

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Willowbrooke Ctskdcarectr Atnormandy Farms Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 8000 Twin Silo Drive Blue Bell, PA 19422	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>39343</p> <p>Based on observations, clinical record review, and interviews with staff, it was determined that the facility failed to ensure that one of five residents reviewed (Resident R1) was transferred from bed to chair with the assistance of two staff members. This failure resulted in actual harm to Resident R1 whose left foot twisted under the resident and sustained a trimalleolar fracture of the left ankle. (Resident R1)</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record review revealed that the resident was admitted to the facility on September 17, 2020 with the diagnoses of Alzheimer's Disease (progressive degenerative disease of the brain) and chronic kidney disease, osteoarthritis (degenerative joint disease that results from breakdown of joint cartilage and underlying bone) unsteady feet and spinal stenosis.</p> <p>Review of Resident R1's Minimum Data Set (MDS- assessment of resident's needs) dated May 30, 2024, revealed that the resident was dependent (helper does all of the effort. Resident does none of the effort to complete the activity) for mobility with the assistance of two or more helpers. Continued review of the MDS revealed that the resident was assessed required substantial/maximum assistance to roll left and right; sit to lying, lying to sitting on side of bed, sit to stand, and bed-to-chair transfers.</p> <p>Review of occupational therapy notes dated May 15, 2024, and end of care dated May 31, 2024, indicated a discharge plan of maximum assistance x 2 (76-99% assist with 2 people), maximum assistance x 2 (76-99% assist with 2 people) for transfers from bed to wheelchair.</p> <p>Review of Resident R1's care plan initiated December 15, 2023 and updated on June 3, 2024, revealed that the resident required extensive to total assistance of two staff persons to move between surfaces.</p> <p>(continued on next page)</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of nursing note dated July 17, 2024, at 7:09 a.m. revealed that while Resident R1 was being transferred from bed to the wheelchair the residents legs gave out and resident twisted her left foot under her while being lowered to the floor. Residents leg bent under her with her foot under residents bottom and Resident sitting against side of bed. Resident did not hit her head when lowered to the floor. This nurse called for assist of CNA (nurse aide). When we layed resident down on her back, to use hoyer lift (mechanical device use to transfer a resident from one surface to another), it was noted that her left ankle was bleeding and was not aligned properly. Resident noted with a 3 inch open laceration to her ankle. Dressing applied and ankle supported while assisted onto bed with hoyer lift. 911(Emergency Medical Services) called.</p> <p>Continued review of nursing notes dated July 17, 2029 at 1:33 p.m. revealed that the resident was admitted to hospital with a diagnosis of type 1 or 2 trimalleolar fracture (a break on the lower leg-sections of the ankle joint). Nursing note dated July 17, 2024 at 3:45 p.m. stated that the resident had surgery to ankle which is now casted and is NWB (non weight bearing).</p> <p>Interview with Employee E4, the Registered Nurse on July 31, at 12:32 p.m., who transferred Resident R1, on July 17, 2024, at 6:05 a.m. revealed that while the resident was being transferred from bed to the wheelchair her legs gave out and twisted her left foot under her, when being lowered to the floor. Resident R1's leg bent under her with her foot under her bottom, and Resident R1 sat against the side of the bed. Resident R1 did not hit her head. Resident was then assisted back to bed. Resident R1 was sent out via 911, to the hospital. Registered Nurse, Employee E4 added that she was unaware of the care plan updates pertaining to Resident R1, at the time of the incident.</p> <p>The facility failed to to ensure that Resident R1 was transferred from bed to chair with the assistance of two staff members. This failure resulted in actual harm to Resident R1 whose left foot twisted under her and sustained a trimalleolar fracture of the left ankle.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 211.12 (d)(1) Nursing services</p> <p>28 Pa. Code 211.12 (d)(3) Nursing services</p>		