

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2025
NAME OF PROVIDER OR SUPPLIER Ivory Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 Old Arch Road Norristown, PA 19401	

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)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. (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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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of clinical documentation, review of facility policies, resident interview, and staff interview it was determined that the facility did not ensure a resident was treated with respect and dignity related to searches and drug use policy for one of seven residents reviewed. (Resident R1) Findings Include: Review of facility policy titled, Drug Screening/Searches for Residents with a created date of February 24, 2025. The policy states, Policy: It is a policy of Ivory Wellness Center to maintain a drug free environment to ensure the safety and well-being of all the residents living in the facility. Definition: Illegal Use of Drugs- The use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act. This does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act. Illicit drugs may include but are not limited to opiates, amphetamines, cannabis, hallucinogens, etc. Further review of the facility policy revealed, Procedure/Responsibilities/Actions: 7. The facility will have searches done randomly to identify residents that may be using or distributing illegal drugs. 8. If a resident tested positive for illegal drugs or is found to have illegal drugs in their possession the attending MD will be notified. 9. The IDC team will meet to provide counseling and discuss the possibility of being transferred to a more appropriate setting for possible rehabilitation or discharge. The resident may also be requested to sign a contract that stipulates that if there is any further violation of the facility policy or the law, it will not be tolerated and could result in discharge from the facility. 10. Out On Pass privileges may be suspended for a certain period as deemed appropriate by the physician. 11. The resident's substance abuse behavior will be addressed in the resident's plan of care that will include managing resident behavioral symptoms. It may also include discharge planning if necessary. Review of facility documentation provided by Employee E2 the Director of Nursing states, Drug Consent Policy states, As a Resident at Facility , I _____ agree that during my stay at the facility, I will NOT bring in drugs of any kind, I will NOT take any drugs that are not prescribed by my Physician, and I will NOT give or sell drugs of any kind to any other resident, visitor or staff member. I understand and agree that if I am found in possession of drugs or observed taking or selling drugs of any kind, I will be discharged from the facility and not permitted readmission. I agree to be searched / have my room searched for the possessions of drugs*. My Physician as well as the Police department will be notified promptly. If suspected, but not observed taking illegal drugs, I agree to urine and blood drug screening ordered by my Physician. My signature indicates my acceptance and agreement with this Policy. Review of Resident R1's clinical record revealed the resident was re-admitted to the facility on [DATE]. The resident has the following diagnosis: Depression, Insomnia, Psychoactive Substance Abuse, Lower Back Pain, Nicotine Dependence and Anxiety. Interview held at 9:55 a.m. with Employee E4 the physician's assistant who has a history with the resident. Employee E4 stated that for her and physician Employee E6 they no longer care for Resident R1 due to her constant requests for narcotics. Employee E4 states that Resident R1 has done many things like receiving medications dispensed at that the facility and was found selling it to other residents here. When asked when this occurred, Employee E4 stated it occurred within the last few weeks. Employee E4 states that Resident R1 is a bully to other residents, even as of recently stole a women's credit card in her room and maxed them out. Resident R1 was interviewed at 10:21 a.m. and discussed the situation where she was found with an pill in her possession. The resident stated, one day, like they had done before they had drug sniffing dogs come here and they came into my room. When asked where it came she stated it came into my room by my bed and by my dresser. The resident stated, I then got upset and told them to get out of my room but then realized I was wrong to keep it so I handed it over to them. When asked where the resident got the pill from she stated, from here, one day I was sleeping and the nurse left the cup of pills on my tray stand and I know I shouldn't have hid it but I did and I admitted after it was wrong. Review of facility documentation shows a grievance filed by Resident R1 on October 12, 2025. The grievance states, 'I'm harassed by the DON, ADON, NHA and others in the pursuit to locate drugs on location. The resolved date list October 14, 2025. The answer to What action was taken to resolve grievance concern-resident met with unit manager, DON. The answer to Results of action taken-DON conducted Medical Director to follow up Review of physician progress note from October 14, 2025 made by Employee E5 states, Nature of Presenting Illness: Asked to evaluate patient as medical director for substance abuse issues and other concerns. Patient has a history of substance abuse currently on Suboxone. It has been reported by staff and other residents that patient selling</p>		