

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 07/30/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on clinical record review and resident interview, it was determined that the facility failed to provide services to enhance each resident's quality of life by offering showers as scheduled to two of seven sampled residents. (Residents 1, 7)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included chronic respiratory failure, seizures, and diabetes. The Minimum Data Set assessment (MDS), dated [DATE], indicated that the resident had cognitive impairment and required staff assistance for bathing. According to the task flowsheet, the resident was to receive a shower twice per week, on Monday and Thursday. There was no documented evidence that Resident 1 was showered on July 8 or 18, 2024.</p> <p>Clinical record review revealed that Resident 7 had diagnoses that included heart failure. The MDS assessment, dated May 10, 2024, indicated that the resident had no cognitive impairment and required staff assistance for bathing. The resident was to receive a shower twice per week, on Wednesday and Saturday. During an interview on July 30, 2024, at 11:15 a.m., the resident reported that she preferred to take a shower twice a week and was not offered the opportunity to do so. Resident 7 stated that she would not refuse the opportunity to shower. Review of the clinical record revealed a lack of documentation to support that the resident was offered a shower three of six scheduled times in the past 30 days.</p> <p>In an interview on July 30, 2024, at 4:20 p.m., the Administrator confirmed there was no documented evidence that showers were given as scheduled.</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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<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>45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident representative of a change in condition for one of seven sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included chronic respiratory failure, seizures, and diabetes. The Minimum Data Set assessment, dated May 13, 2024, indicated that the resident had cognitive impairment. Review of a nurse's note dated June 30, 2024, revealed that Resident 1's right buttock was observed to be red and irritated with new orders from the physician to cleanse the area with normal saline solution, pat dry, and apply barrier cream and a foam border dressing. Review of a wound care progress note dated July 19, 2024, revealed that Resident 1 had a new left-sided anterior neck abrasion with orders to cleanse with wound cleanser and leave open to air. There was no documented evidence that the resident's representative was notified of the changes in condition.</p> <p>In an interview on July 30, 2024, at 12:45 p.m., the Director of Nursing confirmed that the resident's representative was not notified of the changes in condition.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>