STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on reviews of the established meal delivery schedule, interviews with dietary staff, observations of the food and nutrition services on the nursing units and a review of the dietary staffing schedules for the kitchen, it was determined that the facility failed to employ sufficient staff to carry out the functions of the dietary services department. Findings include: During the sanitation inspection of the main kitchen at 10:00 a.m., on January 20, 2026, the director of dietary services, Employee E7, reported that there were two dietary staff members that had called out of work on January 20, 2026. The only dietary staff working on January 20, 2026, were the director of dietary services, Employee E7, the cook, Employee E20 and a dietary aide, Employee E9. A review of the established meal delivery schedule from the food and nutrition services revealed that the third floor was to receive a meal cart at 11:40 a.m., and 11:50 a.m., daily and the dining room was to receive a food cart between noon and 1:00 p.m. A review of the established meal delivery schedule from the food and nutrition services revealed that the second-floor nursing unit was to receive a meal cart at 11:25 a.m., and 11:35 a.m. daily. Observations of the noon meal service on the second and third floor nursing unit revealed that the food carts containing the noon meals for the residents were not arriving to the nursing units in a timely manner. Observations on the third-floor nursing unit revealed that the food carts for the residents living on the A hall did not arrive on the nursing unit until 12:55 p.m. and the food carts for B hall did not arrive on the nursing unit until 1:00 p.m., on January 20, 2026. Observations on the second-floor nursing unit revealed that the food carts for the residents living on the A hall did not arrive on the nursing until 1:10 p.m., and the food carts for the B hall did not arrive until 1:15 p.m., on January 20, 2026. The late delivery of foods/meal trays for lunch on January 20, 2026, was attributed to the staffing shortages in the food and nutrition department. Interview with the director of dietary services, Employee E7, at 1:30 p.m., confirmed that the food and nutrition services department had insufficient support personnel to effectively carry out meal preparations, delivery and service of foods and beverages according to the facility's scheduled time for meals. A review of the dietary staffing schedules for January 14, 2026, through January 20, 2026, revealed that the food and nutrition services department staff had been calling out of work regularly for the week reviewed. Interview with the administrator, Employee E1 at 2:00 p.m., on January 21, 2026, confirmed the lack of dietary staff employees to effectively and safely carry out the functions of the dietary services. 28 PA. Code 201.14 (a) Responsibility of licensee 28 PA. Code 201.18(b)(1)(3)(e)(1)(3) Management

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
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Based on observations, review of clinical records, and interviews with facility staff, it was determined that the facility failed to ensure that it was free of medication error rate of five percent or greater for one of four residents observed during medication administration (Resident R65).On January 21, 2025, at 9:30 a.m., review of physician orders for Resident R74 indicated orders for the following among other medications:Lisinopril Oral Tablet 20 MG (Lisinopril), Give 1 tablet by mouth one time a day for HTN (Ordered on July 25, 2025)Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour (Venlafaxine HCl), give 150 mg by mouth one time a day for depression (Ordered on July 25, 2025)Aspercreme Lidocaine External Cream 4 % (Lidocaine HCl), Apply to neck topically two times a day for pain (Ordered on August 11, 2025)Pataday Ophthalmic Solution 0.2 % (Olopatadine HCl), Instill 1 drop in both eyes one time a day for eye irritation (Ordered on September 5, 2025)Meloxicam Tablet 7.5 MG, give 1 tablet by mouth one time a day for OA (Ordered on October 3, 2025).On January 21, 2025, at 9:39 a.m., observed that Employee E18, a Licensed Nurse, decanted Lisinopril Oral Tablet 20 MG; Venlafaxine HCl,150 MG, Oral Capsule Extended Release; Meloxicam Tablet 7.5 MG into a medicine Disposable cup. Along with these medications, E18 gathered Aspercreme Lidocaine External Cream 4 %, and Pataday Ophthalmic Solution 0.2 %. E18 then approached Resident R65 in the resident room and checked R65's Blood Pressure. After noting the Blood pressure of R 65, E18 attempted to administer the gathered medications to R65, without verifying the identity of R65. At that moment, before administering the medications to R65, E18 was prevented from administering those medications to R65, as those medications were intended for R74, not for R65.Review of literature revealed as follows: Lisinopril 20 mg oral tablet is a commonly prescribed medicine to treat high blood pressure (hypertension); Venlafaxine HCl ER (extended-release) oral capsule is an antidepressant used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder, and panic disorder; Meloxicam 7.5 mg tablet