

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2024
NAME OF PROVIDER OR SUPPLIER  Montgomeryville Skilled Nursing and Rehabilitati		STREET ADDRESS, CITY, STATE, ZIP CODE  640 Bethlehem Pike Montgomeryville, PA 18936	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39766</p> <p>Based on clinical record review, policy review, and staff interview, it was determined that the facility failed to notify the resident's responsible party of a change in treatment for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, Change in Condition: Notification of, dated February 2023, revealed that the Center must immediately inform the resident's representative when there was a need to alter treatment significantly such as a need to discontinue, change, or commence a treatment.</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included atrial fibrillation, seizures, and diabetes. The Minimum Data Set assessment dated [DATE], revealed the resident had memory impairment. On January 4, 2024, based on electrocardiogram results, the physician directed staff to hold the medications, amiodarone and Toprol-XL until the resident was seen by the cardiologist for a scheduled consultation on March 24, 2024. On January 4, 2024, the physician directed staff to administer hydralazine 25 milligrams (mg) twice a day for blood pressure control. There was no documentation in the clinical record to support that the responsible party was notified of the medication changes.</p> <p>In an interview on January 29, 2024, at 2:24 p.m., the Director of Nursing confirmed there was no documentation to support the resident's responsible party had been notified of the medication changes.</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
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