

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Liberty Pointe Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Belmont Avenue Doylestown, PA 18901	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</b></p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to accurately monitor weight changes for two of five sampled residents. (Residents CL1, 3)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Weight Monitoring, dated November 1, 2023, revealed that a weight monitoring schedule would be developed upon admission for all residents and that weights would be recorded at the time obtained. Newly admitted residents were to have their weight monitored weekly for four weeks.</p> <p>Clinical record review revealed that Resident CL1 was admitted to the facility on [DATE], with diagnoses that included dementia, diabetes, and adult failure to thrive. Review of Resident CL1's care plan revealed he had a potential nutritional problem with an intervention to weigh per physician's order and facility policy. On March 7, 2024, the physician ordered for staff to obtain weights weekly for four weeks. There was no documented evidence that Resident CL1 was weighed weekly on March 19 or 26, 2024.</p> <p>Clinical record review revealed that Resident 3 was admitted to the facility on [DATE], with diagnoses that included dementia, and dysphagia (difficulty swallowing). Review of the care plan revealed that Resident 3 had swallowing problem with an intervention to monitor weights per facility policy. Review of a nutrition assessment dated [DATE], revealed the dietitian recommended weekly weights for four weeks then monthly weights. There was no documented evidence that a weight schedule was developed upon admission or that Resident 3 was weighed weekly per dietitian recommendation and facility policy.</p> <p>In an interview on April 18, 2024 at 2:27 p.m., the Director of Nursing confirmed that there is no documented evidence that weights were obtained per physician orders, dietitian recommendation, or facility policy.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</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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