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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395796 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>04/03/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Montgomeryville Skilled Nursing and Rehabilitati |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>640 Bethlehem Pike<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 09315</p> <p>Based on clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to ensure that safety interventions were implemented during a transfer from bed to chair for one of four sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included brain bleed, stroke, and bipolar disorder. The Minimum Data Set assessment dated [DATE], revealed that the resident was non-ambulatory, dependent upon staff for care, and required the assistance of two staff with the use of a lift for transfers out of bed.</p> <p>The resident's care plan dated March 23, 2024, directed staff to provided full assistance of two staff members with the use of a lift for all transfers out of bed.</p> <p>Nursing documentation dated March 28, 2024, at 11:00 a.m., indicated that the resident was heard yelling for staff while seated in her wheelchair in her room. The resident stated that her head got bumped while being transferred out of bed with the lift. Review of the facility investigation revealed that only one staff member had used the lift to transfer the resident out of bed.</p> <p>In an interview on April 3, 2024, at 10:00 a.m, the Director of Nursing confirmed that the nursing assistant failed to ensure that the assistance of two staff members was provided during the transfer of Resident 1 from the bed to the wheelchair on March 28, 2024.</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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