STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395796	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Montgomeryville Skilled Nursing and Rehabilitati	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)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure that the baseline care plan summary was provided to the resident and/or resident representative for two of 12 sampled residents. (Residents 5 and 110) Findings include: Review of the facility's policy entitled, Person-Centered Care Plan, dated June 2, 2025, revealed that a baseline plan of care was to be developed within 48 hours of admission. The baseline care plan was to include healthcare information necessary to properly care for a resident and must include initial goals based on admission orders, physician orders, dietary orders, therapy orders, social services, and pre-admission screening resident review, if applicable. The baseline care plan was to be updated as needed to meet the resident's needs until the comprehensive care plan was developed. The resident and/or representative were to be provided a written summary of the baseline care plan. Clinical record review revealed that Resident 5 was admitted to the facility on [DATE]. The baseline care plan was developed on June 13, 2025. There was a lack of evidence to support that the facility provided the resident and/or representative with a summary of the baseline care plan that included all the required components. Clinical record review revealed that Resident 110 was admitted to the facility on [DATE]. The baseline care plan was developed on June 16, 2025. There was a lack of evidence to support that the facility provided the resident and/or representative with a summary of the baseline care plan that included all the required components. In an interview conducted on June 26, 2025, at 10:10 a.m., the Administrator confirmed there were no evidence the baseline care plan summary was provided to the residents and/or representatives. 28 Pa. Code 201.18 (b)(1) Management.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on clinical record review, staff interview, and observations, it was determined that the facility failed to implement physicians' orders for two of 12 sampled residents. (Residents 4 and 159) Findings include: In an interview on June 26, 2025, at 10:00 a.m., the Director of Nursing stated that once a medication is administered, it should be recorded onto the resident's Medication Administration Record (MAR). If a dose of regularly scheduled medication is withheld, refused, or given at an other time other than what is scheduled, the reason should be documented on the MAR. Clinical record review revealed that Resident 4 had diagnosis of hypertension (high blood pressure). On June 11, 2025, the physician ordered staff to administer a blood pressure medication (hydralazine hydrochloride) three times a day. Staff was not to administer the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mmHg). Review of Resident 4's MAR for June 2025, revealed that staff administered the medication on June 19, 2025, when the SBP was less than 100 mmHg. On June 17 and 25, 2025, there was no documented evidence that the medication was offered to Resident 4 at 2:00 p.m., as scheduled. On June 12, 2025, the physician ordered staff to administer a blood pressure medication (amlodipine besylate) one time a day. Staff was not to administer the medication if the resident's SBP was less than 110 mmHg. Review of Resident 4's MAR for June 2025, revealed that staff administered the medication on June 21, 2025, when the SBP was less than 110 mmHg. On June 12, 2025, the physician ordered staff to administer a blood pressure medication (lisinopril) one time a day. Staff was not to administer the medication if the resident's SBP was less than 110 mmHg. Review of Resident 4's MAR for June 2025, revealed that staff administered the medication on June 21, 2025, when the SBP was less than 110 mmHg. On June 12, 2025, the physician ordered staff to administer a blood pressure medication (metoprolol) one time a day. Staff was not to administer the medication if the resident's heart rate (the number of times a heart beats in one minute) was less than 60. Review of Resident 4's June 2025 MAR revealed that staff administered the medication on June 15, 2025, when the resident's heart rate was less than 60. In an interview on June 26, 2025, at 10:02 a.m., the Director on Nursing confirmed that the medications were administered outside of established parameters and that staff should have documented on the MAR when the medication was offered to the resident. Clinical record review revealed that Resident 159 had diagnoses that included a history of traumatic brain injury and left elbow contracture. A physician's order dated June 23, 2025, directed staff to keep a left palm guard with finger separators in place on the resident's left hand at all times except for removal for hygiene tasks and skin checks every shift. Review of Resident 159's June 2025 MAR revealed that the palm guard was not in place on June 23 and 24, 2025. Observations of the resident's left hand on June 24, 2025, at 11:30 a.m., 1:30 p.m., and on June 25, 2025, at 11:09 a.m., revealed that the left palm guard was in place, but his fingers on the left hand were contracted and were overlapping one another. The finger separators were not in place. In an interview on June 26, 2025, at 1:51 p.m., the Administrator confirmed that the finger separators should have been in place, per the physician's order. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	CFR 483.25 Quality of Care Previously cited 5/22/24 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on staff interview, it was determined that the facility failed to employ a full-time qualified dietary services manager in the absence of a full-time qualified dietitian. Findings include: During an interview on June 24, 2025, at 11:45 a.m., the Food Service Director stated the facility did not employ a qualified dietary manager. There was no evidence that the facility had a qualified dietary services manager or a full-time dietitian. In an interview conducted on June 25, 2025, at 1:00 p.m., the Administrator confirmed that there was not a full-time dietitian employed at the facility and that the facility did not employ a qualified dietary manager in the absence of a full-time dietitian. 28 Pa. Code 201.18(b)(3) Management.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observation, and staff interview, it was determined that the facility failed to store food in a sanitary manner on one of one nursing unit. (Rehabilitation unit) Review of the facility policy entitled, Food Brought in for Residents, dated June 2, 2025, revealed that foods that required refrigeration were to be labelled with the resident's name and the date and then discarded after three days upon notification to the resident. Observation of the Rehabilitation unit resident pantry on June 25, 2025, at 10:30 a.m., revealed in the freezer, a container of ice cream in a bag, a bottle of water, and a juice drink that were not labelled or dated. In the refrigerator, there was a cup of coffee dated June 4, 2025, but was not labelled. There was an opened container of nectar thick lemon-flavored water with a use-by date of June 2, 2025, and a yogurt with a use-by date of June 23, 2025. There was a large plastic lid labelled fresh fruit directly touching the shelf, and there was no bottom part of the container in the refrigerator. There was a sandwich, a bagel wrapped in foil, and a large white plastic bag that contained four sandwich bags of chips, pretzels, pickles, and grapes that were not labelled or dated. In an interview on June 25, 2025, at 1:07 p.m., the Administrator confirmed the unit pantry is for resident food items only. CFR 483.60(i) Food Safety Requirement Previously cited 5/22/24 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3)(e)(2.1) Management.