

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  03/04/2026
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility policy review and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of seven sampled residents. (Resident 1) Findings include: Review of the facility policy entitled, Medication Administration General Guidelines, dated February 12, 2026, revealed that medications were to be administered in accordance with written orders of the prescriber and that medications to be given at bedtime were to be scheduled for administration up to one hour prior to the resident's scheduled bedtime. Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included Hodgkin's lymphoma (cancer of the lymph nodes) and anxiety. A physician's order, dated October 27, 2025, directed staff to administer lorazepam tablet 0.5 milligrams (mg), three tablets at bedtime. Review of nursing progress notes and the Individual Patient Narcotic Dispensing Record (a record kept to keep count of remaining narcotic tablet administration) revealed that on December 11, 2025, the nurse (LPN 1) administered one lorazepam tablet at 5:30 p.m., and not at the scheduled time of 8:00 p.m. (bedtime). An additional physician's order, dated January 19, 2026, directed staff to administer lorazepam tablet 0.5 mg, three tablets at bedtime. Review of Resident 1's Individual Patient Narcotic Dispensing Record revealed that on February 4, 2026, at 8:00 p.m., that the nurse (LPN 2) administered only one lorazepam tablet at 8:00 p.m. Another physician's order, dated January 19, 2026, directed staff to administer oxycodone HCL (IR) 10 mg tablet every four hours for pain. Review of the January 2026 Medication Administration Record revealed that on January 29, 2026, at 8:00 p.m., Resident 1 missed this dose because there was no medication available. A progress note written by the nurse (LPN 3) revealed that the medication was not available. Resident 1's Individual Patient Narcotic Dispensing Record revealed that on January 29, 2026, at 4:00 p.m., the resident received the last dose of the medication on hand. The Individual Patient Narcotic Dispensing record revealed that the resident received the next dose on January 30, 2026, at midnight. In an interview on March 3, 2026, at 3:05 p.m., the Administrator stated that there was no documented evidence to support that staff followed physicians' orders as identified above. 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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