

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

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>396115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Wyndmoor Hills Rehabilitation and Nursing Center                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8601 Stenton Avenue<br>Wyndmoor, PA 19038 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, review of facility policies and interviews with staff, it was determined that the facility failed to store food in accordance with standards for food service safety (main kitchen). Findings include: Review of facility policy Guidelines for Storage undated, revealed Date your products with Use By Dates. A tour of the main kitchen conducted on July 13, 2026, at 9:50 a.m. with Employee E9, Dietary Director, revealed the following: Observation in the dry storage room revealed a wall behind a food rack was soiled with a brown substance; the same wall had openings and holes along the baseboard, which would allow for pests to enter. The floor had a heavy buildup of grime. Observation in the kitchen by the steamer revealed a drain in the floor that was open and uncovered. Observation of refrigerator box 1 revealed an open bag of chicken nuggets that was left open to air, an opened bag of egg salad that was undated and a pan of oatmeal that was unlabeled and undated. Observation of refrigerator box 2 revealed multiple tubs of expired cottage cheese, with expiration dates including: 5/18/26, 7/6/26, 6/22/26, 4/6/26 and 12/6/25. Nine tubs of margarine were observed with no received or expiration dates. Observation of refrigerator box 4 revealed a pitcher of juice consisting of a mix of water and fruit that was unlabeled and undated; a personal food storage dish that was unlabeled and undated; and an open case of packages of sliced turkey breast with no use by or expiration dates. Observation of the main kitchen revealed a storage area that contained a broken steam table. The storage area was full of trash and debris on the equipment. There was a build up of grime, trash, debris and a large amount of mice droppings on the floor. The door that leads to the corridor had a large gap in the door sweep, which would allow pests to enter. Observation of the kitchen cooking area revealed the handwashing sink and the area under the sink were covered with dirt and debris. The paper towel holder was falling off the wall. The floor throughout the cooking area was soiled with a build up of dirt and debris. The cooking ovens had a heavy build up of baked on food spillage on the bottom and door of the ovens. The drawers in the preparation counter were unable to be opened and soiled with grease and food debris. There was a box of powdered pureed rice mix that was open with the contents left open to air and an expiration date of 7/7/26. Observation of the emergency food closet revealed a large bag of powdered milk that expired 5/17/26; a case of saltines that expired May 2025; a case of raisin bran cereal that expired 2/4/26; and a case of canned fruit salad that expired 6/19/26. Continued observation revealed a box of chemical sanitizer on the floor, mixed in with cases of food items. A case of canned pasta was on the floor. The floor was soiled with trash and debris, there was a pool of water on the floor; and there were mice droppings on the floor. Observation of another closet, labeled as emergency food supply, revealed a case of cake mix that expired February 2024; a case of rice crispies that expired January 2024; a case of salsa cups that expired in 2024; and a case of crispy rice that expired October 2024. Continued observation revealed mice droppings on the floor of the room. Observation of the kitchen bread storage area revealed two (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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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | cases of bread with no received, use by or expiration dates. There was also a box of powdered pureed honey wheat bread mix that expired in April 2026. Observation on July 13, 2026, at 12:40 p.m. of the second floor steam table revealed that the side and bottom of the table were heavily soiled with grease and food debris. Continued observation of the kitchen area on July 13, 2026, at 1:52 p.m. revealed that the door that leads to dumpster area was propped open, which would allow pests to enter. Observations of the dishwashing area with Employee E11, dietary, revealed that the floor was heavily soiled with grime and debris; there were also several broken floor tiles. During the wash cycle, the dish machine leaked water onto the floor. The above findings were reviewed and confirmed with Employee E9, Dietary Director, at the time of the observations. 28 Pa Code 201.14(a) Responsibility of licensee |                                                                                        |                                                 |