is an anti-inflammatory drug prescribed to relieve pain, swelling, and stiffness from osteoarthritis, rheumatoid arthritis; Aspercreme Lidocaine External Cream 4% is a maximum-strength, topical analgesic used to temporarily relieve minor pain in muscles and joints, including backaches, arthritis, by using lidocaine to block pain signals; and Pataday Ophthalmic Solution 0.2% is an antihistamine used to treat itching and redness in the eyes caused by allergies.At the time of the observation, interview with Employee E18 confirmed the above findings.The facility incurred a medication error rate of 13.79%.Pa Code:211.12(d)(1)(2)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. Based on observation, interview, and clinical record review, it was determined that the facility failed to correctly administer medications in accordance with physician orders for one of four residents observed during medication administration observation, resulting in significant medication error (Residents R65).Findings Include:On January 21, 2025, at 9:30 a.m., review of physician orders for Resident R74 indicated orders for the following among other medications:Lisinopril Oral Tablet 20 MG (Lisinopril), Give 1 tablet by mouth one time a day for HTN (Ordered on July 25, 2025)Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour (Venlafaxine HCl), give 150 mg by mouth one time a day for depression (Ordered on July 25, 2025)Aspercreme Lidocaine External Cream 4 % (Lidocaine HCl), Apply to neck topically two times a day for pain (Ordered on August 11, 2025)Pataday Ophthalmic Solution 0.2 % (Olopatadine HCl), Instill 1 drop in both eyes one time a day for eye irritation (Ordered on September 5, 2025)Meloxicam Tablet 7.5 MG, give 1 tablet by mouth one time a day for OA (Ordered on October 3, 2025).On January 21, 2025, at 9:39 a.m., observed that Employee E18, a Licensed Nurse, decanted Lisinopril Oral Tablet 20 MG; Venlafaxine HCl,150 MG, Oral Capsule Extended Release; Meloxicam Tablet 7.5 MG into a medicine Disposable cup. Along with these medications, E18 gathered Aspercreme Lidocaine External Cream 4 %, and Pataday Ophthalmic Solution 0.2 %. E18 then approached Resident R65 in the resident room and checked R65's Blood Pressure. After noting the Blood pressure of R 65, E18 attempted to administer the gathered medications to R65, without verifying the identity of R65. At that moment, before administering the medications to R65, E18 was prevented from administering those medications to R65, as those medications were intended for R74, not for R65.Review of literature revealed as follows: Lisinopril 20 mg oral tablet is a commonly prescribed medicine to treat high blood pressure (hypertension); Venlafaxine HCl ER (extended-release) oral capsule is an antidepressant used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder, and panic disorder; Meloxicam 7.5 mg tablet is an anti-inflammatory drug prescribed to relieve pain, swelling, and stiffness from osteoarthritis, rheumatoid arthritis; Aspercreme Lidocaine External Cream 4% is a maximum-strength, topical analgesic used to temporarily relieve minor pain in muscles and joints, including backaches, arthritis, by using lidocaine to block pain signals; and Pataday Ophthalmic Solution 0.2% is an antihistamine used to treat itching and redness in the eyes caused by allergies.At the time of the observation, interview with Employee E18 confirmed the above findings.Pa Code:211.12(d)(1)(2)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical records, observations, and staff interviews, it was determined that the facility failed to develop a comprehensive person-centered care plan for one of 32 Residents reviewed (R44).Findings Include: Review of Resident R44's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses that included Encephalopathy (Encephalopathy is a term for any diffuse disease of the brain that alters brain function or structure), Anxiety disorder (Anxiety disorders are a group of mental health conditions that cause fear, dread and other symptoms that are out of proportion to the situation), Bipolar disorder (Bipolar disorder is a mental illness that causes clear shifts in a person's mood, energy, activity levels, and concentration), Chronic Pain Syndrome (A condition where pain persists for 3-6 months or longer, typically extending beyond the expected healing time of an initial injury or illness) , and Depression (Depression is a common, serious mood disorder characterized by persistent sadness, loss of interest in activities, and, in many cases, significant physical, cognitive, and emotional impairment).Review of physician order for R44, dated January 9, 2026, indicated an order for Wander Guard/Wander Elopement Device due to poor safety awareness, every shift check the placement of the device and in supplemental document the location; and every night shift check function and document in supplemental documentation; Expiration date: June 2027; update the order with the new date when the bracelet is changed.Review of the care plan for R44, on January 22, 2026, at 10:11 a.m., revealed that there were no focus, outcomes (goals), and interventions, care- planned for Wander Guard/Wander Elopement Device administration.on