STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395804	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Community at Telford	12 Lutheran Home Drive Telford, PA 18969

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, and staff interview, it was determined that the facility failed to ensure that a resident was free from safety hazards due to receiving the wrong medications for one of five sampled residents. (Resident 4)Findings include:Clinical record review revealed that Resident 4 had diagnoses of congestive heart failure, anxiety and atrial fibrillation. The Minimum Data Set assessment dated [DATE], indicated that the resident had some memory impairment. Review of an incident report dated November 13, 2025, at 5:20 p.m., revealed that an agency nurse RN1 gave Resident 4 another resident's (Resident 5) evening medications. In an interview on November 21, 2025, at 10:14 a.m., the Director of Nursing stated that the procedure for staff to identify a resident during medication pass was to check the picture in the electronic medication administration record and compare it to the resident being given the medications. At this time, the Director of Nursing confirmed that RN1 did not correctly identify Resident 4 through the electronic medication administration record to ensure that she was giving medications to the correct resident. 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