

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395847	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2025
NAME OF PROVIDER OR SUPPLIER  Montgomery Subacute and Respiratory Center		STREET ADDRESS, CITY, STATE, ZIP CODE 251 Stenton Avenue Plymouth Meeting, PA 19462	

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>48347</p> <p>Based on review of clinical records, review of facility documents and interviews with staff, it was determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice related to verifying medication orders for one of nine resident reviewed. (Resident R1)</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record revealed that this resident entered the facility on November 5, 2025 with diagnosis' including infection and inflammatory reaction (immune response to injury or disease) due to internal joint prosthesis (artificial joint), and respiratory failure.</p> <p>Review of hospital discharge summary dated October 25, 2025, revealed that Resident R1 was hospitalized for prosthetic (artificial) right knee infection. Resident R1's lab work revealed that the artificial joint was infected with multiple bacteria and treated with antibiotics including: Ancef, Levaquin, Cefepime, with instructions to then transition to Cefepime with a plan to transition to Cephadroxel afterwards, continue suppressive antibiotic Bactrim twice a day for life, follow with appointment with infection disease on November 22, 2024.</p> <p>Review of the hospital discharge medications revealed an order for the antibiotic Sulfamethozazole-Trimethoprim 800-160 mg per tablet (commonly known as Bactrim) to administer 1 tablet by peg tube (feeding tube) route every 12 hours for 3 days.</p> <p>Review of Social Service note dated November 11, 2024 which revealed a concern from residents family pertaining to Resident R1's medication administration regarding antibiotics ordered. The resident's family questioned why the antibiotic Bactrim was discontinued, the family believed that the order was for continued use for three months. The resident had missed several days (four days for a total of eight doses) of the scheduled antibiotic.</p> <p>Review of resident's physician orders dated November 5, 2024 revealed an order for Sulfamethozazole-Trimethoprim (Bactrim) Oral Tablet 800-160 MG to give 1 tablet via PEG-Tube every 12 hours for three days.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of physician orders dated November 11, 2024 for Bactrim DS Oral Tablet 800-160 (Sulfamethozazole-Trimethoprim) give 1 tablet via Peg-tube one time a day for infection until January 14, 2025.</p> <p>Interview with Director of Nursing, Employee E2 on April 2, 2025 at 1:35 p.m. revealed that the facility followed the proper protocol by reviewing the hospital discharge medications and consulting with the facility medical doctor. Employee E2 also stated that she confirmed all medications with the family. It was not until six days after Resident R1 was admitted to the facility, did the family question the resident's antibiotic order, which immediately was verified and the doctor was notified of the mistake in orders, the new order was placed immediately. Employee E2 confirmed that the hospital summary included an order for the antibiotic Bactrim to be continued for the resident life and that the staff did not review the discharge summary only the medications listed. Employee E2 also confirmed that the resident missed 4 days of antibiotics before verifying the discharge order.</p> <p>28 Pa.Code 211.5(f) Medical record</p> <p>28 Pa. Code 211.9(k) Pharmacy Services</p> <p>28 Pa. Code 211.12(c)(5) Nursing Services</p>		