper on that side. I will do the trash but not the floor.Further review of grievance reports revealed a concern reported by Resident R8 on April 7, 2026, regarding room and shower the shower is dirty and falling apart.Interview with regional housekeeping director on Monday, April 27, 2026 at 12:00 pm, revealed that two housekeepers are assigned to clean one unit during day shift; eight housekeepers in total for four units.Review of facility provided ?housekeeping coverage' for dates of April 19, 2026 through May 2, 2026 revealed facility did not have sufficient amount of housekeepers on following dates: April 19, 2026 - five housekeepers, April 25, 2026 - five housekeepers, April 26, 2026 - five housekeepers.28 Pa Code 201.14(a) responsibility of licensee

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, resident and staff interviews, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for nine of thirty-four residents reviewed (Residents R91, R202, R61, R137, R197, R200, R65, R157 and R13).Findings include: Review of the Food and Nutrition Services test tray accuracy and evaluation form, revised January 3, 2024, revealed that the minimum acceptable temperature for entree and starch was 135 degrees and the maximum acceptable temperature for dessert was 45 degrees. Interview with Resident R91 on April 27, 2026, at 10:47 a.m. revealed that he had a problem with the food saying that it is not enough to eat and it is always served cold. Interview with Resident R202 on April 27, 2026, at 10:51 a.m. revealed that she was not happy about the food, it is not any good, and I would know I worked in food service, they just don't know what they are doing down there. Interview with Resident R61 on April 27, 2026, at 10:55 a.m. revealed that she did not think that the food tasted good and it was affecting her appetite. Interview with Resident R137 on April 27, 2026, at 11:00 a.m. revealed that she did not like the food, it was cold, and she did not get what she wanted, like a banana at breakfast. Interview with Resident R197 on April 27, 2026, at 11:26 a.m. revealed that she did not like the food, compared it to dog food, and it was small portions. She said that they would ask what she wanted and then send something else, and if it wasen't for her son she would starve. Interview with Resident R200 on April 27, 2026, at 11:29 a.m. revealed that she did not like the food, it was not appetizing and she just could not eat it, but that she was lucky that her cousin brought her meals to her from home. Interview with Resident R65 on April 27, 2026, at 11:33 a.m. revealed that he had wished the food was better, that he was diabetic and needed to have good nutrition. Interview with Resident R157 on April 27, 2026, at 11:37 a.m. revealed that she felt that the food was not warm enough, especially the coffee. Interview with Resident R13 on April 27, 2026, at 11:42 a.m. revealed that he did not have an appetite and could not eat the food, and he felt that he was losing weight because he was not eating well. Observations during a test tray conducted with the Food Service Director, (FSD) Employee E4, on April 29, 2026, at 12:20 p.m. revealed that the cranberry juice was frozen, Roast Beef was 121 degrees, Peas 129 degrees and Pineapple Tidbits 55 degrees. Could not drink the juice as it was frozen, the peas were dark green and tasted overcooked and were very soft, the baked potato tasted old like it was cooked hours ago and held too long, the roast beef was dry and a little tough to chew and the pineapple tidbits were warm and not appetizing. Interview with the FSD on April 29, 2026, at 12:20 p.m. confirmed the above findings and stated that the baked potatoes were cooked at 10:30 a.m. that morning, and that these food items were outside the acceptable temperature range and therefore not palatable. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on clinical record reviews, resident and staff interviews, it was determined that the facility failed to provide appropriate ADL care including shaving, and a haircut for one resident and morning care and dressing for another, for a total of two of 34 residents reviewed (Resident R21 and R36) who were unable to carryout ADL care independently.Findings include: Review of Resident R21's care plan revealed an intervention dated December 20, 2024, for personal care which required the assistance of one staff member. Interview with Resident R21 during the initial tour of the facility on April 27, 2026, at 11:00 a.m. revealed that the resident wanted to know if he could get a free hair cut, and that he liked his hair buzzed real short and he also wanted to be shaved. Observation of the resident revealed that his hair was longer and sticking up on top and his face and neck had a heavy growth of facial hair. Interview with Nurse Aide, Employee E8, on April 27, 2026, at 11:21 a.m. confirmed that Resident R21 needed a shave and she was not sure about a haircut. Review of Resident R36's care plan revealed an intervention dated October 17, 2024, which stated that the resident needed assistance for his AM care routine which included personal hygiene, oral care and dressing. Interview with Resident R36 during the initial tour of the facility on April 27, 2026, at 11:10 a.m. revealed that the resident was upset that he was still waiting for morning care and to get up and dressed. Observation of the resident revealed that he was still laying in bed in a hospital style gown. Interview with Nurse Aide, Employee E8, on April 27, 2026, at 11:21 a.m. confirmed that Resident R36 was still waiting for morning care, and that he required a mechanical lift to get him out of bed and she was waiting for another aid to assist and she did not want to start his care until she had help to finish everything at the same time. Interview with the Director of Nursing on April 27, 2026, at 2:20 p.m. confirmed that she would ensure that Resident R21 would get a shave and make sure he would be seen by the barber on their next visit. 28 Pa. Code 211.12(d)(5) Nursing services.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy, and interview with staff, it was determined the facility failed to ensure pain medication was administered in accordance with the physician's order for one of eight residents reviewed for pain management (Resident R 134). Findings Include: Review of Resident R134 's clinical record revealed Resident R134 was admitted to the facility on [DATE]with a diagnosis of senile degeneration of brain (brain slowly worsening), carcinoma in situ of prostate (D07.5) (early prostate cancer), major depressive disorder (feeling sad daily). Review of Resident R134's clinical record revealed physician's order, dated November 26, 2025, for Oxycodone HCl 10 mg to be given every 4 hours as needed for severe pain Review of Resident R134's April 2026 Medication Administration Record (MAR) revealed that the as needed pain medication Oxycodone HCl 10mg was administered out of the parameter ordered by the physician as follows: April 4, 2026, - Pain level 0April 5, 2026, - Pain level 0April 8, 2026, -Pain level 0April 14, 2026, Pain level 0 Interview on April 29, 2026, at 12:10 p.m. with Director of Nursing, Employee E2, confirmed Resident R134's pain medication was not administered in accordance with physician's order. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on review of policy, review of clinical records and review of facility provided documentation, it was determined that facility did not ensure that a resident who requires dialysis received services according to professional standards of practice for one of 34 residents reviewed (Resident R82)Findings include:Review of facility policy titled Dialysis Management (Hemodialysis), revised on March 28, 2024, indicates that if dialysis is provided at off-site dialysis center: facility is to complete pre-dialysis information on the communication form and send with resident to dialysis on treatment days, to ensure communication of resident information and coordinate care between dialysis center and facility.Review of Resident R82 clinical record revealed medical diagnosis of end stage renal disease, dependance on renal dialysis, thrombocytopenia, anemia in chronic kidney disease.Review of Resident R82 care plan revealedReview of Resident R82 electronic medication administration record (e-MAR) revealed a physician order to record prior-dialysis weight in chart before dialysis one time a day every Tuesday, Thursday, Saturday for Hemodialysis (HD).Further review of Resident R82 e-MAR revealed missing weights on following dates: 04/09/2026, 04/11/2026, 04/14/2026, 04/18/2026, 04/21/2026, 04/28/2026.Further review of e-MAR revealed a physician order to record post-dialysis dry weight from dialysis in chart upon return from dialysis every evening shift every Tuesday, Thursday, Saturday.Further review of e-MAR revealed missing post dialysis weights for Resident R82 on following dates: 04/09/2026, 04/11/2026, 04/16/2026, 04/18/2026, 04/21/2026, 04/25/2026.Review of Resident R82 dialysis center communication record, dated April 28,2026, revealed missing information regarding which medications were given six hours prior to sending resident to dialysis.Further review of Resident R82 dialysis center communication record, dated March 12, 2026, revealed missing information related to vital signs, medications, time of last meal/diet, facility nurse signature/date/time.Further review of dialysis center communication record, dated April 14, 2026, revealed missing information related to vital signs, medications, time of last meal/diet, facility nurse signature/date/time.28 Pa Code 211.12(c)(3) nursing services28 Pa Code 211.12 (c)(5) nursing services28 Pa Code 211.10(a) resident care policies

