STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395454	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkhouse Rehabilitation and Nursing Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 41765 Based on review of the Pennsylvania Professional Nursing Practice Act, facility policy and procedure, observations, and staff interviews it was determined the facility failed to ensure that staff met the professional standards for a licensed nurse during medication administration for one of three residents reviewed (Resident 201). Findings include: The Professional Code, Title 49, Professional and Vocational Standards (Pennsylvania Professional Nursing Practice Act), Chapter 21.145(a) states that the Licensed Practical Nurse (LPN) is prepared to function as a member of the health-care team by exercising sound nursing judgment based on preparation, knowledge, and experience in nursing competency. The LPN participates in the planning, implementing, and evaluating nursing care, using focused assessment in settings where nursing takes place. Review of Chapter 21.145 (3) indicates, an LPN shall follow the written, established policies and procedures of the facility that are consistent with the Act. Review of the facility's policy titled Administering Medications, dated April 1, 2022, revealed medication should all be administered in a safe and timely manner, and as prescribed. Residents may self-administer their own medications only if the physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. Review of Resident 201's Minimum Data Set (MDS- standardized assessment tool that measures health status in long-term care residents) dated March 17, 2024, revealed resident had severe cognitive impairment. Observation conducted on June 5, 2024 at 9:15 a.m. of the medication administration with licensed nurse Employee E3 supervised by licensed nurse Employee E4. Employee E3 crushed medications Aspirin 81mg (medication used to treat pain, and inflammation) one tablet, Amlodipine 5 mg (medication used to treat high blood pressure), Olanzapine 7.5 mg (An anti-psychotic medication), and Oxycodone 5mg (medication used to treat severe pain) then poured it into an Ensure drink. Employee E3 stirred the drink with a straw gave the drink to Resident 201 then left the room. Employee E3 marked the medications as administered in the EMR (Electronic Medical Record) and then proceeded to the next resident for medication administration. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395454	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkhouse Rehabilitation and Nursing Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation conducted on on June 5, 2024, at 9:39 a.m., of Resident 201 sitting in bed, Ensure drink observed on the garbage can. While in the presence of licensed nurses Employee E3 and E4, Ensure drink was observed with 10 cc of liquid left in the container. Employee E4 confirmed that the ordered medications were not administered fully to the resident. Interview conducted with Licensed Nurse Employee E3 on June 5, 2024, revealed Resident 201 had behaviors of not taking medications. Resident medications were crushed and placed on the Ensure drink, but the resident would not drink the Ensure in their presence, so staff left Ensure with medication for the resident to finish. Review of Resident 201's clinical record failed to reveal if Resident 201 was previously assessed for safe self-medication administration. The above information was conveyed to the Nursing Home Administrator and Director of Nursing on June 7, 2024, at 10:00 a.m. The facility failed to ensure professional standards for medication administration were met. 28 Pa. 211.10(c) Resident care policies 28 Pa. Code 211.12(c)(d)(1)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395454	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkhouse Rehabilitation and Nursing Center	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)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 46166 Based on review of the facility policies and procedures, observations, and staff interview, it was determined that the facility failed to ensure that a resident receives the appropriate treatment to prevent complications of enteral feeding for one of four residents reviewed (Resident 269). Findings include: Review of the facility policy Enteral Nutrition via Pump, Procedure, (controlled method for providing nutritional needs via tube feeding), revealed the procedure was when using canned formula the tubing that is connected to a [fed] bag is only good for 24 hours. The bag must be changed every 24 hours. Review of Resident 269's clinical record revealed the following diagnoses: Hemiplegia and Hemiparesis following non-traumatic intracerebral hemorrhage affecting left non-dominant side (weakness or paralysis on one side of the body due to bleeding within the brain tissue), Diabetes Mellitus Type II with Nephropathy (condition where high blood sugar levels damage the blood vessels in the kidneys, leading to kidney failure1), and Gastroesophageal reflux disease (GERD) without esophagitis (occurs when the acidity of the reflux is weakened, suppressed by medications, or doesn't cause damage to the esophagus). Review of Resident 269's clinical record revealed the following orders: every shift Nutren 1.0 [with] fiber via feeding pump [at] 80 milliliters/ hour x 22 hours (up at 1PM, down at 12PM) or until total volume infused. Use 7 cartons per day (250 mleach) for a total of 1750ML; Total calories=1750CALS Observations conducted on June 6, 2024, at 9:22 a.m. revealed a date of June 4, 2024, with a time of 3-11 shift. Interview conducted with the Nursing Home Administrator on June 6, 2024, at 1:15 P.M. confirmed Resident 269's feed bag should have been changed and that it was a deficient practice. The facility failed to ensure that Resident 269 received tube feeding appropriately by replacing feed bag and tubbing every 24 hours. 28 Pa. Code 211.12(d)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395454	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkhouse Rehabilitation and Nursing Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 41765 Based on observation, review of manufacturer's guidelines clinical record review, and staff interviews, it was determined that the facility failed to correctly administer medications to a resident and failed to ensure that residents were free from a medication error rate of five percent or greater for two of three residents reviewed (Resident 122 and 201) resulting in a medication error rate of 17.24% percent. Findings include: Review of the facility's policy titled Administering Medications dated April 1, 2022, revealed medication should all be administered in a safe and timely manner, and as prescribed. Review of Morphine Sulfate ER manufacturer's guide revealed the following Do not break, crush, or chew the medication, it can cause rapid release and absorption of a potentially fatal dose of Morphine. Observation of the medication administration was conducted with licensed nurse Employee E3 supervised by licensed nurse Employee E4 on June 5, 2024, at 9:15 a.m. Employee E3 crushed medications Aspirin 81 mg (medication used to treat pain, and inflammation) one tablet, Amlodipine 5 mg (A medication used to treat high blood pressure), Olanzapine 7.5 mg (An anti-psychotic medication), and Oxycodone 5mg (A medication used to treat severe pain) then poured it into an Ensure drink. Employee E3 stirred the drink with a straw gave it to Resident 201 then left the room. Employee E3 marked the medications as administered in the EMR (Electronic Medical Record) and then proceeded to the next resident for medication administration. Observation conducted during a medication administration for Resident 122 with licensed nurse Employee E3 on June 5, 2024, at 9:20 a.m. revealed licensed nurse, Employee E3 crushed medication Morphine ER (Extended Release) (medication to treat severe pain) 15 mg (milligrams) and then administered it to Resident 122. Interview conducted with licensed nurse, Employee E3 on June 5, 2024, revealed Resident 122 does not take medications whole. Employee E3 confirmed that the physician should have been notified so medication/form could have been changed. Observation conducted on June 5, 2024, at 9:39 a.m., revealed Resident 201's Ensure drink mixed with the above medications observed sitting on the garbage can. In the presence of licensed nurses Employee E3 and E4, Ensure drink was observed with 10 cc of liquid left in the container. Employee E4 confirmed that the medications ordered were not completely administered to the resident. The above information was conveyed to the Nursing Home Administrator and Director of Nursing on June 5, 2024, at 10:00 a.m. The facility failed to ensure Residents 122 and 201 were free from medication errors. 28 Pa. 211.10(c) Resident care policies (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395454	A. Building B. Wing	06/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkhouse Rehabilitation and Nursing Center	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(c)(d)(1)(5) Nursing services