

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Sinking Spring Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3000 Windmill Road Sinking Spring, PA 19608	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of resident fund accounts, clinical record, and staff interview, it was determined that the facility failed to convey resident funds and provide a final accounting of funds within 30 days of death to the individual/probate jurisdiction for the resident's estate for one of four residents (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], and expired on [DATE]. Review of Resident 1's account managed by the facility revealed that the account was closed on [DATE], with a balance of \$2,961.70. There was no documented evidence that the facility provided a final accounting to the individual/probate jurisdiction for the resident's estate within 30 days of the resident's death. On [DATE], a check was made out to the Social Security Administration and not Resident 1's estate.</p> <p>In an interview on [DATE], at 1:30 p.m. the Administrator confirmed that there was no evidence that the facility provided a final accounting to the individual/probate jurisdiction for Resident 1's estate and the personal funds should have gone to the estate within 30 days of the resident's death.</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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