

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 02/18/2026
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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observations, interview with residents and staff and clinical record review, revealed that residents were not offered a scheduled rest period in their bed per resident's preference while their rooms were being remodel for four of five residents reviewed. (Residents R1, R2, R3 and R4) Findings include: Observation conducted on February 18, 2026, at approximately 9:23 a.m. revealed construction in resident rooms 123-127. Interview with Nursing Home Administrator, Employee E1 at the time of the observation revealed that the rooms were being remodeled. Residents assigned to the first floor were observed relocated to a second-floor lounge area due to the construction. Four of five residents (Residents R1, R2, R3 and R4) were observed seated in the 2nd Floor lounge). Residents R1, R2, R3 and R4 reported being required to remain in the lounge for extended periods, up to approximately 8-12 hours, without routine access to their rooms or beds. Continue interviews with above residents revealed they were told they could not remain in their rooms while work was being completed. Residents reported limited access to rest, privacy, and normal routines, including the ability to lie down. Residents stated they remained seated in wheelchairs for prolonged periods. Interview with the Director of Nursing, Employee E1 and Administrator, Employee E2 on February 18, 2026, at 1:55pm, confirmed Residents R1, R2, R3 and R4 were moved to the 2nd Floor due to concerns related to dust particles and construction safety. Administration, Employee E2 stated residents were advised in advance and that relocation was implemented for safety reasons. The Director of Nursing and Administrator further confirmed the construction was remodeling and not emergent. They stated residents were not offered alternative areas to rest upon request. Review of Resident R1, R2, R3, and R4. clinical record review revealed no documented evidence that a scheduled rest period to rest in their bed were discussed pre resident's preference. 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 211.12(c) 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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