

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Ctskdcarectr at Fortwashingtonestates		STREET ADDRESS, CITY, STATE, ZIP CODE 735 Susquehanna Road Fort Washington, PA 19034	

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 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>39343</p> <p>Based on observations, review of clinical records, and interviews with facility staff, it was determined that the facility failed to ensure that physician orders were followed for one of two residents observed during medication administration. (Resident R111)</p> <p>Findings include:</p> <p>On February 24, 2025, 8:20 a.m., observed that Employee E5, a Registered Nurse, administered to Resident R111, the medicine, Bicalutamide Oral Tablet 50 MG (Bicalutamide), give 50 milligrams by mouth one time a day for prostate cancer related to Malignant Neoplasm of Prostate; but, E5 administered the medicine, Bicalutamide Oral Tablet without wearing gloves when handling Bicalutamide medication and E5 did not wash her hands after.</p> <p>Review of physician order for Resident R111, revealed an order, dated December 11, 2024, to administer 'Bicalutamide Oral Tablet 50 mg., give 50 mg., by mouth one time a day for prostate cancer related to Malignant Neoplasm of Prostate, wear gloves when handling this medication and wash your hands after use, warning: requires special handling by those who are pregnant or suspect or anticipate pregnancy. It could potentially have an adverse effect on a male fetus'.</p> <p>The Registered Nurse, E5 did not follow the physician order to administer Bicalutamide Oral Tablet.</p> <p>On February 24, 2025, 8:21 a.m., observed that Employee E5, was going to administer to Resident R111, the medicine Toremide Oral Tablet 10 mg., two tablets by mouth. After safely preventing Employee E5 the administration of Toremide Oral Tablet 10 mg. two tablets; Registered Nurse was asked to double check the medicine; the nurse stated it was Toremide Oral Tablet 10 mg., two tablets. When asked the Registered Nurse to double check the physician order; Employee E5 checked the physician order, and sated that the physician order was as follows: Toremide Oral Tablet 20 mg., give two tablets to equal 40 mg, by mouth, in the morning, every other day; then, E5 did administer the physician ordered Toremide Oral Tablet 40 mg, to R111.</p> <p>Review of physician order for Resident R111, revealed an order, dated January 14, 2025, to administer Toremide Oral Tablet 20 mg., give two tablets to equal 40 mg, by mouth.</p> <p>At the time of the finding, during an interview with the Director of Nursing, confirmed the above findings.</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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