

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395880	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Phoebe Berks		STREET ADDRESS, CITY, STATE, ZIP CODE  1 Heidelberg Drive Wernersville, PA 19565	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</b></p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan to meet each resident's needs identified in the comprehensive assessment for two of 21 sampled residents. (Residents 47, 60)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 47 was admitted to the facility on [DATE], and had diagnoses that included diabetes mellitus and chronic kidney disease. The Minimum Data Set (MDS) assessment dated [DATE], noted that the resident had impaired vision and required corrective lenses. The Care Area Assessment (CAA) indicated that vision was to be addressed in the care plan. There was no evidence that interventions to address Resident 47's vision were included in the current care plan.</p> <p>Clinical record review revealed that Resident 60 was admitted to the facility on [DATE], and had diagnoses that included a risk for impaired vision and optic nerve damage (glaucoma), an abnormal gait when walking, and a history of falling. The MDS CAA summary dated February 8, 2024, noted that the resident's vision was to be addressed in the care plan. There was no evidence that interventions to address Resident 60's vision were included in the current care plan.</p> <p>In an interview on April 25, 2024, at 11:05 a.m., the Nursing Home Administrator confirmed that the identified care areas were not addressed in residents 47's and 60's current care plans.</p> <p>28 Pa. Code 211.12(d)(1)(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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