

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Gwynedd Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 773 Sumneytown Pike Lansdale, PA 19446	

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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on clinical record reviews, interviews with staff, reviews of hospital records and facility policies and procedures, it was determined that the facility failed to permit one of four residents to return to the facility after they were hospitalized . (Resident R1)</p> <p>Findings include:</p> <p>Review of the undated policy titled readmission to the facility revealed that it was the responsibility of the administrator and the director of nursing to ensure that all residents who have been discharge from the facility would be readmitted to the facility regardless of race, color, creed, national origin or payment source.</p> <p>Review of the undated policy titled Coronavirus Disease-identification and management revealed that it was the responsibility of the facility to follow the Centers for Disease Control and Prevention guidelines for screening, monitoring, rapid identification and management of this virus. The policy indicated that information about residents being transferred to the facility with suspected or confirmed cases of SARS-CoV-2 infection would be clearly communicated to the facility by the outside personnel before the transfer into the facility. The policy also indicated that residents with suspected or confirmed SARS-CoV-2 infection would be accepted for admission and were to be placed in a single person room or with another who was COVID-19 positive. Empiric Transmission- Based Precautions would be followed at the facility for this new admission/readmission.</p> <p>Clinical record review for Resident R1 revealed that this resident was admitted from home to the facility on [DATE] with diagnoses of anxiety, dementia (a group of symptoms that affects memory, thinking ability and interferes with daily life as a result of a decline in mental capacity, diabetes mellitus (a metabolic disorder in which the body has high blood glucose levels for prolonged periods of time), hypertension (high blood pressure) and depression.</p> <p>The nusing note dated May 16, 2024 indicated that Resident R1 was of Korean decent. The nurse indicated that the resident met with other Korean (relating to North or South Korea or its' people or language) residents and staff at the facility. The physician note dated May 16, 2024 indicated that the physician spoke with Resident R1's son and that care planning for Resident R1 was for long term care. The social worker indicated on May 17, 2024 that Resident R1 was care planned for long term care because the resident needed more supervision and assistance; than the family could provide at home.</p> <p>(continued on next page)</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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Clinical record review revealed that Resident R1 was transferred to the hospital for evaluation and treatment for a change in mental status on May 21, 2024.</p> <p>Hospital record review revealed that on May 22, 2024, the physician treated and evaluated Resident R1. The physician indicated that Resident R1 had diagnoses of dementia with behavioral disorder, depression and anxiety. The physician adjusted medications for better efficacy for Resident R1. The physician indicated that he wanted to start Seroquel (an anti-psychotic medication used to treat certain mental/mood disorders such as schizophrenia, bipolar disorder, sudden episodes of mania or depression associated with bipolar disorder) and continue evening dose of Trazodone a medication used to treat depression. The physician also indicated that the resident was testing positive for Cov-19 infection; however had not had any signs and symptoms of the virus.</p> <p>Clinical record review for Resident R1 indicated that there was no documentation to indicate that the facility staff contacted the Resident R1's responsible party related to readmission plans, to return to the facility, during Resident R1's entire hospital stay. Resident R1 and her responsible party were not permitted to return to the facility post hospital stay.</p> <p>Interview with the Nursing Home Administrator, Employee E1, the Director of Nursing, Employee E2 and the Admissions Director, Employee E5 between 9:30 a.m. and 11: 00 a.m., on June 4, 2024 confirmed that the facility failed to document in the clinical record any communication with the responsible party for Resident R1 after the hospitalization on [DATE].</p> <p>Interview with the administrator, Employee E1 between 9:30 a.m., and 11: 00 a.m., on June 4, 2024 confirmed that the facility had available beds and the resident's previous bed room available to occupy on May 22 through June 4, 2024.</p> <p>28 PA. Code 201.14(a)(b) Responsibility of licensee</p> <p>28 PA. Code 201.29(a)(4) Resident rights</p> <p>28 PA. Code 211.5(f)(vi)(ix)(x) Medical records</p> <p>28 PA. Code 211.12(d)(1)(3) Nursing services</p>		