

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  04/16/2026
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, clinical record review and staff interviews, it was determined the facility failed to ensure that rehabilitation services were provided one of three residents reviewed. (Resident R12) Findings include Review of Resident R12's clinical record revealed that the resident was admitted to the facility on [DATE]. Review of Resident 12's diagnosis's list includes unspecified dementia (general loss of cognitive abilities, including memory, unspecified severity, with mood disturbance) and pain in left shoulder. Observations made on April 16, 2026, at 11:45 am revealed Resident 12 had significant left-hand contracture (a shortening and stiffening of muscles that limits joint movement) Review of Resident 12's occupational therapy (OT) notes revealed Resident 12 evaluation and plan of treatment for left hand contracture was conducted on August 22, 2025. Review of Resident 12's OT short term goal(stg) revealed Patient will achieve normal anatomical alignment of the left fingers for 3 hours in order to facilitate joint mobility and in order to prevent contractures. Target date of 9/4/2025 Further review of Resident 12's OT long term goal (ltg) revealed Patient will achieve normal anatomical alignment of the left fingers for 6 hours in order to facilitate joint mobility and in order to prevent contractures. Target date of 10/20/2025 Review of Resident 12's OT Treatment Encounter Notes revealed on August 28, 2025 Pt tolerated wearing left hand roll for 3.5 hours on this date to prevent contracture and maintain skin integrity. Skin checked pre and post application with no signs of redness or irritation present Review of Resident 12's OT Treatment Encounter Notes revealed on September 3, 2025 .Patient tolerating 4 hours with skin check performed with no skin breakdown or redness observed. Pain description/Type: hurts Review of Resident 12's OT Treatment Encounter Notes revealed on September 4, 2025, and September 5, 2025, Resident 12 did not receive treatment for left hand. Review of Resident 12's OT Treatment Encounter Notes revealed on September 8, 2025 Response to session Interventions: Patient is showing decline in cognition and sequencing to participate in ADL. She was unable to use utensil appropriately. Patient is refusing L hand splint/L hand hygiene Review of Resident 12's OT Discharge summary revealed that on September 12, 2025, STG and LTG were discharged for Resident 12's left hand. Review of Resident 12's clinical record reveals no evidence of further attempts made on left hand treatment before Resident 12's discharge on [DATE]. Interview with Rehabilitation Director confirmed that Resident 12 did have therapy on September 4, 2025, and September 5, 2025, but the therapy did not address the treatment for Resident 12's left hand. Interview with Nursing Home Administrator on April 16, 2026, at 1:15pm confirmed the above findings. 28 Pa. code 211.12(a)(c)(d)(3) Nursing services 28 Pa. Code 201.18 (b)(1) Management</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, clinical record review, and staff interview, it was determined that the facility failed to ensure that all residents had access to a call bell for assistance from staff for one of nine residents observed. (Resident 13). Findings include: Review of Resident 13's clinical record revealed resident was admitted to the facility on [DATE]. Further review of Resident 13's admission assessment dated [DATE], revealed resident had a BIMS 15 (brief interview for mental status) indicating resident was cognitively intact. Review Resident 13 diagnosis list revealed schizoaffective disorder, bipolar type (characterized by symptoms of both schizophrenia (mental illness that affects how people think and behave) and bipolar disorder (mental condition that causes extreme mood swings)). Observation of seventh floor during complaint survey on April 16, 2026, at approximately 11:09 a.m. revealed Resident 13 was sitting on bedside with no call bell to alert staff for assistance if necessary. Upon checking the room for the call bell cord, it was observed that there was no call bell plugged into the wall for Resident 13 and no call bell observed in the room. Interview with Employee 5 on April 16, 2026, at 11:11am, confirmed that there was no call bell for Resident 13. Review of facility records for nonclinical rounds revealed that on April 13, 2026, there was a call bell in Resident 13's room. Interview with Nursing Home Administrator on April 16, 2026, at 1:15pm confirmed the above findings. 28 Pa. Code 201.14 (a) Responsibility of licensee 28 Pa. Code 201.18 (b)(1) Management</p>		