

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395922 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                      | (X3) DATE SURVEY COMPLETED<br><br>06/13/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Artman Lutheran Home |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>250 North Bethlehem Pike<br>Ambler, PA 19002 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</b></p> <p>Based on observation, review of facility policy, clinical record review, resident and staff interviews, it was determined that the facility failed to provide appropriate Activity of Daily Living (ADL) for two of 6 residents reviewed who were unable to carryout ADL care independently. (Resident R1 &amp; R3)</p> <p>Findings include:</p> <p>Review of MDS (Minimum Data Set-assessment of resident care need) for Resident R1 dated April 2, 2024, revealed that the resident was dependent on the staff for showers, transfers, and toileting. MDS also revealed that the resident had a BIMS (Brief Interview for Mental status) score of 8 which indicated that the resident's cognitive status for daily decision making was moderately impaired.</p> <p>Clinical record indicated that Resident R1 was scheduled for showers on Wednesday and Saturday from 7-3 shift.</p> <p>On June 13, 2024, at 2:35 p.m. a review of Shower Task Performance Documentation with the Director of Nursing revealed and confirmed that Resident R1 was not given showers on Wednesdays May 8, 15, 22, 2024 and June 5, 2024, as per her schedule.</p> <p>Review of Resident R3's clinical record review indicated that Resident R6 was admitted to the facility on [DATE].</p> <p>Clinical record indicated that Resident R3 was scheduled for showers/bed baths on Tuesday and Fridays.</p> <p>On June 13, 2024, at 10:29 a.m. an interview and observation held with Resident R3 who was in lying in bed mid-size facial hair, long hair, and long nails. The long hair looked greasy and dead white flakes on the top of his/her hair. Resident when questioned if he/she desires to cut his hair, facial hair, and nails. Resident R3 responded yes but I'm unable to do it myself. Resident R3 prefers bed baths over shower as he/she has colostomy bag. This observation was confirmed by License Nurse, Employee E5.</p> <p>28 Pa. Code 201.29(j) Resident rights.</p> <p>28 Pa. Code 211.12(d)(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 |
|---|-------|-----------|

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395922  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>06/13/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Artman Lutheran Home   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>250 North Bethlehem Pike<br>Ambler, PA 19002 |  |
| 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<br>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43923</p> <p>Based on review of facility policies, clinical record review and interviews with staff, it was determined that the facility failed to ensure that physician orders were followed related to toileting program, tubi-grips, gel cushion to wheelchair, for one resident of six residents reviewed. (Resident R1)</p> <p>Findings include:</p> <p>Review of facility policy, Medication Order undated, revealed, it is the policy of [NAME] Lutheran to establish uniform guidelines in the receiving and recording of medication orders. To ensure safe and effective use of medications and that medication information on residents is captured, used and communicated.</p> <p>Review of active physician order for Resident R1 revealed an order dated December 11, 2023 toileting schedule: Take resident to the bathroom/offer toileting resident at around 8:00 a.m., 11:00 a.m., 2:00 p.m., 5:00 pm, 8:00 p.m. check and change as need while asleep. Order dated May 1, 2023 tubi-grips to bilateral lower extremities place on in am and remove at bedtime. On November 3, 2022, to gel cushion to wheelchair check placement and integrity every shift.</p> <p>A review of the Task Documentation for Toilet Use from May 1, 2024 -June 12, 2024, the following dates did not document 11:00 am toileting attempt:</p> <p>May 1, 2,3, 4,6,7,8,9,10,11,12,13,14,15,16,17,18,19,21,22,23,24,25,26,27,28,29,30,31, 2024</p> <p>June 2, 3,4,5,6,7, 8, 9, 10, 11, 12, 2024</p> <p>On June 13, 2024, at 10:39 a.m. to 11:15 a.m. interview and observations were completed in the living room of Resident R1 participating in activities but was not taken to the complete a toilet program per the physician order at 11am. Further observations were completed during the same day from 12:22 p.m. to 2:05 p.m. with Resident R1 who as having lunch and then transitioned to the living room for activities. There was no implementation of toileting program at 2pm.</p> <p>On June 13, 2024, at 12:37 p.m. observations made with Rehabilitation Director, Employee E13 that Resident R1 was sitting in her wheelchair eating lunch and had wheelchair foot rest heel loops/strips which would prevent the resident's heel to slide backwards was broken off on the right side. Resident R6 was sitting at the same dining table with Resident R1 and had a foot rest loop broken off as well on the left side. Employee E13 replaced it with new [NAME] and reported that there was no need for the [NAME] loops to be attached.</p> <p>On June 13, 2024, at 1:05 p.m. observation was taken place that Resident R1 was sitting in the dining room with no tubi-grips per the physician order. License Nurse, Employee E5 confirmed the observation and reported I must have forgot. Employee E5 went into Resident R1's room to locate tubi-grips and there was nonavailable. Employee E5 stated I will have to order it.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395922 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>06/13/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Artman Lutheran Home |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>250 North Bethlehem Pike<br>Ambler, PA 19002 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 28 Pa Code 211.12(d)(5) Nursing services  |