January 22, 2026, at 10:24 a.m., interview with the DON confirmed the above findings.28 Pa Code 211.10 (c)(d) Resident care policies28 Pa Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, clinical record review, review of facility documentation and staff interview, it was determined that the facility failed to adhere to acceptable standards of nursing practice related to medication administration for one of four residents observed during medication administration (Resident R65). Findings include:The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11(b), General Functions of the Registered Nurse (RN), and 21.14(a), Administration of Drugs, indicated that the RN is fully responsible for all actions as a licensed nurse and is accountable to patients for the quality of care delivered, and administers medication ordered for the patient in the dosage and manner prescribed. The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.145(a)(b), Functions of the Licensed Practical Nurse (LPN), indicated that the LPN functions as a member of the health-care team by exercising sound nursing judgement based on preparation, knowledge, experience in nursing and competency, and administers medication ordered for the patient.On January 21, 2025, at 9:30 a.m., review of physician orders for Resident R74 indicated orders for the following among other medications:Lisinopril Oral Tablet 20 MG (Lisinopril), Give 1 tablet by mouth one time a day for HTN (Ordered on July 25, 2025)Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour (Venlafaxine HCl), give 150 mg by mouth one time a day for depression (Ordered on July 25, 2025)Aspercreme Lidocaine External Cream 4 % (Lidocaine HCl), Apply to neck topically two times a day for pain (Ordered on August 11, 2025)Pataday Ophthalmic Solution 0.2 % (Olopatadine HCl), Instill 1 drop in both eyes one time a day for eye irritation (Ordered on September 5, 2025)Meloxicam Tablet 7.5 MG, give 1 tablet by mouth one time a day for OA (Ordered on October 3, 2025).On January 21, 2025, at 9:39 a.m., observed that Employee E18, a Licensed Nurse, decanted Lisinopril Oral Tablet 20 MG; Venlafaxine HCl,150 MG, Oral Capsule Extended Release; Meloxicam Tablet 7.5 MG into a medicine Disposable cup. Along with these medications, E18 gathered Aspercreme Lidocaine External Cream 4 %, and Pataday Ophthalmic Solution 0.2 %. E18 then approached Resident R65 in the resident room and checked R65's Blood Pressure. After noting the Blood pressure of R 65, E18 attempted to administer the gathered medications to R65, without verifying the identity of R65. At that moment, before administering the medications to R65, E18 was prevented from administering those medications to R65, as those medications were intended for R74, not for R65.Review of literature revealed as follows: Lisinopril 20 mg oral tablet is a commonly prescribed medicine to treat high blood pressure (hypertension); Venlafaxine HCl ER (extended-release) oral capsule is an antidepressant used to treat major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder, and panic disorder; Meloxicam 7.5 mg tablet is an anti-inflammatory drug prescribed to relieve pain, swelling, and stiffness from osteoarthritis, rheumatoid arthritis; Aspercreme Lidocaine External Cream 4% is a maximum-strength, topical analgesic used to temporarily relieve minor pain in muscles and joints, including backaches, arthritis, by using lidocaine to block pain signals; and Pataday Ophthalmic Solution 0.2% is an antihistamine used to treat itching and redness in the eyes caused by allergies.At the time of the observation, interview with Employee E18 confirmed the above findings.The facility incurred a medication error rate of 13.79%.The facility failed to adhere to acceptable standards of nursing practice related to medication administration.28 Pa. Code: 201.18(b)(1) Management.28 Pa. Code: 211.12(d)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based reviews of policies and procedures, clinical record reviews, observations of care and services, interviews with residents, staff and family members, it was determined that for one of four residents reviewed for emotional behavior, sensory, communication and dignity, the facility failed to ensure a fully functioning hearing device was available and used according to audiology assessment and care planning. (Resident R86)A review of the facility policy titled consultant agreements and responsibilities revealed that the facility was responsible for making arrangements for care and services for the residents that the facility does not employ as staff through a qualified professional outside service. According to the contract the consulting services were to be timely and the service was to be reported to the administrator through dated signed reports, implementation of plans and continued assessment of the resident. Observations of Resident R86 during the days of the survey, January 20, 2026, and January 22, 2026, revealed that the resident was in her room in a geriatric reclining chair. The resident was heard yelling out persistently. Residents R 58, R7, R92, R68, R84, and R72 living on the third-floor nursing unit reported that they were concerned for Resident R86. The