

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395680	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Willow Brook Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Trexler Avenue Kutztown, PA 19530	

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 0694</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on select facility policy review, clinical record review, review of Centers for Disease Control (CDC) guidelines, observation, and resident and staff interview, it was determined that the facility failed to implement appropriate measures for the care and management of a midline peripheral venous access device (a vascular access tool inserted into an upper arm vein to serve as an alternative to a shorter IV for treatment) in accordance with facility policy and professional standards of practice for one of three residents (Resident 8). These failures resulted in an Immediate Jeopardy situation. Findings include: Review of the facility policy entitled, Peripherally Inserted Central Catheter (PICC)/Midline/Central Venous Access Device (CVAD) Dressing Change, last reviewed on February 26, 2026, revealed that the facility was to inspect the catheter-skin junction and surrounding area, palpating through the intact dressing for redness, tenderness, swelling, and drainage, note any pain, numbness, or tingling, and change a midline dressing weekly or if soiled in a manner to decrease potential for infection. Physician's orders would specify the type of dressing and frequency of changes. The CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011, last updated October 2017, recommends replacing transparent dressings on short-term central vascular catheter (CVC) sites at least every seven days. Clinical record review revealed that Resident 8 was admitted to the facility on [DATE], with diagnoses that included a severe bone infection (osteomyelitis) at the base of the spine (sacral/coccyx) and an advanced (stage four) sacral region pressure wound. A review of the Minimum Data Set assessment (MDS, an assessment completed at specific intervals to determine care needs) dated February 24, 2026, revealed that Resident 8 was cognitively intact, had intravenous access (a method of inserting a thin catheter or tube directly into the bloodstream through the veins for administering fluids, medications, blood products, or nutrition) and was receiving intravenous medication. A physician's order dated February 19, 2026, directed staff to administer two grams of an antibiotic (ceftriaxone sodium) solution reconstituted intravenously daily for treatment of osteomyelitis. Review of Resident 8's Medication Administration Record for February and March 2026 revealed that there were no orders for care and maintenance of the midline access site. Review of the care plan revealed that the resident was at risk for complications related to receiving intravenous medication and included interventions for staff to observe the right chest wall dressing every shift and to change the dressing weekly. Observations on March 24, 2026, at 12:20 p.m. and 2:50 p.m., revealed Resident 8 had a midline peripheral access site in the right chest wall with a transparent dressing dated February 22, 2026, which indicated that staff had not changed the dressing in 30 days. The bottom part of the dressing was not fully adhered to the skin. In an interview on March 24, 2026, at 2:50 p.m., the resident stated that staff had not changed the dressing. There was a lack of documentation to support that the facility had provided adequate care and management of the midline peripheral venous access device, including assessing the resident's access site and changing the dressing at least every seven days and as needed, putting Resident 8 at risk for infection. In an interview on March 24, 2026, at 2:54 p.m., the Director of Nursing confirmed that the dressing for Resident 8's midline access site was dated February 22, 2026, and that it should have been changed weekly. On March 25, 2026, at 2:15 p.m., the Administrator and the Director of (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 0694</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Nursing were notified that the failure to implement appropriate measures for the care and management of a midline peripheral venous access device in accordance with facility policy and professional standards of practice resulted in an Immediate Jeopardy situation at F694-J and the Immediate Jeopardy template was provided. The facility was informed that a corrective action plan was required. The facility presented an acceptable action plan for removal of the Immediate Jeopardy on March 25, 2026, at 6:35 p.m. The facility's action plan contained the following: 1. Resident 8 was discharged from the facility. Upon return the facility would review the resident's chart and follow physician's orders.2. Residents with a PICC line will be assessed to assure that appropriate measures for the care and management of a midline peripheral venous access device are in place and ensure that weekly dressing changes are properly ordered by the physician and completed.3. Any residents admitted with a PICC line will be reviewed to assure that physician's orders include weekly dressing changes. RN Supervisor will ensure that orders are in place.4. The Director of Nursing (DON) reviewed the policy and procedures for PICC and wound management policy to ensure professional standards are provided.5. Staff educator/designee will educate licensed nursing staff on the policy and procedure related to care and management of a midline peripheral venous access device and wounds.6. Staff educator/designee will educate licensed nursing staff on obtaining physician's orders when any new skin alteration is identified.7. All staff scheduled for the evening shift (3:00 p.m. to 11:00 p.m.) on March 25, 2026, will be educated with 100 percent of staff on that shift educated by March 25, 2026. 8. All staff scheduled for the night shift (11:00 p.m. to 7:00 a.m.) on March 25, 2026, will be educated with 100 percent of staff on that shift educated by March 25, 2026. 9. All other licensed staff and providers will be educated via telephone education with 100 percent of all staff educated by March 25, 2026.10. Licensed staff who cannot be reached by March 25, 2026, will be removed from the schedule pending completion of education.11. DON/Designee will review new admissions/re-admissions within 72 hours to ensure all physicians' orders are verified. This will be audited weekly for four weeks then monthly for four months. Results will be reported in Quality Assurance and Performance Improvement (QAPI).12. DON/Designee will do random audit of residents with PICC/wounds daily for five days to ensure dressing changes are completed as ordered followed by weekly audits for four weeks, then monthly for four months. Results will be reported to QAPI. The survey team validated that Immediate Jeopardy was removed on March 25, 2026, at 6:40 p.m., through observation, review of the facility training, and staff interviews following the facility's implementation of the plan for removal of the Immediate Jeopardy. The deficient practice remained at scope/severity D (isolated with potential for more than minimal harm) following the removal of the Immediate Jeopardy. 