

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  02/12/2024
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 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>09315</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of three sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record reiew revealed that Resident 1 had diagnoses that included diabetes, anemia, sepsis and chronic pressure ulcers. On January 3, 2024, a physican directed staff to schedule a cardiology consultation for the resident. Clinical record review revealed that as of February 12, 2024, the consultation was not scheduled.</p> <p>In an interview of February 12, 2024, at 12:05 p.m., the Director of Nursing confirmed that the consultation was not scheduled as ordered by the physician.</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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