

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Parkhouse Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Black Rock Road Royersford, PA 19468	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on policy review, resident and staff interviews and review of resident records it was determined that the facility failed to provide assistance with activities of daily living for 1 of seventeen residents reviewed (Resident 1). Findings include: Facility policy titled Activities of Daily Living (ADLs), last reviewed December 2024, notes it is the policy of the facility to understand the principals of quality of life, and honor and support these principals for each resident, and that the care and services provided are person centered, and honor and support each resident's preferences, choices, values and beliefs. The facility will provide care and services for hygiene-bathing, dressing, grooming and oral care. Review of Resident 1's February 20, 2026, Activities of Daily Living (ADLs), admission Minimum Data Set (MDS), revealed the resident utilizes a wheelchair and requires supervision or touching assistance with showering/bathing, and requires supervision and touching assistance with tub/shower transfers. Interview with Resident 1 on March 3, 2026, at 2:30 p.m., when the resident stated he/she had not received his/her scheduled shower on Monday March 2, 2026, or Tuesday March 3, 2026, because staff told him/her there were not enough staff scheduled on the unit to provide the care. During the interview Resident 1 stated that he/she would like to have a shower and requested the staff be made aware. Interview conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on March 4, 2026, at 12:55 p.m., when the above information was presented the NHA and DON stated residents often refuse showers, prefer bed baths instead, and some are care planned for bed baths only. They did not confirm Resident 1 preferred or was care planned for bed baths only. Quality of Care 483.24(b)(1)28 Pa. Code 211.5(f) Clinical Records 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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<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>Based on policy review, interviews and record reviews it was determined that the facility failed to properly administer medications for 1 out of five residents reviewed (Resident 5). Findings include: Review of facility policy and guidelines titled Administering Medications, last revised on April 17, 2024, documents medications shall be administered in a safe and timely manner and as prescribed. Per the policy, if a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication shall contact the resident's attending physician or medical director to discuss concerns. Additionally, the individual administering the medication must check the label to verify the right medication, right dosage, right time, and right method of administration before giving the medication. Review of Resident 5's care plan revealed medical diagnosis' that included Metabolic Encephalopathy (a change in how the brain works due to an underlying condition causing memory loss or confusion), Hypertension (high blood pressure), Hyperlipidemia (high level of fats in blood), Paroxysmal Atrial Fibrillation (sudden irregular heart rhythm), and Neurocognitive Disorder with Lewy Bodies (progressive brain disorder characterized by cognitive decline, movement difficulty and visual hallucinations). Review of Resident 5's census form revealed an admission date of December 31, 2025. Review of Resident 5's progress notes revealed a nursing note on January 1, 2026 at 2:38 a.m. stating this nurse notified the RN Supervisor of resident receiving insulin. New orders received to monitor blood sugars. Review of Resident 5's medication error report revealed Resident 5 was given Humalog (fast acting insulin) instead of tuberculin solution (used to test for tuberculosis). Review of Resident 5's physician orders revealed there was no order for Humalog insulin. Interview with the Director of Nursing on March 4, 2026, at 12:55 p.m., confirmed Resident 5 received Humalog insulin instead of tuberculin solution in error on January 1, 2026. 28 PA Code 109.65 (b) Recording of drug administration 28 PA Code 211.12. (d)(1) Nursing services. 28 Pa. Code 211.5(f) Clinical Records</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations it was revealed that the facility failed to provide a safe, sanitary and comfortable environment for residents, staff and the public 2 of 8 units observed. (north building floor 7 and 8) Findings include: Observations made on March 3, 2026, at 2:15 p.m., of the North Building 8th floor (N8) bathroom revealed used briefs on the trash can, paper towels, used gloves, and empty bottles of body wash and shampoo in the sinks. Observations of the N8 trash chute closet revealed trash overflowing in the bin with papers, used gloves, paper towels, and food on the floor. Observations of the North Building stairwell revealed used gloves on the landing between floors North Building 7th floor (N7) and N8. Observations made on March 4, 2025, at 10:05 a.m., of trash chute rooms on all floors of the North Building revealed food, used gloves and papers and paper towels on the floor on N8. Interview conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on March 4, 2026, at 12:55 p.m., when the above information was presented the NHA and DON stated they would investigate the matter.</p>		