

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 03/17/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical records review and staff interview, it was determined that the facility failed to follow the physician's order for one of four residents reviewed (Resident 1). Findings: A review of Resident 1's nursing progress notes dated February 4, 2026, at 8:06 p.m., revealed Resident 1 had a rash on the right front axilla (armpit). A review of Resident 1's physician's order dated February 4, 2026, revealed an order for Permethrin External Cream (A medication used primarily to treat scabies, a contagious skin infestation caused by mites) 5% apply to the body, neck to feet topically one time only for a dermatological rash for one day. Leave for eight hours and shower, repeat in seven days (February 12, 2026). A review of Resident 1's February 2026 Medication Administration Record (MAR) revealed that the medication Permethrin was not administered to the resident on February 4, 2026, and February 12, 2026. A review of Resident 1's nursing progress notes dated February 5, 2026, at 10:21 a.m., revealed medication Permethrin not administered. No further reason was documented. A review of Resident 1's nursing progress notes dated February 12, 2026, at 2:51 p.m., revealed medication Permethrin awaiting delivery. A review of Resident 1's Dermatology (A medical doctors who specialize in the diagnosis and treatment of diseases of the skin, hair, nails, and mucous membranes) consult March 4, 2025, revealed a diagnosis of Anthropod Assault (A dermatological term for an inflammatory skin reaction caused by bites or stings from insects, spiders, ticks, or mites). An order to start Permethrin 5% cream, apply from neck down to feet for eight hours, then rinse off. A review of Resident 1's MAR revealed that the medication Permethrin was not administered on March 5, 2026. A review of Resident 1's nursing progress notes dated March 5, 2026, at 1:45 p.m., revealed medication Permethrin waiting for delivery from pharmacy. There was no documentation that physicians were notified of the missed Permethrin treatment. An interview was conducted with the Director of Nursing (DON) on March 17, 2026, at 1:00 p.m. The DON reported that Permethrin cream was not applied to the resident on the above dates mentioned above because the pharmacy did not deliver the medication. The DON confirmed that there was no follow-up done by the facility to the pharmacy to have the medication delivered. The facility failed to ensure Resident 1's Permethrin treatment ordered by the physician was followed on February 4, 2026, February 12, 2026, and March 5, 2026. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa Code 211.5(f) Clinical Records</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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