

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396090	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2025
NAME OF PROVIDER OR SUPPLIER  Preston Residence		STREET ADDRESS, CITY, STATE, ZIP CODE  200 Sycamore Drive West Grove, PA 19390	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based upon clinical record review and staff interview, it was determined the facility failed to ensure accurate Minimum Data Set Assessments were completed for one of 12 residents reviewed (Resident 14).</p> <p>Findings include:</p> <p>Review of Resident 14's clinical record revealed diagnoses including End Stage Renal Disease (failure of kidney function to remove toxins from the blood).</p> <p>Review of Resident 14's Quarterly Minimum Data Set (MDS - periodic assessment of resident needs) dated Mach 17, 2025 failed to reveal Resident 14's diagnosis of End Stage Renal Disease.</p> <p>Interview with Licensed Employee E3 on June 12, 2025, at 11:43 a.m. confirmed Resident 14's Quarterly MDS dated [DATE], was inaccurately completed.</p> <p>28 Pa. Code 211.5(f) Clinical Records</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of clinical records and staff interviews, it was determined the facility failed to ensure that fluid restriction physician's orders were followed for one of one residents reviewed. (Resident 10)</p> <p>Findings include:</p> <p>A review of the facility's policy titled Diets and Menus, Subject: Fluid Restrictions revised 5/2023 revealed Nursing will document fluid restrictions, intake and output as per nursing policy and procedures or as per physician orders.</p> <p>Review of Resident 10's clinical record revealed diagnoses including acute congestive heart failure(sudden and severe condition where the heart can't pump enough blood to meet the body's needs, causing fluid buildup in the lungs and other parts of the body), and acute kidney failure (a sudden and significant loss of kidney function).</p> <p>Review of Resident 10's physician's orders revealed an order started on May 26, 2025, of fluid restriction of 2000cc, Split between Nursing (1000cc) and Dining (1000cc) daily. 7-3:450cc, 3-11:450cc, 11-7:100cc.</p> <p>Review of Resident 10's Medication Administration Record revealed Resident 10's daily fluid allotment was not recorded from June 1, 2025, to June 10 2025.</p> <p>Interview with Director of Nursing on June 12, 2025, at approximately 12:24pm confirmed that the physician orders were not followed for fluid restriction.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based upon clinical record review and interview, it was determined the facility failed to ensure non-pharmaceutical interventions were completed prior to the administration of pain medication for one resident and failed to ensure side effects were being monitored during the use of anti-psychotic medication for one resident (Resident 4 and Resident 11).</p> <p>Findings include:</p> <p>Review of Resident 4's physician orders revealed an order for Oxycodone (pain medication) 10 milligrams (mg) to be administered every eight hours as needed for moderate to severe pain.</p> <p>Review of Resident 4's June Medication Administration Record revealed Resident 4 received Oxycodone 10 mg on June 1, 2025, June 2, 2025, June 3, 2025, June 6, 2025, and June 10, 2025.</p> <p>Further review of Resident 4's clinical record failed to reveal evidence that non-pharmaceutical interventions were attempted prior to the administration of Oxycodone 10 mg.</p> <p>Interview with the Director of Nursing on June 12, 2025, at 1:00 p.m. confirmed that non-pharmaceutical interventions were not attempted prior to the administration of Resident 4's pain medication.</p> <p>Review of Resident 11's diagnosis list revealed a diagnosis of Alzheimer's Dementia (a progressive disease that destroys memory and other important mental functions), unspecified mood disorders and anxiety disorder.</p> <p>Review of Resident 11's physician's orders revealed an order started on Decemebr 5, 2024 for Quetiapine (anti-psychotic medication) 25 milligrams 1 tablet at bedtime.</p> <p>Review of Resident 11's Medication Administration Record (MAR) for May 2025 and June 2025 revealed Resident 11 received Quetiapine 25 milligrams each day at bedtime.</p> <p>Review of Resident 11's MAR and progress notes revealed the facility failed to ensure that side effects were being monitored during the use of anti-psychotic medication.</p> <p>Interview with the Director of Nursing on June 13, 2025, at 9:18 a.m. confirmed there was no documentation monitoring the side effects of the anti-psychotic medication when administered to Resident 11.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services</p> <p>Previously cited 7/11/2024</p>		