residents reported being worried about resident R86thinking that she sounded distressed or in need of help. The residents also reported that the constant yelling, by Resident R86 was annoying for them. The residents were asking, could something be done to help the quality of life for Resident R86. Interviews with nursing staff revealed that Employee E11 and Employee E14 at 1:45 p.m., on January 20, 2026, revealed that Resident R86 would not yell if you spent time with her one on one. The nursing assistant, Employee E11 reported that it was difficult for her to meet the needs of Resident R86 with one-on-one daily since she had other residents that she had other residents that she was assigned to take care daily. Interview with the recreational activity's director, Employee E6 at 1:00 p.m., on January 21, 2026, revealed that Resident R86 had a difficult time hearing the rosary prayers being recited in the activities area. The director of activities reported that the amplification device that resident R86 had been issued was not picking up the sounds of the rosary session. Clinical record review revealed a comprehensive admission assessment MDS (an assessment of care needs) dated August 6, 2025, that indicated Resident R86 had a hearing aid or other hearing appliance. The assessment also indicated that this resident had non-Alzheimer's dementia, legal blindness and anxiety disorder. Clinical record review for resident R86 revealed a comprehensive quarterly assessment dated [DATE], that indicated this resident had highly impaired hearing. The assessment also said that this resident had cognitive skills that were modified (some difficulty in new situations only). Clinical record review revealed a psychiatrist progress note dated January 15, 2026, that indicated Resident R86 was persistently yelling, agitated cursing and statements of verbal aggression. The note indicated that the nursing staff were reporting that Resident R86 was still yelling, agitated and irritated. Clinical record review revealed an activity assessment that indicated that Resident R86's poor hearing affects her participation in the Rosary and Prayer, which she prefers to do. Clinical record review for Resident R86 revealed a care plan that indicated audiology assessment and care planning as needed and the use of an amplifier device. Clinical record review revealed an audiology consult dated December 31, 2025, that indicated Resident R86 was assessed with moderate to severe hearing loss bilaterally. The audiologist indicated that an amplification device or hearing aid was recommended for both ears. The audiologist indicated that the family would be consulted about what hearing aid (hearing aid or other hearing appliances) was best suited for this Resident R86. There was no documentation to indicate that the audiologist had spoken to the resident's responsible party as care planned about the assessment and recommendations on December 31, 2025, for hearing aids or a hearing device for Resident R86. Observations of Resident R86 with nursing assistant, Employee E11 at 10:30 a.m., on January 23, 2026, revealed that the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	amplification device used for Resident R86 was not consistently picking up on sound through the speaking component used by staff and visitors to communicate with this resident. The nursing assistant reported that at varies times when she tries to speak to Resident R86 with the hearing device, the device echoes her voice in the earphones. Observations of the battery holder for the hearing device revealed the batteries were being taped so that the batteries would not fall to the floor. The plastic used to secure the batteries was missing. Interview with the responsible party for Resident R86 at 2:00 p.m., on January 22, 2026, revealed that Resident R86 does not have hearing aids for her hearing deficits. The family member reported that she would be willing to try hearing aids or other hearing appliances to improve the quality of communication, hearing and quality of life for Resident R86. 28 PA. Code 211.10(a)(b)(c)(d) Resident care policies28 PA. Code 211.12(d)(1)(3)(5) Nursing services28 PA. Code 201.14(a) Responsibility of licensee. TIMCHO, [NAME] (86) [NAME], [NAME] (06525) - Comm-Sensory No NotesTIMCHO, [NAME] (86) [NAME], [NAME] (06525) - RESIDENT NOTE No Notes

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based upon review of clinical records, interviews with staff and residents and reviews of policies and procedures, it was determined the facility did not ensure residents receive treatment and care in accordance with professional standards of practice, by failing to follow the physician's orders for daily weights for one of twenty-two residents reviewed. (Resident R35)Findings Include: Review of facility policy titled, Weights and Heights with a revision date of June February 1, 2023 states, Obtaining and Documenting Weight- 1.1.4 If the body weight is not as expected, re-weigh the patient. Resident R35 was admitted to the facility July 1, 2025 with the following diagnosis: Hypertension (a chronic condition where blood forces against artery walls is consistently too high), Pressure Ulcer Stage 2 (a partial-thickness