

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  12/22/2025
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)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  (continued on next page)

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on review of facility provided documentation, review of policy and interview with staff, it was determined that facility did not ensure to report the results of all investigations within five working days to the administrator or his/her designated representative and to other officials in accordance with State law for two of seven residents reviewed (Resident R1, R9). Review of facility's policy 'Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating,' revised September 2024, indicates that all reports of resident abuse, neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported. Review of Resident R1's clinical record revealed she was admitted to facility on July 21, 2025 and discharged on August 8, 2025. R1 had a medical history of chronic obstructive pulmonary disease, asthma, and malignant neoplasm of upper lobe/right bronchus or lung. Review of R1's Minimum Data Set (MDS) - Resident Assessment and Care Screening, completed on July 27, 2025, revealed a Brief Interview for Mental Status score of 15, which indicated that the resident was cognitively intact. Review of grievance report completed on July 25, 2025, revealed that a concern was reported by Resident R1 as well as Resident R1's son regarding nebulizer treatments. Per report, Pt. (patient) and son report that pt. hasn't received her nebulizer treatments as ordered. Example given: on Thurs. 7/24, didn't receive her daytime or afternoon nebulizer tx (treatment). Only received her evening tx. Further review of grievance report revealed Pt. and son state they were told that the neb tx was signed off as being administered on 7/24 at 7 am &amp; 1 pm but pt. &amp; son state she didn't receive it. Review of facility reported documentation to the State Survey Agency for months of July 2025 and June 2025 revealed no evidence that facility reported the results of all investigations within five working days to the administrator or his/her designated representative and to other officials in accordance with State law. Findings confirmed with facility's administrator, director of nursing and assistant director of nursing, Employee E1. Review of Resident R9's clinical record revealed resident admitted to facility on April 20, 2022. with a medical diagnosis of Heart Failure, and Dementia (progressive degenerative disease of the brain). Review of R9's Minimum Data Set (MDS- assessment of resident's care needs) dated October 1, 2025, revealed a Brief Interview for Mental Status (BIMS) score of 0, indicating severe cognitive deficit. Review of Resident R9's comprehensive care plan, initiated on October 30, 2025, revealed resident observed being intrusive towards other residents, therefore targeting her for aggression from other residents. Interventions included Resident placed on 1:1 for increased observation. Review of Resident R9's physician orders, date October 30, 2025, revealed resident placed on 1:1 observation. Review of Resident R9's skin evaluation, dated November 19, 2025 at 3:01pm, indicated no new skin issues. Review of Resident R9's nursing note, dated 11/26/2025 at 1:14p.m., stated UM (Unit Manager) made aware resident has a newfound bruise on RUA (right upper arm), and a yellowish healing bruise on R (right) chest fading. Resident on a 1:1 for increased observation/ safety. Resident denies any pain. Currently walking around the unit, no new skin issues noted. Monitoring for any new skin issues/ changes. Encouraged 1:1 aides to continue to observe movements of the resident. Review of facility investigation revealed no documented evidence of explanation of bruising. Review of facility's reported documentation to the State Survey Agency for the months of November and December 2025 revealed no evidence that facility reported injury of unknown origin or results of investigation. Findings confirmed with facility's administrator, Employee E2 and Director of Nursing, Employee E4 on December 22, 2025 at 3:00p. m. 28 Pa Code 201.14(a)(c) responsibility of licensee 28 Pa Code 201.18(b)(1)(e)(1) management</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, resident and staff interviews, it was determined that the facility failed to provide food and drink that were served at palatable temperatures for one of 5 residents reviewed. (Resident R10) Findings include: Observation on December 22, 2025 at 09:20 a.m. of resident trays transported from kitchen to nursing unit using open carts. Observations during a test tray conducted with the Food Service Director, Employee E7, on December 22, 2025 at 09:35 a.m. revealed eggs registered 116 degree Fahrenheit (F), coffee 123 degree Fahrenheit (F), orange juice 51 degree Fahrenheit (F), chocolate milk 46 degree Fahrenheit (F). Follow-up interview with the Food Service Director, on December 22, 2025 at 9:35 a.m. confirmed that these food items were outside the acceptable temperature range and therefore not palatable. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management</p>		