

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395913	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2026
NAME OF PROVIDER OR SUPPLIER Huntingdon Skilled Nursing and Rehabilitation Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 3430 Huntingdon Pike Huntingdon Valley, PA 19006	

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 - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure physicians' orders were implemented for four of 20 sampled residents. (Residents 5, 8, 83, and 98) Findings include:</p> <p>Review of the facility policy entitled, Medication Administration General Guidelines, last reviewed March 31, 2026, revealed that staff were to obtain and record vital signs, if necessary, prior to medication administration and document necessary information in the Medication Administration Record (MAR).</p> <p>Clinical record review revealed that Resident 5 had diagnoses that included heart disease and hypertension (high blood pressure). A physician's order dated July 26, 2025, directed staff to administer a medication (metoprolol tartrate) one time a day to treat hypertension. Staff were to hold the medication if the resident's heart rate was below 60 beats per minute. Review of Resident 5's February and March 2026 MAR revealed no documented evidence that the heart rate was taken prior to the medication being administered. Clinical record review revealed that Resident 8 had diagnoses that included dementia and constipation. A physician's order dated January 21, 2026, directed staff to administer a bisacodyl suppository rectally every 24 hours as needed if no bowel movement in two days. Physician's orders dated November 25, 2025, directed staff to administer 17 grams of MiraLax in four to eight ounces of fluid and to administer 30 milliliters of Milk of Magnesia (MOM) as needed at bedtime if the resident has not had a bowel movement in three days. Review of bowel movement tracking documentation for Resident 8 revealed that there were no bowel movements recorded from March 6, 2026, at 9:29 p.m., through March 10, 2026, at 1:49 p.m., and March 27, 2026, at 2:59 p.m., to April 1, 2026, at 9:06 p.m. Review of the MAR for March 2026, revealed that the resident was not provided with any as needed medications for constipation until MOM was provided on night shift April 1, 2026. For both time periods, Resident 8 did not have a bowel movement for at least three days. Clinical record review revealed that Resident 83 had diagnoses that included hypertension. A physician's order dated March 4, 2026, directed staff to administer a blood pressure medication (metoprolol) two times a day. The physician ordered that staff were not to administer the medication if the resident's systolic blood pressure (SBP, the first measurement of blood pressure when the heart beats and the pressure is at its highest) was lower than 110 millimeters of mercury (mm/Hg) or if the heart rate was less than 60 beats per minute. Review of Resident 83's MAR for March 2026 revealed that the staff administered Metoprolol three times when Resident 83's SBP was lower than 110 mm/Hg.</p> <p>Clinical record review revealed that Resident 98 was admitted to the facility on [DATE], following a hospitalization with diagnoses that included shortness of breath, pneumonia, and a new diagnosis of lung cancer. Resident 98's discharge instructions from the hospital dated January 22, 2026, noted the presence of metastatic lung cancer, indicated that an oncologist had been consulted, and the resident (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 - Some</p>	<p>needed imaging studies completed that included a position emission tomography (PET) scan to determine the staging of the lung cancer. Resident 98 was to follow up with the oncologist after imaging studies were completed. A letter from the hospital dated January 21, 2026, confirmed that Resident 98 was scheduled for a PET Scan on February 4, 2026, at 9:15 a.m. A physician's progress note dated January 28, 2026, noted the facility was aware that Resident 98 had metastatic lung cancer and needed an outpatient PET scan to be completed per oncology's recommendation. A general progress note dated February 5, 2026, indicated a PET scan was re-scheduled for February 13, 2026, at 1:45 p.m. A physician's progress note, dated February 9, 2026, confirmed that Resident 98's appointment for the PET scan had been rescheduled. There was lack of evidence to support that the facility transported the resident to the scheduled appointment for the PET scan on February 13, 2026. There was no indication that the appointment was rescheduled prior to the resident's emergency transfer to the hospital on February 19, 2026. In interviews on April 2, 2026, at 11:09 a.m., 11:45 a.m., and 12:24 p.m., and on April 3, 2026, at 12:16 p.m., the Regional Clinical Director confirmed there was no documented evidence that the blood pressure and heart rate were taken prior to medication administration per physician's order for Resident 5, that none of the as needed medications for constipation were administered to Resident 8 and should have been, that Resident 83 received the medication outside of the ordered parameters, and that Resident 98 did not get the PET scan as scheduled on February 13, 2026, and the appointment was not rescheduled. CFR 483.25 Quality of Care Previously cited 7/28/25 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		