

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER St Mary Center for Rehabilitation & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 701 Lansdale Avenue Lansdale, PA 19446	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>48578</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan that addressed individual residents' needs as identified in the comprehensive assessment for three of 25 sampled residents. (Residents 6, 9, 61)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 6 had diagnoses that included metabolic encephalopathy (a brain disorder) and mild cognitive impairment. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated January 5, 2025, noted that the resident's cognitive loss was to be addressed in the care plan. There was no evidence that interventions to address Resident's 6's cognitive loss were included in the current care plan.</p> <p>Clinical record review revealed that Resident 9 had diagnoses that included aphasia (difficulty speaking), dementia, and brain injury. The MDS CAA summary dated May 14, 2024, noted that the resident's cognitive loss and dementia were to be addressed in the care plan. The quarterly MDS summary dated December 30, 2024, indicated the resident's cognition remained limited. There was no evidence that interventions to address Resident's 9's cognitive loss and dementia were included in the current care plan.</p> <p>Clinical record review revealed that Resident 61 had diagnoses that included dementia, and brain injury. The MDS CAA summary dated December 30, 2024, noted that the resident's cognitive loss and communication deficits were to be addressed in the care plan. There was no evidence that interventions to address Resident's 61's cognitive loss and communication deficits were included in the current care plan.</p> <p>In an interview on January 24, 2025, at 9:49 a.m., the Director of Nursing confirmed there was no documented evidence that the identified care areas were addressed in the care plans.</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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<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 implement physician's orders for four of 25 sampled residents. (Residents 28, 32, 55, 258)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 28 had diagnoses that included hypertension (high blood pressure) with heart failure. On December 28, 2021, that physician ordered that staff administer a medication (atenolol) one time a day for hypertension with heart failure. Staff was 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 less than 120 millimeters of mercury (mm/Hg). Review of Resident 28's medication administration records (MARs) revealed that staff administered the medication two times in January 2025 when the resident's SBP was less than 120 mm/Hg.</p> <p>Clinical record review revealed that Resident 32 had diagnoses that included heart failure, hypertension, and chronic kidney failure. On April 27, 2023, the physician ordered that staff administer a medicine (nifedipine) one time a day for hypertension. On September 15, 2023, the physician ordered that staff administer a medicine (metoprolol tartrate) two time a day for hypertension. Staff was not to administer the medications if the resident's systolic blood pressure was less than 120 mm/Hg. Review of Resident 32's MARs revealed that staff administered the nifedipine two times in December 2024 and one time in January 2025 when the resident's SBP was less than 120 mm/Hg. The metoprolol tartrate was administered five times in December 2024 and three times in January 2025 when the resident's SBP was less than 120 mm/Hg. On August 14, 2025, that physician ordered that staff weigh the resident twice a week on Tuesdays and Fridays. A review of the MARs and weight summary revealed that there was no documented evidence that staff weighed Resident 32 as ordered on December 6, 13, 20, and 27, 2024, and January 17, 2025.</p> <p>Clinical record review revealed that Resident 55 had diagnoses that included heart failure. On September 30, 2024, the physician ordered that staff administer a medicine (carvedilol) twice a day for heart failure. Staff was not to administer the medication if the resident's SBP was less than 100 mm/Hg. Review of Resident 55's MARs revealed that staff administered the medication three times in January 2025 when the resident's SBP was less than 100 mm/Hg.</p> <p>Clinical record review revealed that Resident 258 had diagnoses that included hypotension (low blood pressure). On January 16, 2025, the physician ordered that staff administer a medication (midodrine) two times a day for hypotension. Staff was not to administer the medication if the resident's SBP was greater than 130 mm/Hg. Review of Resident 258's MAR revealed that staff administered the medication four times in January 2025 when the resident's SBP was greater than 130 mm/Hg.</p> <p>In an interview on January 24, 2025, at 9:45 a.m., the Director of Nursing confirmed that the medications were administered outside of the established parameters for Residents 28, 32, 55, and 258 and that there was no documented evidence that Resident 32 was weighed as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>Based on policy review, observation, and staff interview, it was determined that the facility failed to properly store food and maintain sanitary conditions in the dietary department.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, Date Marking for Food Safety, dated [DATE], revealed that staff was to date a food when it was opened and discard expired food items.</p> <p>Observations during the tour of the dietary department on [DATE], at 9:30 a.m., revealed the following:</p> <p>In the freezer, there were opened bags of onion rings, raw cookies, and fish sticks that were not dated. There was a box for diced chicken that contained a bag of breaded meat and a bag of diced chicken that were both opened and were not dated.</p> <p>In the dairy cooler, there was a container of sour cream with a best by date of [DATE], and 18 cartons of milk with a use-by date of [DATE]. There was a parmesan cheese container that had red food debris covering it. In the production walk-in cooler, there was an opened case of orange juice with a use by date of [DATE], and an opened package of ten hot dogs that were not dated.</p> <p>In dry storage, there was an opened package of sprinkles that had dried flour on the top and side of the container. There was a package of opened tortillas that was not dated.</p> <p>The tray line milk cooler contained 12 cartons of milk with a use by date of [DATE].</p> <p>In an interview on [DATE], at 10:30 a.m., the Food Service Director confirmed that the identified items should have been dated and were not and that the expired items should have been removed.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>		