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on facility policy review, review of facility documentation, and staff interview, it was determined that the facility failed to maintain accurate reconciliation records for controlled substances on six of six medication carts. (Unit I Carts 1, 2, 3 and Unit II Carts 1, 2, 3) Findings include:</p> <p>Review of the facility policy entitled, Controlled Substance Administration and Accountability, last reviewed February 26, 2026, revealed that two licensed nurses were to account for all controlled substances at the end of each shift for areas without automated dispensing systems.</p> <p>Review of the controlled substance logs for January, February, and March 2026, for the Unit I and Unit II medication carts (without automated dispensing systems) revealed the following:</p> <p>There was no documented evidence that the controlled substances were counted after every shift on 15 of 31 days from January 1 through 31, 2026.</p> <p>There was no documented evidence that the controlled substances were counted after every shift on 14 of 28 days from February 1 through 28, 2026.</p> <p>There was no documented evidence that the controlled substances were counted after every shift on 11 of 24 days from March 1 through 24, 2026.</p> <p>In an interview on March 25, 2026, at 9:15 a.m., the Director of Nursing confirmed that the nurse coming on duty and the nurse going off duty were to sign that specific cart's Shift Count Log to verify that they counted the narcotics at the end of the shift and that there were no discrepancies with the count. In an interview on March 27, 2026, at 10:38 a.m., the Director of Nursing confirmed that there was no evidence that the controlled substances were counted and signed off on the identified dates as per facility policy and should have been.</p> <p>28 Pa. Code 211.9(j.1)(5) Pharmacy services.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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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>Based on clinical record review and staff interview, it was determined that the facility failed to ensure physicians' orders were implemented for three of 28 sampled residents. (Residents 14, 22, and 70) Findings include:</p> <p>Clinical record review revealed that Resident 14 had diagnoses that included hypotension (low blood pressure), end stage renal disease, and dependence on renal dialysis. A physician's order dated February 4, 2026, directed staff to administer a medication (midodrine) one time a day at 9:00 a.m., for hypotension every Monday, Wednesday, and Friday. A physician's order dated November 16, 2025, directed staff to have Resident 14 leave the facility at 5:30 a.m., to go to dialysis Monday, Wednesday, and Friday. Review of Resident 14's medication administration records (MAR) for February and March 2026, revealed that staff had noted Resident 14 was out of the facility six times in February and 11 times in March, and the medication was not administered. Clinical record review revealed that Resident 14 was at dialysis at those times. There was no evidence that staff notified the physician of the missed doses or that the facility addressed the resident's medication administration schedule to prevent missed doses on dialysis days.</p> <p>Clinical record review revealed that Resident 22 had diagnoses that included diabetes and chronic kidney disease. Physician's orders dated January 18, 2026, and February 3, 2026, directed staff to administer eight units of a diabetic medication NovoLog (insulin aspart) subcutaneously (under the skin) at 7:00 a.m., 11:30 a.m., and 4:30 p.m., 27 units of insulin glargine subcutaneously at 10:00 a.m., and 16 units of a diabetic medication insulin glargine subcutaneously at 9:00 p.m., every day. Staff were not to administer the medication if the resident's blood sugar was less than 120 milligrams per deciliter (mg/dL). Review of Resident 22's February and March 2026 MAR revealed that staff administered the insulin glargine one time in February and three times in March when the resident's blood sugar was less than 120 mg/dL. Further review of Resident 22's March 2026 MAR revealed that staff administered the insulin aspart two times in March when the blood sugar was less than 120 mg/dL.</p> <p>Clinical record review revealed that Resident 70 had diagnoses that included hypotension. A physician's order dated February 28, 2024, directed staff to administer a medication (midodrine) three times a day for hypotension. 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 greater than 120 millimeters of mercury (mm/Hg). Review of Resident 70's February and March 2026 MARs revealed that staff administered the medication one time in February and seven times in March when the resident's SBP was greater than 120 mm/Hg.</p> <p>In an interview on March 27, 2026, at 10:36 a.m., the Director of Nursing (DON) stated that if a medication could not be administered, the nurse was to contact the physician of the missing dose by the next day. The DON further confirmed that there was no documented evidence that nursing staff notified the physician that the midodrine was not administered to Resident 14 due to the resident being at dialysis in February and March and that the nurses were to have held the insulin when Resident 22's blood sugar was below 120 mg/dL. The DON also confirmed at that time that Resident 70 should not have received midodrine when the SBP was greater than 120 mm/Hg.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on facility policy review, observation, and staff interview, it was determined that the facility failed to administer medications in a manner that prevents the spread of infections for one of 28 sampled residents. (Resident 19) Findings include: Review of the facility policy entitled, Administration of Eye Drops or Ointments, last reviewed February 26, 2026, revealed that eye medications were to be administered in accordance with professional standards of practice and gloves were to be applied prior to administration of the eye drops. On March 25, 2026, at 8:50 a.m., Licensed Practical Nurse (LPN) 1 was observed administering medications to Resident 19. LPN 1 administered a medicated eye drop used to treat eye inflammation, swelling, and redness caused by surgery, injury, or allergies (prednisolone 1%) and a medicated eye drop used to treat bacterial eye infections (ofloxacin 0.3%) to the eyes of the resident with her ungloved hands. In an interview on March 26, 2026, at 9:55 a.m., the Director of Nursing confirmed that the nurse should have been wearing gloves to administer medications to the eyes. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>