

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Wyndmoor Hills Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8601 Stenton Avenue Wyndmoor, PA 19038	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to develop a baseline care plan within 48 hours of a resident's admission that includes the minimum healthcare information necessary to properly care for a resident, for one of five residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy, Care Plans - Baseline undated, revealed, A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission. Continued review revealed that the baseline care plan will include initial goals based on admission orders, physician orders, dietary orders, therapy services, social services and PASARR (screening tool for mental illnesses) recommendations.</p> <p>Review of facility policy, New Admission Chart Review Checklist undated, revealed that upon admission staff will ensure that a baseline care plan is completed.</p> <p>Review of Resident R1's Medicare 5-Day MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated August 18, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including coronary artery disease (damage in the heart's major blood vessels), heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), renal failure (a condition in which the kidneys lose the ability to remove waste and balance fluids), wound infection, high cholesterol, hemiplegia (paralysis), depression (mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things), anxiety disorder (intense, excessive, persistent worry or fear), diabetes (ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose), dysphagia (difficulty swallowing), hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), Sjogren syndrome (immune system disorder that causes dry eyes and mouth), and rheumatoid arthritis (chronic inflammation disorder that effects the joints in the hands and feet).</p> <p>(continued on next page)</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R1's Medication Administration Records for August 2024, revealed that the resident received medications to treat high cholesterol, vitamin D deficiency, blood thinner, seizures, depression, breast cancer, nasal congestion, diuretic (removes excess fluid from the body), adrenal insufficiency (the body does not make enough cortisol), rheumatoid arthritis, heart failure, high blood pressure, acid reflux, respiratory disorder, shortness of breath and nerve pain.</p> <p>Review of Resident R1's physical and occupational therapy evaluations, dated August 16, 2024, revealed that the resident required max assistance with upper body dressing tasks, moderate assistance with lower body dressing tasks, moderate assistance with toileting tasks, moderate assistance with transfers, max assistance with ambulation and max assistance with self-propulsion of her wheelchair.</p> <p>Review of Resident R1's PASRR (Pennsylvania Preadmission Screening Resident Review) dated August 15, 2024, revealed that the resident had anxiety, depression, panic disorder and substance use disorder.</p> <p>Review of Resident R1's Nursing Admit/Readmit Screener evaluation, dated August 16, 2024, revealed that no care plan had been developed as part of the evaluation.</p> <p>Continued review of Resident R1's clinical record revealed that the resident chose to discharge from the facility on August 18, 2024, at 5:18 p.m.</p> <p>Review of Resident R1's care plan, dated initiated August 19, 2024, revealed that the resident had the potential for nutritional risk due to need for therapeutic diet, above normal BMI (body mass index) and diuretic medication.</p> <p>Review of assessments for Resident R1 revealed that no dietary or nutritional assessment had been completed while the resident was at the facility.</p> <p>Review of physician orders revealed that no diet order was prescribed for Resident R1 while the resident was at the facility.</p> <p>Further review of Resident R1's care plan revealed that no other care plans or focus areas had been developed for the resident to meet her care needs while she was at the facility, such as therapy services, assistance with activities of daily living, discharge plannings, respiratory needs, diabetes, immune disorders, cardiac (heart) conditions, wound infection, pain, mental health disorders or cancer therapy.</p> <p>Interview on September 17, 2024, at 2:44 p.m. with the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed that no baseline care plans were developed for Resident R1 while the resident was at the facility.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.10(c) Resident care policies</p> <p>28 Pa Code 211.12(d)(2) Nursing services</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to follow physician orders related to medications for one of five residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy, Administering Medications dated revised April 2020, revealed, Medications are administered in a safe and timely manner, and as prescribed. Continued review revealed, Medications are administered in accordance with prescriber orders, including any required timeframe.</p> <p>Review of Resident R1's Medicare 5-Day MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated August 18, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), depression (mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things), diabetes (ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe) and rheumatoid arthritis (chronic inflammation disorder that effects the joints in the hands and feet).</p> <p>Review of Resident R1's Medication Administration Record (MAR) for August 2024 revealed the following:</p> <p>Escitalopram oxalate (medication used to treat depression) once daily, was not administered on August 16, 2024, due to Other/See Nurse Notes;</p> <p>Exemestane (medication used to treat breast cancer) once daily, was not administered on August 16, 2024, due to, Hold/See Nurse Notes;</p> <p>Fluticasone propionate (medication used to treat allergies) once daily, was not administered on August 16, 2024, due to Hold/See Nurse Notes and was also not administered on August 17, 2024, due to Other/See Nurse Notes;</p> <p>Diazepam (medication used to treat seizures) once daily at bedtime, was not administered on August 17, 2024, due to Hold/See Nurse Notes;</p> <p>Hydrocortisone (medication used to treat inflammation) once daily, was not administered on August 16, 2024, due to Other/See Nurse Notes;</p> <p>Olmesartan medoxomil (medication used to treat high blood pressure) once daily, was not administered on August 16, 2024, due to Hold/See Nurse Notes;</p> <p>(continued on next page)</p>

