

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395791	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Complete Care at Harston Hall LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 350 Haws Lane Flourtown, PA 19031	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on review of clinical records, staff interview, and review of the facility policy, it was determined the facility failed to ensure physician orders were followed for one of the three residents reviewed (Resident CL1).</p> <p>Findings include:</p> <p>Review of facility policy titled Administering Medication updated October 2022 revealed Medication shall be administered in a safe and timely manner and as prescribed. Under policy interpretation bullet #2 it further stated Medication must be administered in accordance with the order including any required time frames.</p> <p>Review of Resident CL1's clinical record revealed that the resident was admitted to the facility on [DATE], at approximately 12:38 p.m. with a diagnosis of hospice care.</p> <p>Review of Resident CL1's physician order dated January 6, 2025, revealed an order of</p> <p>-Morphine Sulfate (concentrate) Oral Solution 20 MG/ML give 0.25 ml by mouth every 2 hours as needed for moderate pain, scale 4-6.</p> <p>- Morphine Sulfate (concentrate) Oral Solution 20 MG/ML give 0.5 ml by mouth every 2 hours as needed for severe pain, scale 7-10.</p> <p>Interview conducted on January 21, 2025, at 10:30 a.m., with Unit Manager, Employee E3, revealed that per Resident CL1's Medication Administration Record (MAR) Morphine Sulfate (Concentrate) Oral Solution 20 mg/mL, 0.25 mL by mouth, was administered to Resident CL1 on January 6, 2025, at 9:08 p.m. for a reported pain level of 3.</p> <p>Review of the resident's controlled medication sheet with the Unit Manager, Employee E3, revealed the administration of Morphine Sulfate (Concentrate) Oral Solution 20 mg/mL. The records indicated that a 0.25 mL dose was given on January 6, 2025, at 3:00 p.m. and 7:30 p.m. However, no pain level was documented for either administration.</p> <p>Review of clinical record of Resident CL1 Medication Administration Record revealed on January 7, 2025, Resident CL1 was given 0.5 ml by mouth that Morphine Sulfate for pain level 5 at 4:51 a.m. then pain level 6 at 11:32 a.m. Then on January 8, 2025, pain level 6 at 5:31 p.m.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of Resident CL1's MAR revealed on January 7, 2025, Resident CL1 was given 0.25 ml by mouth that Morphine Sulfate for pain level 3 on January 6, 2025, at 9:08 and on January 8, 2025, at 11:19 for pain level 3. The pain levels were outside the parameters specified in the physician's order.</p> <p>On January 21, 2025, at 1:36 p.m. an interview with the Infection Control and Training license nurse, Employee E2 confirmed that facility did not follow the physician orders.</p> <p>On January 21, 2025, at 2:00 p.m., an interview with the Administrator, Employee E1, confirmed that the facility failed to follow the physician's orders by not documenting the pain level for dosages on January 6, 2025, and by not administering the correct medication dosage within the appropriate pain level parameters.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services</p>		