

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Sterling Health Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 318 South Orange Street Media, PA 19063	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of the facility's policy, clinical records review, and staff interview, it was determined that the facility failed to timely notify the physician of the significant change in weight for one of two residents reviewed (Resident CL1). Findings include: A review of the facility's policy titled Weight Assessment and Intervention, dated 2001, revealed that the threshold for significant unplanned and undesired weight loss will be based on the following criteria: 1 month-5% weight loss is significant; greater than 5% is severe. A review of the facility's policy titled Change in Resident's Condition or Status, dated 2001, revealed the nurse will notify the resident's attending physician or physician on call when there has been a significant change in the resident's physical/emotional/and mental condition. A review of Resident CL1's diagnoses list revealed Dementia (cognitive loss) and a femur fracture. A review of Resident CL1's weights and vitals revealed a weight of 153.6 pounds on August 4, 2025, and 139.9 pounds on September 2, 2025, a 13.8 pounds (8.98%) weight loss in less than a month. A review of the Dietitian's assessment dated [DATE], revealed that the resident was seen for a triggered weight loss, with open areas noted; reweigh required. The same note revealed that nursing reported a significant decrease in PO (Per Orem-by mouth) intake of the resident since readmission. A review of the nursing progress notes dated September 2, 2025, revealed that the resident's weight was taken twice, with a weight of 139.8 pounds. Clinical records review failed to reveal that the physician was notified of Resident CL1's significant weight loss until September 23, 2025, three weeks after it was identified. An additional supplement was ordered by the physician. An interview with the Director of Nursing conducted on October 29, 2025, at 1:00 p.m., revealed that it was the nurses' responsibility to inform the physician of Resident CL1's significant weight loss. The DON confirmed that the physician was not timely notified of Resident CL1's significant weight loss. The facility failed to ensure Resident CL1's physician was notified of the significant weight loss of the resident. 28 Pa. Code 211.12(d)(1)(3)(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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