STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395800	A. Building B. Wing	07/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highlands at Wyomissing	2000 Cambridge Avenue Wyomissing, PA 19610

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 39422 Based on a group interview and staff interview, it was determined that the facility failed to ensure that each resident's call bell was answered in a timely manner for three of four alert and oriented residents. (Residents 17, 20, 58) Findings include: During a group interview on July 17, 2024, at 9:40 a.m., Residents 17, 20, and 58 reported that it takes long periods of time of (30 minutes or more) for staff to answer their call bells and get assistance. In an interview on July 18, 2024, at 11:00 a.m., the Administrator revealed that staff was expected to respond to a call light within six minutes. Review of the facility form entitled, Zone Activity Report, for Residents 17, 20, and 58, revealed from July 1 through July 17, 2024, there were 44 occurrences when the call bell response time exceeded more than six minutes including on July 5, at 5:54 p.m., when Resident 17 waited 49 minutes, July 13, at 9:53 a.m., when Resident 20 waited 41 minutes, and July 6, 2024, at 2:06 p.m., when Resident 58 waited 60 minutes. In an interview on July 18, 2024, at 11:40 a.m., the Adminstrator confirmed Residents 17, 20, and 58 waited more than the expected response time of six minutes. 28 Pa Code 211.12(d)(1)(5) Nursing services.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. 17709 Based on review of facility policy, clinical record review and staff interview, it was determined that the facility failed to monitor and assess nutritional status for two of 15 sampled residents. (Residents 18 and 42) Findings include: Review of the facility policy entitled Weight Policy, last reviewed February 19, 2024, revealed that the purpose of the policy was to monitor residents' weight status. When a resident's recorded weight showed a five percent difference, plus or minus, from the previous weight, a re-weight was to be obtained. The provider was to be notified of any weight loss or weight gain of five percent or greater. Weights were to be reviewed weekly by the dietician, their designee, and nursing to determine significant changes. Clinical record review revealed that Resident 18 had diagnoses that included autoimmune hemolytic anemia, congestive heart failure and chronic leukemia. A review of the care plan revealed that the resident's nutritional status was at risk of being compromised due to chronic lymphocytic leukemia. Review of the resident's weights revealed that on June 5, 2024, her weight was 104.4 pounds. On June 29, 2024, her weight was 122.5 pounds which indicated that she had a weight gain of 18.1 pounds which was greater then five percent. There was no documented evidence that the staff re-weighed the resident to verify the accuracy of the weight and the significant weight gain. In an interview on July 18, 2024, at 11:00 a.m., the Director of Nursing confirmed that the resident had not been re-weighed as per facility policy. Clinical record review revealed that Resident 42 had diagnoses that included congestive heart failure, Alzheimer's disease, and dysphagia (difficulty swallowing). Review of Resident 42's care plan revealed his nutritional status was compromised. On May 20, 2024, Resident 42 weighed 155.1 pounds and on June 5, 2024, he weighed 144.1 pounds, a significant weight loss of over seven percent. There was no documented evidence that the physician was notified of the significant change. 28 Pa. Code 211.12(d)(1)(5) Nursing services.