

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 11/24/2025
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 0573</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>Based on staff interviews, review of facility policy and review of facility documentation, it was determined that the facility failed to ensure that medical records requested by/and on behalf of residents were provided in a timely manner for 3 out of 3 records reviewed. (Resident R1, Resident R2, and R3)Review of the facility policy, Release of Information, with a revision date of November 2009 indicated that the resident may initiate a request to release information to anyone he/she wishes and that such request will be honored only upon the receipt of written, signed, and dated request from the resident or representative. The policy also stated that a resident may have access to his or her records within 24 hours (excluding weekends or holidays) of the resident's written request. Continued review of the policy indicated that a resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight hour (excluding weekends and holidays) advanced notice of such request, and that a fee may be charged for copying services. Review of a medical records request documentation from the facility's Medical Records Department indicated that the facility received a signed request for the release of medical records for Resident R1 on July 3, 2025. Continued review of the documentation from the facility's Medical Records Department indicated that the medical records were not sent to the requestor until July 21, 2025. Review of medical records request documentation from the facility's Medical Records Department indicated that the facility received a signed request for the release of medical records for Resident R2 on August 8, 2025. Continued review of the documentation from the facility's Medical Records Department indicated that the medical records were not sent to the requestor until September 5, 2025. Review of a medical records request documentation from the facility's Medical Records Department indicated that the facility received a signed request for the release of medical records for Resident R3 on July 16, 2025. Continued review of the documentation from the facility's Medical Records Department indicated that the medical records were not sent to the requestor until August 4, 2025.During an interview with Employee E3 (Medical Records Director) on October 30, 2025, at 2:00 p.m. the above referenced medical records request documentation for Resident R1, R2 and R3 was reviewed with Employee E3. During the above reference interview with Employee E3, it was discussed that the medical records request made by the resident and/or on behalf of the resident were not released to the requestor in a timely manner. 28 Pa. Code 201.18(e)(1) Management28 Pa. Code 201.29(a)(b) Resident rights</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on staff interviews and the review of facility documentation, it was determined that the facility failed to ensure that a complete and thorough investigation was conducted for bruises of unknown origin for 1 out of 1 residents reviewed (Resident R4). Findings include: Review of the facility policy, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating with a revision date of September 2024 indicated that all allegations are thoroughly investigated to the best of the facility's ability. The policy also indicated that the individual conducting the investigation reviews documentation and evidence; reviews the resident's medical records; interviews the person(s) reporting the incident, and interviews available staff members (on all shifts) who have had contact with the resident during the period of the alleged incident. Review of Resident R4's October 2025 physician orders included the diagnoses of cerebral infarction (a type of stroke); anxiety (a feeling of worry, nervousness, or unease about something with an uncertain outcome); depression (a mood disorder that causes a persistent feeling of sadness and loss of interest in things and activities you once enjoyed); dementia (a loss of thinking, remembering and reasoning skills); hypertension (high blood pressure), and diabetes (a condition that happens when your blood sugar/glucose is too high). Review of a nursing note dated October 19, 2025 at 11:30 a.m. documented that on the above referenced date the nurse aide (Employee E4) caring for the resident on the 7:00 a.m. through the 3:00 p.m. shift discovered a bruise to the resident's posterior head. The area was dark purple in color and measures 7.5 cm x 3.5 cm. Continued review of the above referenced note indicated that when the nurse touched the referenced area, the resident showed signs of mild pain. Review of Nurse aide, Employee E4's statement dated October 19, 2025 indicated: When I was giving [Resident R4] care, I noticed around 10:30 a.m. a black and blue bruise on the back of her head and I notify the nurse. Review of the investigation indicated that witness statements from licensed nurses and nurse aides on various shifts worked on October 17, 2025-through October 19, 2025 stated that they either did not see the referenced bruise on her head, or they were not assigned to the resident at all during any the referenced shifts. Continued review of the investigation indicated that the resident's nurse aide (Employee E4) who was assigned to the resident on October 18, 2025 on the 7:00 a.m. through the 3:00 p.m. nursing shift was not interviewed regarding the bruise of unknown origin. During an interview with the Assistant Director of Nursing (Employee E5, ADON) on October 31, 2025 at 12:53 p.m. the above-referenced investigation regarding the resident's bruise of unknown origin was discussed and reviewed. During the interview the ADON confirmed that Nurse aide, Employee E4 was the assigned nurse aide for the resident on October 18, 2025 during the 7:00 a.m. through the 3:00 p.m. nursing shift, and that the assigned nurse aide was not interviewed by the facility during the investigation. 28 Pa. Code 201.18(b)(1)(3) Management. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 201.29(c) Resident rights. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1) Nursing services. 28 Pa. Code 211.12(d)(5) Nursing services</p>		