

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court Skilled Care Center at Brittany		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Valley Forge Road Lansdale, PA 19446	
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 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, observations, and staff interview, it was determined that the facility failed to implement physicians' orders for two of 18 sampled residents. (Residents 25, 219)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 25 had diagnoses that included Parkinson's disease and hypotension (low blood pressure). A physician's order dated February 18, 2025, directed staff to administer a medication (midodrine hydrochloride) three times a day for hypotension. The medication was to be held 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 140 millimeters of mercury (mm/Hg). Review of Resident 25's medication administration record revealed that staff administered the medication one time in April 2025, once in May 2025, and once in June 2025, when the resident's SBP was greater than 140 mm/Hg. The medication was withheld and should have been administered twice in May 2025 when the resident's SBP was below 140 mm/Hg.</p> <p>Clinical record review revealed that Resident 219 had diagnoses that included heart failure and diabetes. A review of a nursing note from June 30, 2025, revealed the resident was alert, oriented, and able to make his needs know. A physician's order dated June 30, 2025, directed staff to apply compression stockings in the mornings and take them off at bedtime. A nutrition note dated June 30, 2025, indicated that Resident 219 had mild edema in his bilateral lower extremities, was prescribed a diuretic medication, and had orders to wear the compression stockings to his lower extremities. Observations on July 1, 2025, at 11:18 a.m., from 12:15 p.m. to 12:45 p.m., and at 1:45 p.m., revealed Resident 219 was not wearing compression stockings. Observations on July 2, 2025, at 12:13 p.m., revealed Resident 219 was wearing his compression stockings. In an interview with the resident and his family member, it was revealed that was the first time he wore the compression stockings since admission to the facility.</p> <p>In an interview on July 3, 2025, at 9:36 a.m., and 10:00 a.m., the Administrator confirmed that medications were administered outside of the established parameters for Resident 25 and that the compression stockings should have been on Resident 219.</p> <p>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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2025
NAME OF PROVIDER OR SUPPLIER Willowbrooke Court Skilled Care Center at Brittany		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Valley Forge Road Lansdale, PA 19446	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on policy review, observations, and staff interview, it was determined that the facility failed to properly serve food and maintain sanitary conditions in the one of two dining rooms. (First floor dining room)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Personal Appearance Standards, last reviewed March 11, 2025, revealed that male staff with facial hair, moustache, and/or beard, must wear a beard guard while in the production kitchen, and defines the production kitchen as the area as where food is prepared or plated from a hot or cold workstation.</p> <p>Observation of meal service in the first-floor production kitchen on July 1, 2025, from 12:15 p.m. to 12:45 p.m. , and July 2, 2025, at 8:20 a.m. to 8:35 a.m., revealed the Nutrition Service Manager had a beard, was working in the production kitchen during the lunch and breakfast meal services, and was not observed wearing a beard guard. Observations on July 2, 2025, from 12:10 p.m. to 12:30 p.m., revealed the Nutrition Service Manager was working in the production kitchen during the lunch meal service and was wearing a surgical mask. His facial hair was observed uncovered out of the sides of the mask.</p> <p>In an interview on July 3, 2025, at 9:30 a.m., the Administrator stated that the Nutrition Service Manager should have had a beard guard on in the production kitchen.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>		