

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 03/31/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on clinical records review and staff interview, it was determined that the facility failed to follow the wound care physician's order for one of two residents reviewed (Resident CL1). Findings: A review of Resident CL1's wound physician's notes dated January 15, 2026, revealed residents had a right heel DTI (Tissue Pressure Injury- Persistent non-blanchable deep red, maroon or purple discoloration) measuring 2.5 x 3.5 cm (centimeters), and a left heel DTI measuring 2.5 x 2.3 cm. An order was made to cleanse both heels with soap and water, apply skin prep, and leave them open to air daily. A review of Resident CL1's January 2026 Treatment Administration Record (TAR) revealed that the skin prep order for both heels was followed. A review of Resident CL1's wound physician's notes dated January 22, 2026, revealed that the right heel DTI had worsened with a measurement of 3.7 x 6.0 cm. The left-heel DTI had a measurement of 0.3 x 0.3 cm. A new wound treatment was made to apply Betadine (brownish solution used to prevent infections)-soaked gauze to the right heel and cover with a dressing. A new order was also made to apply the left heel with Betadine and leave it open to air. A review of Resident CL1's January 2026 TAR revealed that the right heel treatment was followed. However, further TAR review reveal that left heel DTI treatment was not done from January 23, 2026, until February 8, 2026. An interview was conducted with the Director of Nursing (DON) on March 31, 2026, at 1:00 p.m. The DON confirmed that the left heel DTI order from the wound physician was missed and was therefore not followed. The facility failed to ensure Resident CL1's left heel DTI treatment order was followed. 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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