

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Pennsburg Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  530 MacOby Street Pennsburg, PA 18073	

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>45125</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for one of 28 sampled residents. (Resident 64)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 64 had diagnoses that included hypertension (high blood pressure). A physician's order dated March 30, 2024, directed staff to administer a medication (midodrine) one time a day. Staff were not to administer the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was more than 90 millimeters of mercury (mmHg). Review of Resident 64's medication administration record revealed staff administered the medication four times in April 2024, when the resident's SBP was greater than 90 mmHg.</p> <p>In an interview on April 19, 2024, at 9:10 a.m., the Nursing Home Administrator confirmed the medication was administered outside established parameters for Resident 64.</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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