STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395711	A. Building B. Wing	10/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elkins Crest Health & Rehabilitation Center	265 E. Township Line Road Elkins Park, PA 19027

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)
F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition 39422 Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a Minimum Data Set assessment for a signifcant change in condition was completed for one of 28 sampled residents. (Resident 39) Findings include: Clinical record review revealed that Resident 39 experienced a decline in his overall status and hospice services began on April 9, 2024. There was no Minimum Data Set (MDS) assessment completed to reflect the significant change in the resident's condition. In an interview on October 8, 2024, at 10:00 a.m., the Director of Nursing confirmed that a significant change in status MDS assessment was not completed upon a change in the resident's condition.

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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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. 39422 Based on review of the Resident Assessment Instrument (RAI) Users Manual, clinical record review, and staff interview, it was determined that the facility failed to timely complete a quarterly Minimum Data Set (MDS) assessment for one of 28 sampled residents. (Resident 119) Findings include: The Long-Term Care Facility RAI User's Manual, which provides instructions and guidelines for completing required MDS assessments (mandated assessments of a resident's abilities and care needs), revised October 2023, indicates that quarterly assessments must be no more than 92 days after the Assessment Reference Date (ARD) of the most recent assessment, and the assessment was to have a completion date that was no later than the ARD plus 14 calendar days. Clinical record review revealed that Resident 119 had a quarterly MDS assessment completed on February 18, 2024. There was no evidence that any MDS assessment, including a quarterly assessment, had been completed until August 16, 2024. In an interview on October 8, 2024, at 11:21 a.m., the Director of Nursing stated that the MDS quarterly assessment had not been completed in a timely manner as required by the RAI manual.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 48578 Based on observation, clinical record review, and review of manufacturer's drug usage recommendations, it was determined that the facility failed to maintain a medication error rate of less than five percent (%) for two of four residents observed on medication administration. (Residents 28, 47) Findings include: Observations of medication administration on October 6, 2024, from 9:30 a.m. to 10:15 a.m., revealed that two medication errors occured during 30 medication administration opportunities, resulting in a medication administration error rate of 6.67%. Clinical record review revealed that Resident 28 had diagnoses that included chronic obstructive pulmonary disease. A review of physician's order dated November 15, 2022, revealed that staff was to administer one puff of a fluticasone furoate-vilanterol (Breo Ellipta) inhaler every day. A review of the manufacturer's instructions for use of the inhaler revealed that users of the inhaler were to rinse their mouth with water after inhalation to help reduce the risk of developing an infection in the mouth or throat. Observation of the medication pass on October 6, 2024, at 9:40 a.m., revealed that Resident 28 was not directed to rinse her mouth after using the inhaler. Clinical record review revealed that Resident 47 had diagnoses that included asthma and shortness of breath. A review of physician's order dated February 5, 2024, revealed that staff were to administer one puff of a fluticasone furoate (Arnuity Ellipta) inhaler. A review of the manufacturer's prescribing information revealed that users were to rinse their mouth with water after using the inhaler to help reduce the chance of getting an infection in the mouth or throat. Observation of the medication pass on October 6, 2024, at 9:50 a.m., revealed that Resident 47 was not directed to rinse her mouth after using the inhaler. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 39422 Based on observation, it was determined that the facility failed to store food under sanitary conditions in the main kitchen and on two of three nursing unit pantries. (First floor and Second floor) Findings include: Observation of the kitchen on October 6, 2024, at 9:20 a.m., revealed the following: In the walk-in freezer, there was an opened box of chicken leg quarters on the bottom shelf with an accumulation of ice. There was an opened bag of hamburgers that was not dated. There were two opened packages of mixed vegetables that were not dated. On the freezer shelf there was pepperoni wrapped in plastic wrap that had a use-by date of August 7, 2024. In the walk-in refrigerator, there was an opened bag of shredded cheese that had no date and miniature butter cups on the floor underneath the shelves. In dry storage, there was a pack of taco shells removed from the original packaging that was not dated. There were five bags of hot dog buns on a shelf that had a use-by date of August 22, 2024. There was one bag of hot dog buns that had a hole with an insect inside. There were three bags of dinner rolls and one bag of hamburger rolls that were opened and were not dated. On the storage shelf there was a box of sprinkles with a use-by date of July 18, 2024. Observation of the first floor unit pantry on October 6, 2024, at 10:55 a.m., revealed that in the freezer, there was a package of sausage, egg, and cheese croissant with no name or date. There was an unknown item wrapped in aluminum foil with no name or date. Observation of the second floor unit panty on October 6, 2024, at 11:28 a.m., revealed that in the freezer, there was an unlabeled clear food storage bag of vegetables and an unknown item inside a black bag with no name or date. In the refrigerator, there was a bottle of soda that was opened with no name or date. CFR 483.60 Food Procurement Store/Prepare/Serve-Sanitary. Previously cited 9/22/23. 28 Pa. Code 201.18(b)(3) Management.