STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395821	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Little Flower Manor	1201 Springfield Road Darby, PA 19023

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 0628 Level of Harm - Potential for minimal harm Residents Affected - Many	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on review of policy, review of facility provided documentation and interview with staff, it was determined that facility did not ensure to notify state long-term care ombudsman of facility-initiated transfers and discharges for six of six months reviewed (June 2025 through November 2025)Review of facility policy ?Admission, Discharge, and Transfer,' reviewed in October 2025, indicates that a list of discharges and transfers will be sent to the Long-Term Care Ombudsman monthly.Review of facility provided discharge and transfer notifications for month of June 2025 indicated that a total of 20 discharges were sent to county ombudsman.Further review of facility provided discharge and transfer notifications for month of July 2025 indicated that a total of 22 discharges were sent to county ombudsman.Further review of facility provided discharge and transfer notifications for month of August 2025 indicated that a total of 28 discharges were sent to county ombudsman.Further review of facility provided discharge and transfer notifications for month of September 2025 indicated that a total of 26 discharges were sent to county ombudsman.Further review of facility provided discharge and transfer notifications for month of October 2025 indicated that a total of 32 discharges were sent to county ombudsman.Further review of facility provided discharge and transfer notifications for month of November 2025 indicated that a total of 35 discharges were sent to county ombudsman.Interview with Nursing Home Administrator, Employee E1 on December 11, 2025, at 11:00 AM revealed that the facility was not providing notification of facility-initiated transfer and discharges to the State Ombudsman as require. The facility was only providing notification to the County Ombudsman program. 28 Pa Code 201.14(a)Responsibility of licensee28 Pa Code 201.18(b)(2) 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