

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  08/25/2025
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, and staff interviews, it was determined that the facility failed to maintain an effective pest control program in the main kitchen. Findings Include: Observation on August 25, 2025, at 9:20 a.m., in the facility's main kitchen revealed an unclean and unsanitary environment. A substantial amount of mouse droppings was observed in two separate areas on the kitchen floor. Interview conducted with Employee 7, the Dietary Director, confirmed the presence of mouse droppings in multiple areas of the kitchen. Employee E7 acknowledged that the floor had not been cleaned and explained that the cleaning schedule is based on focus areas, such as cleaning ceiling tiles, etc. Employee E7 further stated that staff just know what needs to be done, Interview with Nursing Home Administrator (NHA) Employee E1 on August 25, 2025, at 12:50 p.m. confirmed that the facility is aware of rodent problems. 28 Pa. Code 210.18(b)(1) Management</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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