STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396083	A. Building B. Wing	04/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sterling Health Care and Rehab Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, facility documents, and staff interviews it was determined the facility failed to ensure that the residents' environment remained free of accident hazards for one of four residents (Resident 1) identified as an elopement risk. This was identified as a past non-compliance for Resident R1. Findings include: Review of facility policy Wandering and Elopements dated November 2025, stated Missing Resident- Process:. if a resident is missing, initiate the elopement/missing resident emergency procedure; determine if the resident is out on an authorized leave or pass; if the resident was not authorized to leave, initiate a search of the building(s) and premises; and if the resident is not located, notify the Nursing Home Administrator and the Director of Nursing Services, the resident's legal representative, the attending physician, and law enforcement officials and(as necessary) volunteer agencies. Review of Resident 1's clinical record revealed Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's clinical record revealed diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance,(general loss of cognitive abilities, including memory without specific behavioral symptoms)psychotic disturbance(disruption in a person's thoughts and perceptions) mood disturbance(involves prolonged emotions that can be either excessively sad or excessively happy, and anxiety(persistent and excessive worry). Review of facility investigation documentation revealed that on April 14, 2026, Resident 1 closely followed the housekeeper through the double doors on the ground floor into the back hallway and out the side door. The housekeeper was unaware the resident came through the door. Review of information submitted by the facility to Department of Health, dated April 14, 2026, revealed that On 4/14/2026, An elopement alarm was activated after the resident was not accounted for on the secured unit. The facilities established protocols were immediately initiated, including notification of local law enforcement. The resident was located a short time later and safely returned to the facility without injuries. Review of facility investigation documentation revealed a written statement dated April 14, 2026, from Director of Nursing that stated A call was received from local police regarding an individual found matching the description of resident (Resident 1). The Corporate Nurse, Business Office Director and I responded to the provided location. Upon arrival Resident 1 was observed sitting in a relaxed manner conversing appropriately with officers and holding a beverage (coke). He presented with no visible injuries and denied any pain or discomfort.When asked about his whereabouts, he stated he was attempting to get to 69th street and reported that a woman had approached him to ask if he needed assistance or if he was lost. He also mentioned intending to take a train but acknowledged he had gone in the wrong direction. Review of facility documentation provided by facility of receipt from McDonald's dated April 14, 2026, at 1:53pm revealed evidence of a purchase Resident 1 had made of a filet o-fish sandwich and a small coke. Review of Resident 1 clinical record revealed progress note dated April 14, 2026, at 17:01 a health status note stated Resident noted not on unit and a immediate search was conducted with administration/staff notified. Proper authorities notified and family notified by administration of event. Resident returned safely after aggressive search completed. Skin check completed by 3-11 (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	charge nurse. Message left with answering service of Team Health for CRNP on call@ 4:35 pm. Resident currently in his room eating dinner. Observations made on the ground floor on April 27, 2026, 2026, at 11:10am revealed that a code is required to be entered to exit the unit and the floor. Observations made on the ground unit confirmed that the unit is a locked unit. Observed Resident 1 on April 27, 2026, at 11:20 am sitting at table writing in notepad. Resident 1 was wearing a shirt and jacket with dress pants, and wander guard was on left wrist. Interview with Resident 1 on April 27, 2026, at 11:21am, on the April 14, 2026, incident, Resident 1 stated It was taking too long to get out the building, and so I waited for the opportunity and took it Resident 1 stated They brought me here and wouldn't let me leave. I wanted to go back to my place. Interview with the Nursing Home Administrator on April 27, 2026, at 1:45pm confirmed that the staff failed to ensure Resident 1's safety by not checking for residents before and after exiting the unit. The facility self-identified the deficient practice at the time of the incident, April 14, 2026. The facility implemented a corrective action of staff education and review of residents for elopement risk. The facility's immediate action plan included the following: QAPI (Quality Assurance Performance Improvement) conducted April 14, 2026. Signs were placed on doors to check for residents before and after exiting doors.Resident 1 was immediately placed on 1:1 supervision Facility Maintenance Director changed the facility door codes. Facility Maintenance Director checked facility door to ensure securement and function. Nursing Home Administrator reviewed the elopement policy. Education was completed for Employee 4 including a documented counselling warning on April 16, 2026. Education was initiated for all facility staff on the policy of Elopement, which includes recognizing, preventing and responding to resident elopement to ensure resident safety. All staff completed training by April 19, 2026. Residents were reviewed for elopement risk and to ensure interventions were in place. No other residents were identified as immediate risk. Residents with code alert bracelets/ wander guards were checked for placement and functioning. Facility Maintenance Director or designee will check exit doors daily for function and security. Maintenance immediately intervenes if a door is identified with any issues. Results of these checks are reviewed by the QAPI committee for further actions as needed. Director of Nursing or designee will review newly completed elopement assessments daily for 5 days, weekly for 3 weeks, then monthly to ensure residents identified with risk have a plan in place. Results of these checks are reviewed by the QAPI committee for further recommendations as needed. Nursing Home Administrator or designee will complete door audits daily for 5 days and weekly for 3 weeks and monthly for 3 months. During an interview on April 14, 2026, at 11:35 a.m. LPN (Licensed Practical Nurse) Employee E5 verified receiving education on Elopement and was able to verbalize understanding. During an interview on April 14, 2026, at 11:40 a.m. CNA (Certified Nurse Assistant) Employee 6 verified receiving education on Elopement and was able to verbalize understanding. The facility has demonstrated compliance with the above since April 15, 2026. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(e)(1) Management.28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(5) Nursing services.