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews with staff it was determined that the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety.Findings include: An initial tour of the Food Service Department was conducted on April 27, 2026, at 9:45 a.m. with Employee E4, Food Service Director, (FSD) which revealed the following: Observation of receiving area revealed white pasty gobs of food spilled on the side of the dumpster including rice and pasta and spilling onto the ground in a big heaping pile. Observation in the kitchen near the tray line revealed a heavy build-up of dirt, grease and dust on the ceiling vents. Observation in the kitchen revealed broken and missing white subway style tiles on the corner of the wall and the broken white tiles laying on the floor. Observation in the kitchen near the tray line revealed coffee urns with a build-up of dark coffee colored stains and coffee grounds around the top of the urn. Observation in the kitchen revealed five reach-in refrigerators which had no independent internal thermometers inside the units, with several of these refrigerators having torn door gaskets which were also stained and dirty. Observation of the convection ovens in the kitchen production area revealed a heavy build-up of black baked on food spillage on the bottom of both the top and bottom ovens. Observation in the kitchen under the flat-top griddle revealed a cabinet with a large accumulation of grease on the door an inside the cabinet. Observation of the stove and cook top revealed an accumulation of grease and food spatters on the gas line and side of the unit. Interview with the FSD on April 27, 2026, at 9:45 a.m. confirmed the above findings. 28 PA Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3) Management

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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility assessment and staff interview, it was determined that the facility failed to ensure the direct care staff and input from residents, resident representatives, and/or family members was included when conducting the facility assessment. Findings include: Review of the facility's facility assessment, dated January2026, revealed there was no indication that the facility involved direct care staff, input from residents, resident representatives, and/or family members. Interview with Employee E1, Administrator, on April 29, 2026, at approximately 1:03 pm, confirmed there was no direct care staff, resident representatives, and/ or family members included in the facility assessment. 28 Pa. Code 201.18(b)(3) Management28 Pa. Code 211.12(c)(d)(1) Nursing services