

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon clinical record review, it was determined that the facility failed to ensure Minimum Data Set Assessments (MDS) were completed timely for three of 12 residents reviewed (Resident 23, Resident 33 and Resident 34). Findings include: Review of Resident 23's clinical record revealed Resident 23 was admitted to the facility on [DATE]. An admission Minimum Data Set Assessment (MDS -periodic assessment of resident needs) was completed upon admission on [DATE]. Further review of Resident 23's clinical record failed to reveal evidence that any further MDS were completed since March 13, 2026. Interview with Licensed Employee E3 on July 30, 2026, at 11:52 a.m. confirmed that no further MDS was completed for Resident 23 since admission on [DATE]. Review of Resident 33's clinical record revealed that the resident was admitted on [DATE], and an admission MDS was completed on January 27, 2026. Further review of the clinical record revealed that no further MDS assessment was completed since admission. Review of Resident 34's clinical record revealed that a quarterly MDS assessment was completed on March 10, 2026. Further review of the clinical record failed to reveal evidence that any further MDS were completed since March 10, 2026. Interview with Licensed Employee E3 on July 30, 2026, at 11:52 a.m. confirmed that the quarterly assessments were not completed for Resident 33 and Resident 34.		

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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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. Based on clinical record review and interview with staff, it was determined that the facility failed to encode a subset of items upon a resident's reentry to the facility for one of 12 residents reviewed (Resident 34). Findings include: Review of Resident 34's discharge MDS (Minimum Data Set - periodic assessment of resident needs) of May 27, 2024, indicated that the resident was discharged with return anticipated. Review of Resident 34's late entry progress note of June 7, 2026, revealed that resident returned to the facility on June 6, 2026. Further review of the clinical record revealed no evidence that a reentry assessment was completed. Interview with Employee E3 on July 30, 2026, at 11:52 a.m. confirmed that a reentry assessment had not been completed.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon clinical record review, it was determined that the facility failed to ensure Minimum Data Set Assessments (MDS) were completed accurately for one of 12 residents reviewed (Resident 2). Findings include: Review of Resident 2's Quarterly Minimum Data Set (periodic assessment of resident needs) dated May 13, 2026, revealed Resident 2 to have had a significant weight loss. Review of Resident 2's Weight Summaries from October 1, 2025, through July 1, 2026, failed to reveal evidence of a significant weight loss. Interview with Licensed Employee E3 on July 30, 2026, at 12:27 p.m. revealed that Resident 2's Quarterly MDS dated [DATE], was completed inaccurately and further that Resident 2 did not have a significant weight loss. 28 Pa. Code 211.5 Medical Records		