

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Waverly Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 Waverly Road Gladwyne, PA 19035	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>47973</p> <p>Based on the review of clinical records and interview with staff, it was determined that the facility failed to notify the resident and the resident's representative(s) of the transfer to the hospital and the reasons for the transfer in a timely manner for one of 12 residents reviewed (Resident R8).</p> <p>Findings include:</p> <p>Review of Resident R8's clinical record revealed that the resident was transferred to the hospital on September 7, 2023, due to fever.</p> <p>Further review of Resident R8's clinical record failed to reveal documentation of a written hospital transfer notice provided by the facility to Resident R8 and their representative(s).</p> <p>Interview with the facility Administrator, Employee E1, on April 24, 2024, at 9:43 a.m. confirmed that Resident R8 and their representative were not notified in writing of the reasons for the transfer, and in a language and manner they understood. Further interview confirmed there was no system in place regarding written notice before discharge.</p> <p>28 Pa. Code 201.14(a) Responsibility of license</p> <p>28 Pa. Code 201.29(a) Resident rights</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>47973</p> <p>Based on review of the clinical records, review of facility policies and interviews with staff, it was determined that the facility failed to ensure that a resident was free of significant medication error related to the receiving wrong medication which was prescribed for another resident for one of 4 residents reviewed for medication administration (Resident R9).</p> <p>Findings include:</p> <p>Review of FDA (Food and Drug Administration) guidelines for Morphine sulfate revealed that Morphine sulfate is an opioid agonist indicated for the relief of moderate to severe acute and chronic pain where an opioid analgesic is appropriate. (1) Morphine sulfate 100 mg per 5 mL (20 mg/mL) solution is indicated for the relief of moderate to severe acute and chronic pain in opioid-tolerant patients. WARNINGS AND PRECAUTIONS Risk of Medication Errors: Use caution when prescribing, dispensing, and administering to avoid dosing errors due to confusion between different concentrations and between mg and mL, which could result in accidental overdose and death. (5.1) Respiratory depression: Increased risk in elderly, debilitated patients, those suffering from conditions accompanied by hypoxia, hypercapnia, or upper airway obstruction. (5.2) Controlled substance: Morphine sulfate is a Schedule II controlled substance with an abuse liability similar to other opioids. (5.3) CNS effects: Additive CNS depressive effects when used in conjunction with alcohol, other opioids, or illicit drugs.</p> <p>Review of Physician orders for Resident R9 for April 2024 revealed no evidence that the resident had a physician order for morphine sulfate.</p> <p>Review of a facility investigation dated April 4, 2024, revealed that the charge nurse administered Morphine Sulfate (This medication is used to help relieve moderate to severe pain. Morphine belongs to a class of drugs known as opioid analgesics) 0.25 milligrams to Resident R1 by error. Nurse recognized error when she signed out the medication.</p> <p>Interview with Resident R9 on April 22, 2024, at 11:00 a.m. stated she received the wrong medication approximately 2 weeks ago. Resident stated she was sleeping and during her sleep she was awakened by a nurse by placing something like a liquid in her mouth. Resident stated she was asleep, and the nurse did not ask her anything to identify her.</p> <p>Interview with Director of Nursing on April 24, 2024, at 2:38 p.m. stated nurse did not follow appropriate practice of medication administration. Nurse did not identify the right resident/patient before she administered the medication which resulted in Resident R9 receiving wrong narcotic pain medication which could potentially cause serious side effects.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p> <p>28 Pa. Code 211.12(d)(5) Nursing services</p>		