

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Horsham Center for Jewish Life		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 Horsham Road North Wales, PA 19454	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, facility policies and documentation and staff interview, it was determined facility did not ensure adequate supervision and assistance to prevent accidents during a mechanical lift transfer for one of two residents reviewed (Resident R2). Review of facility policy title Lifting Machine, Using a Mechanical, revised July 2017, revealed that at least two (2) nursing staff are needed to safely move a resident with a mechanical lift, when possible. A review of Resident R2's clinical record revealed that he was admitted to the facility on [DATE], with diagnosis of chronic obstructive pulmonary disease (an ongoing lung condition caused by damage to the lungs). A review of Resident R2's allegation of abuse incident investigation report revealed that on June 18, 2025, Employee E13, nurse aide, was providing care to Resident R2 using a sit to stand lift. The report indicated that Employee E13 was by herself when she lifted the resident and transported him into the bathroom and bumped his arm in the doorway. Employee E13's statement states that she put Resident R2 onto the mechanical lift, and when she was turning the bathroom light on his arm was hurt on the door. Further review of Resident R2's incident investigation revealed that on June 18, 2025, Employee E13 was educated by Employee E19, Registered Nurse, to use two staff members when using a mechanical lift. Telephone interview with the Administrator on July 17, 2025, confirmed that Employee E13 was operating the mechanical lift by herself on June 18, 2025, when she was transporting resident R2 to the bathroom when his arm was bumped into the door, and that after this incident she was educated by the nurse to use two staff with a mechanical lift. The Administrator also indicated that Employee E13 had quit about a week after the incident and was not returning his calls related to this investigation. 28 Pa Code 211.12(d)(5) Nursing services 28 Pa Code 211.10(d) Resident care policies</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 396078	Facility ID: 396078 If continuation sheet Page 1 of 1