

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395685	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2025
NAME OF PROVIDER OR SUPPLIER Wallingford Skilled Nursing and Rehabilitation Cen		STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Providence Road Wallingford, PA 19086	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, and interviews with residents and staff it was determined that the facility failed to maintain personal dignity for two of six residents observed (Resident R1, R2)</p> <p>Findings Include:</p> <p>Facility policy titled Residents Rights Under Federal Law , revised 2023, revealed the facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his/her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>Clinical record revealed Resident R1 was admitted to the facility on [DATE] with a diagnosis that included fracture of upper end of left humerus, schizophrenia (mental health condition that affects how people think, feel, and behave), and muscle weakness.</p> <p>Review of Resident R1's Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), dated June 06, 2025, revealed Resident R1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating cognitively intact.</p> <p>Review of Resident R1's MDS assessment, dated June 10, 2025, revealed under section GG- functional abilities, Resident R1 is dependent (helper does all the work) on upper and lower body dressing (the ability to dress and undress)</p> <p>Observation on 1st floor unit 2 wing on June 21, 2025 at 11:02 a.m. revealed Resident R1's door open. Resident R1 was observed to be exposed with only a brief on.</p> <p>Interview with Resident R1 on June 21, 2025 at 11:04 a.m. revealed Resident R1 felt uncomfortable that his/her door was open while he was laying in bed with only a brief on. Resident R1 stated staff did not close the door when exiting the room.</p> <p>Clinical record review revealed Resident R2 was admitted to the facility on [DATE] with a diagnosis that congestive heart failure (chronic condition that affects the hearts ability to pump blood well), rhabdomyolysis (serious condition where the muscles break down and release toxins into your blood and kidneys), and muscle weakness.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R2's MDS assessment, dated May 08, 2025, revealed Resident R2 had a BIMS score of 13 indicating cognitively intact.</p> <p>Review of Resident R2's MDS assessment, dated May 20, 2025, revealed under section GG- functional abilities, Resident R2 requires supervision or touching assistance (helper provides verbal cues and/or touching/ steadying assistance as resident completes activity) on upper and lower body dressing.</p> <p>Observation on 2nd floor unit 4 wing on June 21, 2025 at 11:13 a.m. revealed Resident R2's door open. Resident R2 was observed sitting on his/her bed with lower body exposed and no brief on.</p> <p>Interview with Resident R2 on June 21, 2025 at 11:14 a.m. revealed Resident R2 needed assistance with lower body dressing.</p> <p>Interview with Certified Nursing Assistant, Employee E1, on June 21, 2025 at 11:17 a.m. confirmed Resident R2 requires assistance with dressing and Resident R2's door should be closed for privacy.</p> <p>Residents R1 and R2 both had their doors and privacy curtains open, revealing their body to anyone who walked past their rooms.</p> <p>28 Pa. Code: 201.18(b)(2) Management.</p> <p>28 Pa. Code: 201.29(j) Resident's rights.</p>		