skin loss involving the epidermis and dermis), Anemia (a condition where your blood lacks enough healthy red blood cells to carry adequate oxygen to your body's tissues), Heart Failure (a chronic, manageable condition where the heart cannot pump enough blood to meet the body's needs, often causing fatigue, fluid buildup, and shortness of breath), and Dysphagia (difficulty swallowing). Review of Resident R35's clinical record revealed the resident had a physician order for , Daily weight-Notify the provider if: gain over 2 pounds in 1 day or 5 pounds in a week that was dated and started on December 23, 2025. Review of the facility Weights and Vitals log revealed no daily weight on the following dates: December 26, December 27, December 30, January 1, January 3, January 4, January 5, January 8, January 9, January 10, January 13, January 14, January 15, January 17, January 18, and January 19. Further review of the resident's clinical record revealed no documentation that the physician was ever notified of the weight increase on January 16, 2025. Further review of the resident clinical record revealed no re-weight to ensure accurate weight on January 16, 2026. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, interviews with staff, and review of facility policies it was determined that the facility failed to ensure prevention of accidents and hazards related to medications found at bedside for one of twenty-two residents reviewed. (Resident R3) Findings Include: Review of facility policy titled, Medication Administration with a date of 2007 states, Policy- Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication. Further review of the Medication Administration policy revealed, Medication Administration. 4. Medications are administered at the time they are prepared. 5. The person who prepares the dose for administration is the person who administers the dose. On January 20, 2026, at 12:05 p.m. Resident R3's room was observed and Resident R3's father was interviewed due to the resident sleeping. During the interview the surveyor observed a plastic medication cup with several pills on a tray table that was over the bed for resident R3. When Resident R3's father was asked about the medication he stated the nurse left them for the resident to take when he woke up because he did not want to wake Resident R3 due to being in a deep sleep. The Director of Nursing Employee E3 was called to the room at 12:10 p.m. and confirmed at 12:14p.m. that two medications for the resident's medications were left by the licensed Nurse Employee E19 in a plastic medication cup on the resident's tray table for the resident. Interview held with the Director of Nursing on January 22, 2025, at 12:55 p.m. confirmed the licensed nurse Employee E19 is an agency staff and did leave the medications bedside for the resident to take once he woke up. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396009	A. Building B. Wing	01/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Norriton Square Nursing and Rehabilitation Center	1700 Pine Street Norristown, PA 19401

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on interviews and the review of clinical records, it was determined that the facility failed to maintain complete and accurate records related to dialysis communication for one of one Dialysis-Residents reviewed (Residents R9).Review of Resident 9's clinical records indicated that R9 was admitted in the facility on May 10, 2025, with Diagnoses including Dependence on Renal Dialysis (refers to the mandatory, long-term use of artificial filtration (hemodialysis or peritoneal dialysis) to replace lost kidney function).Review of physician order for R9, dated June 2, 2025, August 28, 2025, and January 16, 2026, revealed; Dialysis days: Tuesdays, Thursdays, and Saturdays. Time for Pick up: 5;30 a.m.Review of Resident R9 's Hemodialysis Communication Record revealed that it lacked the following information as required per the communication log:The portion on the Hemodialysis Communication Record marked to be completed by Center Licensed Nurse for Dialysis patient prior to hemodialysis treatment, on August 14, 2025; September 20, 2025; October 11, 2025; October 28, 2025; and November 6, 2025.The portion on the Hemodialysis Communication Record marked to be completed by Certified Dialysis Facility following Dialysis treatment and accompany patient on return to Center post-hemodialysis, on January 20, 2026.The portion on the Hemodialysis Communication Record marked to be completed by Center Licensed Nurse post-hemodialysis treatment, on June 5, 2025; June 7, 2025; June 10, 2025; June 12, 2025; June 21, 2025; June 26, 2025; July 1, 2025; July 8, 2025; July 10, 2025; July 12, 2025; July 15, 2025; July 24, 2025; July 26, 2025; August 8, 2025; August 12, 2025; August 14, 2025; August 23, 2025; August 28, 2025; August 30, 2025; September 9, 2025; September 19, 2025; September 20, 2025; October 9, 2025; October 11, 2025; October 18, 2025; October 25, 2025; and October 28, 2025.Interview with the Charge Nurse, a Licensed Nurse, Employee E17, on January 23, 2026, at 11:22 a.m., confirmed lack of information in the Hemodialysis Communication Record of R9.28 Pa Code 211.5(f) Clinical records