

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395834	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2025
NAME OF PROVIDER OR SUPPLIER  King of Prussia Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  600 West Valley Forge Road King of Prussia, PA 19406	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47968</p> <p>Based on interviews and clinical record reviews, it was determined that the facility failed to report one resident's hospital transfer due to consumption of a liquid soap product. (Resident 2)</p> <p>Findings include:</p> <p>Review of resident's clinical records revealed medical diagnoses that include Dementia (loss of cognitive functions), Heart Failure (heart can't pump enough blood to meet body's needs), Hypertension (pressure in blood vessels are too high), Stage 3 Kidney Disease (mild to moderate kidney damage), Anxiety (overwhelming sense of apprehension or fear), and Major Depressive Disorder (persistent low or depressed mood, loss of interest).</p> <p>Review of facility records revealed an incident report dated December 31, 2024, documenting Certified Nursing Employee E3 reported to Licensed Nursing Employee E4 that a Resident 2 was observed with a bottle of soap up to his/her mouth. Resident 2 was found by Licensed Nursing Employee E4 lying in bed, cringing with eyes closed and clammy to touch. The physician was notified, and orders were given to send Resident 2 to the hospital. Resident 2 was identified as oriented to person only.</p> <p>Review of facility records revealed Certified Nursing Employee E3's, witness statement documenting at approximately 5:45 p.m., Resident 2 was observed in his/her room, large amounts of vomit were observed on the floor and an empty soap bottle was observed in his/her hand.</p> <p>According to the statement Certified Nursing Employee E3 left the room to get supplies to clean the floor. When Certified Nursing Employee E3 returned Resident 2 was in the bathroom, sitting in his/her wheelchair, incontinent with watery stool. Certified Nursing Employee E3 witnessed Resident 2 placing another soap bottle up to his/her lips. Certified Nursing Employee E3 took the bottle away from the resident and reported the incident to Licensed Nursing Employee E4.</p> <p>Interview conducted with Director of Nursing (DON) on January 29, 2025, at 2:00 p.m., when the above information was presented, the DON confirmed the incident did occur, the incident was not reported to the DON at time of occurrence, and the incident was not reported to the Department of Health.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(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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