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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>Pregabalin (medication used to treat pain) two times per day, both doses were not administered on August 16, 2024, due to Hold/See Nurse Notes; both doses were also not administered on August 17, 2024, due to Hold/See Nurse Notes and Other/See Nurse Notes.</p> <p>Review of Resident R1's eMAR (electronic MAR) notes for the above medications revealed the following:</p> <p>No rationale was provided for why the escitalopram was not administered;</p> <p>The exemestane was not administered due to, Medications not available;</p> <p>The fluticasone propionate was not administered on August 16, 2024, due to, Medications not available, no rationale was provided for why the medication was not administered on August 17, 2024;</p> <p>No rationale was provided for why the diazepam was not administered on August 17, 2024;</p> <p>The hydrocortisone was not administered due to, Meds not available;</p> <p>The olmesartan medoxomil was not administered due to, Meds not available; and</p> <p>The pregabalin was not administered in the morning on August 16, 2024, due to, Meds not available, no rationale was provided for why the medication was not administered in the evening on August 16, 2024, and no rationale was provided for both doses on August 17, 2024.</p> <p>Review of the facility's list of emergency medications revealed that pregabalin was available in the facility for administration.</p> <p>Continued review of Resident R1's clinical record revealed that no documentation was available for review at the time of the survey to indicate if the physician was notified of the missed doses for any of the above medications for Resident R1.</p> <p>Further review of Resident R1's clinical record revealed that the resident chose to discharge from the facility on August 18, 2024, at 5:18 p.m.</p> <p>Interview on September 17, 2024, at 2:44 p.m. with the Nursing Home Administrator (NHA) and Director of Nursing (DON) revealed that the facility did not have a policy for instructing nursing staff what to do when a medication is unavailable. The DON stated that the facility had all agency staff working during the days that the medications for Resident R1 were not administered and stated that the agency staff did not have access to the emergency medication supply.</p> <p>28 Pa Code 201.18(b)(1) Management</p> <p>28 Pa Code 211.10(a) Resident care policies</p> <p>28 Pa Code 211.12(d)(1) Nursing services</p> <p>28 Pa Code 211.12(d)(2) Nursing services</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa Code 211.12(d)(5) Nursing services

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39344</p> <p>Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to maintain complete and accurate documentation for one of five residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy, New Admission Chart Review Checklist undated, revealed that, upon the resident's admission to the facility, the Nursing Admission Evaluation packet should be completed and that tasks, such as shower day schedules and level of assistance needed with activities of daily living should be entered. Continued review revealed that the resident's advance directives and code status should be entered in the electronic medical record. Further review revealed that staff will ensure that diet orders are entered in the electronic medical record.</p> <p>Review of Resident R1's Medicare 5-Day MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated August 18, 2024, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including coronary artery disease (damage in the heart's major blood vessels), heart failure (a chronic condition in which the heart doesn't pump blood as well as it should), renal failure (a condition in which the kidneys lose the ability to remove waste and balance fluids), wound infection, high cholesterol, hemiplegia (paralysis), depression (mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things), anxiety disorder (intense, excessive, persistent worry or fear), diabetes (ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose), dysphagia (difficulty swallowing), hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), Sjogren syndrome (immune system disorder that causes dry eyes and mouth), and rheumatoid arthritis (chronic inflammation disorder that effects the joints in the hands and feet).</p> <p>Review of Resident R1's Nursing Admission/Readmission Evaluation Packet, dated August 16, 2024, revealed that the assessment was incomplete, and that the resident had not been assessed related to elopement risk, infection risk, skin risk, smoking, pain evaluation, side rail evaluation, restraints evaluation, dental evaluation, self-administration of medications or AIMS (assesses abnormal body movements).</p> <p>Review of progress notes for Resident R1 revealed that no notes were entered on August 15, 2024, the day the resident was admitted to the facility. Continued review revealed that there was no documentation of an admission note, indicating how or when the resident arrived at the facility.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Continued review of progress notes for Resident R1 revealed a note, dated August 16, 2024, at 8:54 a.m. which indicated that the resident was being monitored as a new admission, that it was the second shift that the resident had been at the facility and that the resident had admitting diagnoses of adrenal insufficiency (the body does not make enough cortisol) and chest pain. The note indicated that the resident was resting in bed, continent, able to communicate her needs and that her vital signs were stable.</p> <p>Continued review of progress notes for Resident R1 revealed that no nursing noted were entered for August 17, 2024.</p> <p>Further review revealed a nurses note for Resident R1, dated August 18, 2024, at 7:27 p.m. which indicated that the resident chose to leave the facility against medical advice with her family member at 5:18 p.m. There was no indication as to why the resident chose to leave the facility.</p> <p>Review of Resident R1's physician orders for August 2024, revealed that no orders were entered related to the resident's advance directives or code status (specifies if the resident wants any life-saving interventions) while the resident was at the facility.</p> <p>Continued review of Resident R1's physician's orders revealed an order, dated August 19, 2024, for a no added salt, diabetic diet with normal textures and thin liquids. The order was entered into the electronic medical record by the Director of Nursing on August 19, 2024, at 9:08 a.m. Further review revealed that no diet orders were obtained from August 15 through 18, 2024, the time that the resident was in the facility.</p> <p>Documentation for Resident R1 related to care that was provided to the resident by nurse aide staff while she was at the facility was requested from administrative staff. No documentation was provided at any time during the survey.</p> <p>Interview on September 17, 2024, at 2:44 p.m. with the Nursing Home Administrator (NHA) and Director of Nursing (DON) revealed that the facility was unable to access Resident R1's nurse aide documentation and that there was no evidence of any care that was provided to Resident R1 by nurse aide staff available for review at the time of survey. Continued interview revealed that the DON was unable to explain why no diet orders were entered for Resident R1 while she was at the facility or why the order was entered after the resident had already discharged. Further interview the DON stated that the facility had all agency staff working the weekend that the resident was at the facility and was unable to explain why the admission process had not been completed for Resident R1.</p> <p>28 Pa Code 211.10(d) Resident care policies</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>		