

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 04/09/2026
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 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>Based on a review of the clinical record, facility documentation, observations, and interviews with staff and residents, it was determined that the facility failed to provide Activities of Daily Living (ADL) assistance for one of 35 resident records reviewed (Resident R271). Findings included: Review of Resident R271's Admission's MDS (an assessment of resident's needs) dated January 13, 2026 once admitted to the facility revealed the resident was alert and oriented, and was admitted with one Stage III pressure ulcer (Full thickness tissue loss, slough may be present but did not obscure the depth of tissue loss) and six pressure areas known but not stageable due to coverage of wound bed by slough and/or eschar (dead tissue). The MDS indicated that the resident's functional capabilities were fully dependent upon staff for all activities of daily living that included toileting, showering/bathing, dressing, and needed substantial maximal assistants with personal hygiene. Observation and interview with Resident R271 on April 6, 2026, at 11:30 a.m. revealed the resident appeared unkept, with facial hair on upper lip and hair that appeared unwashed matted and oily. When asked if nursing staff offered the resident a shower the resident indicated she did not because she was unable to stand so she received bed baths instead. When asked the last time the resident's hair was washed, the resident indicated she had not had her hair washed since being admitted to the facility almost three months ago. Review of Resident R271's care plan indicated the resident was unable to perform activities of daily living (ADLs) due to activity intolerance, initiated on admission, dated January 14, 2026. Interventions included, Interview on April 8, 2026, at 4:00 p.m. with the Assistant Director of Nursing (ADON) Employee E7 for the facility's C&D Tower, Unit Manager, Licensed Nurse, Employee E27 for Resident R271 in the facility's A1 unit, and ADON for Tower A & B Employee E28 was told about the above conversation with Resident R271 and that the resident was unaware the staff could accommodate the resident in showering. During the interview it was confirmed that documentation revealed in the past 30 days revealed only bed baths were given between the times of March 10 and April 4, 2026. There was no evidence showers were offered nor if the resident refusing them. In addition, there was no further documentation that revealed Resident R271's hair had been washed since being admitted to the facility. The staff was given an opportunity to reveal documentation that showed otherwise. During the remaining survey no additional documentation was received. 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code: 211.12(d)(1)(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
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