STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395902	A. Building B. Wing	09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandie Ridge	1700 Normandie Drive York, PA 17404

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on clinical record review, facility policy review, and staff interviews, it was determined that the facility failed to provide care and services consistent with professional standards to promote healing and prevent worsening of pressure injuries for one of two residents reviewed for pressure injuries (Resident 71).Findings include:Review of facility policy, titled Skin Management and Injury and Prevention, last reviewed July 30, 2025, revealed the policy statement was, B. A resident with impaired skin integrity receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent avoidable skin integrity issues from developing. Subsection I. stated, All resident alterations in skin integrity will be tracked weekly in the [Electronic Medical Record] and reviewed and documented weekly until resolved.Review of Resident 71's clinical record revealed diagnoses that included acute congestive heart failure (decreased ability of the heart to effectively pump blood throughout the body) and unspecified atrial flutter (irregular heart rate).Review of Resident 71's clinical record revealed that upon re-admission to the facility from a hospital stay on August 8, 2025, Resident 71's sacral area was identified as having intact, dry skin.Review of Resident 71's interdisciplinary progress notes revealed that on August 16, 2025, at 2:48 PM, Employee 4 (Licensed Practical Nurse [LPN]) documented Resident 71 had an open area to left upper buttocks that was approximately 1.0 centimeter (cm - metric unit of measure) by 0.7 cm. The wound bed was documented as having yellow slough (dead cells and/or tissue). The progress note stated that the supervisor was made aware. Further review of the clinical record revealed no progress note or assessment of the newly identified wound was completed by a Registered Nurse. Resident 71's physician's orders, revealed that an order was started to cleanse the wound with Normal Saline Solution (NSS), apply medical honey and cover with boarder gauze.Review of Resident 71's clinical record revealed that the electronic skin/wound assessment tracking form was not initiated until August 25, 2025. Review of Resident 71's clinical record failed to reveal a documented wound assessment (including but not limited to wound size, characteristics, or changes and or improvement) for Resident 71's sacral wound between August 16 and 25, 2025 (total of 9 days).Between the dates of August 16 and 25, 2025, Resident 71 was transferred to a hospital emergency department on August 21, 2025, at approximately 1:04 PM due to abnormal blood laboratory values, and returned to the facility on August 21, 2025, at approximately 7:50 PM. Review of Resident 71's clinical record revealed no reassessment of Resident 71's skin upon return to the facility.On August 25, 2025, at 11:24 AM, Employee 5 (Registered Nurse) documented a wound assessment. According to the wound assessment, Resident 71's sacral wound measured 5.33 cm in length by 1.42 cm in width.During a staff interview on September 26, 2025, at approximately 2:30 PM, the Nursing Home Administrator confirmed that there was no documented wound assessment completed for Resident 71's sacral wound between August 16 and 25, 2025. As of the interview, the facility had no further information to provide.28 Pa code 211.12(d)(1)(3)(5) Nursing services.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395902	A. Building B. Wing	09/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Normandie Ridge	1700 Normandie Drive York, PA 17404

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on review of facility policy, observations, and staff interview, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of two residents reviewed on Transition Based Precautions (Resident 29).Findings include: Review of facility policy, Standard and Transmission Based Precautions, last revised September 27, 2024, read, in part, transition-based droplet precautions signage documented to wash hands prior to entering and upon exiting the resident's room, and reusable equipment should be sanitized. Review of Resident 29's clinical record documented diagnoses that included chronic respiratory failure with hypoxia (the lungs cannot effectively take in enough oxygen to meet the body's needs) and chronic obstructive pulmonary disease (lung diseases characterized by persistent airflow obstruction and inflammation in the airways). Further clinical record review documented physician orders that included Droplet Precautions with Respirator: MSSA (methicillin susceptible staphylococcus aureus - a type of bacteria that has become resistant to many common antibiotics, making it harder to treat) in the lungs, all care and treatments to be completed in room, started September 12, 2025; and cefazolin 2 gram intravenously every 8 hours for pneumonia administer over 30 minutes, started September 2, 2025, until October 6, 2025. Observation on September 22, 2025, at 11:38 AM, outside of Resident 29's room was a sign to the left of the doorway that read, in part, droplet with respirator precautions - wash hands before entering and when exiting, wear a masks and eye protection. Associates wear a fit-tested respirator inside the room and remove after exit. Use dedicated or disposable equipment/supplies. Visitors wear a mask in the presence of others and anytime you're out of your loved one's room. Additional Observation on September 22, 2025, at 11:57 AM, revealed Employee 2 (Housekeeper) entering Resident 29's room wearing a gown, gloves, face mask and face shield. At 12:00 PM, Employee 2 exited the room with the aforementioned Personal Protective Equipment (PPE), unlocked the cleaning cart, disposed of a floor cleaning pad, obtained another floor cleaning pad, and reentered the room. At 12:01 PM, Employee 2 exited the room with the aforementioned PPE, removed the floor cleaning pad, hung the mop handle on the cart (did not sanitize the mop handle), and re-entered the room. Employee 2 exited the room without a gown or gloves, removed the mask and face shield, discarded them in the trash bag hanging from the housekeeping cart, and did not complete hand hygiene prior to exiting the unit. During an interview with the Nursing Home Administrator on September 25, 2025, 11:30 AM, it was revealed that Employee 2 should've doffed the face shield and face mask prior to exiting Resident 29's room, hand hygiene should've been completed once all PPE was removed, and the infection control policy/Droplet precaution instructions should be followed. 28 Pa code 211.10(d) Resident care policies28 Pa code 211. 12(d)(1)(2)(5) Nursing services