

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/21/2025
NAME OF PROVIDER OR SUPPLIER  Wesley Enhanced Living - Doylestown		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Veterans Lane Doylestown, PA 18901	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>45244</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to attempt non-pharmacological interventions to alleviate pain prior to the administration of pain medication prescribed on an as needed basis for one of 13 sampled residents. (Resident 8)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 8 had diagnoses that included dementia, fibromyalgia, and diabetes. On November 25, 2024, the physician ordered for the resident to receive the narcotic pain medication, oxycodone, every four hours as needed for severe, chronic pain. Review of Resident 8's care plan revealed that the resident had chronic pain and that the interventions were for staff to provide comfort measures with positioning, control noise levels, and other non-medication interventions. Review of Medication Administration Records revealed that the resident received the as needed narcotic (oxycodone) without documented evidence that non-pharmacological interventions were attempted prior to administration 62 times in January 2025 and 39 times in February 2025.</p> <p>In an interview on February 21, 2025, at 10:34 a.m., the Director of Nursing confirmed that there was a lack of documentation to support that non-pharmacological interventions for pain had been provided prior to the administration of as needed pain medication.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services.</p> <p>28 Pa. Code 211.12(d)(1)(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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