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| F 0645<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | PASARR screening for Mental disorders or Intellectual Disabilities<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility policies and staff interview, it was determined that the PASRR (Preadmission Screening and Resident Review) was not accurately completed according to the resident assessment for two of six residents reviewed (Residents R4 and R34). Findings include: The PASRR (Preadmission Screening Resident Review) was created in 1987 through language in the Omnibus Budget Reconciliation Act (OBRA) and it has three goals: to identify individuals with mental illness and/or intellectual disability, to ensure they are placed appropriately, whether in the community or in a nursing facility, and to ensure they receive the services they require for their mental illness or intellectual disability. The PASRR Level 1 must be completed on all persons who are considering admission to a Medicaid certified nursing facility. A Level II PASRR evaluation must be completed if the Level 1 PASRR determined that the person is a targeted person with mental illness or an intellectual disability. The Level II PASRR would determine if placement or continued stay in the requested or current nursing facility is appropriate. Review of Resident R34's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool), dated May 8, 2026, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including Bipolar disorder (also known as manic depression, is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior). Review of Resident R34's PASRR, dated July 24, 2024, revealed that the resident had a diagnosis of depression. Continued review revealed that the resident's diagnosis of bipolar disorder was not included on the evaluation. Review of Resident R4's Significant Change MDS, dated [DATE], revealed that the resident was admitted to the facility on [DATE], and had diagnoses including depression (mood disorder characterized by low mood, a feeling of sadness, and a general loss of interest in things), bipolar disorder and schizophrenia (mental illness associated with loss of reality contact, delusions and hallucinations). Review of Resident R4's PASRR, dated September 3, 2019, revealed that the resident had a diagnoses of depression and bipolar disorder. Continued review revealed that the resident's diagnosis of schizophrenia was not included on the evaluation. Interview on July 15, 2026, at 1:48 p.m. Employee E 8, social worker, confirmed that the PASRR evaluations for Residents R34 and R4 did not accurately reflect those residents' mental health conditions. 28 Pa Code 211.5(iv)(v) Medical records |                                                                                        |                                                 |

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| F 0804<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, review of facility policies and interviews with residents and staff, it was determined that the facility failed to serve foods at appetizing and palatable temperatures on one of two nursing units (second floor nursing unit). Findings include: Review of facility policy Food Serving Temperatures undated, revealed Food is at an acceptable temperature at preparation at point of service of the resident. The point of service temperature to residents will be within the range of 120-140 degrees. Observation on July 13, 2026, at 10:30 a.m. of the kitchen revealed that there was no tray line station in the kitchen. Interview, at the time of the observation, Employee E9, Dietary Director, revealed that no trays are plated in the kitchen; all trays are plated and served from the steam table in the second floor dining room. Observation on July 14, 2026, at 8:21 a.m. of the tray line service in the second floor dinning room revealed Employee E12, Cook, plating meals from the steam table. Plates were then trayed by additional dietary personnel, loaded into food trucks and distributed to nursing units and residents. Continued observation at 8:31 a.m. Employee E12, Cook, finished plating all residents' meals and then plated a test tray, consisting of scrambled eggs, toast, oatmeal and sausage. Employee E12 was not able to find a thermometer at the tray line station and called the kitchen to bring up a thermometer. Employee E9, Dietary Director, arrived with a thermometer and obtained temperatures of the test tray, including: the eggs were 101 degrees Fahrenheit, the sausage was 94 degrees Fahrenheit and the toast was 89 degrees Fahrenheit. Employee E9 confirmed that the foods were not served at appetizing and palatable temperatures. Interview on July 14, 2026, at 11:53 a.m. Resident R42 stated that he/she did not eat breakfast this morning because the food was cold. Observation, at the time of the interview, Resident R42's breakfast was still at the bedside and was uneaten. 28 Pa Code 201.14(a) Responsibility of licensee</p> |                                                                                        |                                                 |

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| F 0814<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Dispose of garbage and refuse properly.<br><br>Based on observations and interviews with staff, it was determined that the facility failed to ensure that trash was properly disposed of in the dumpster area. Findings include: An initial tour of the food services department conducted on July 13, 2026, at 9:50 a.m. with Employee E9, Dietary Director, revealed the following: Observation revealed the lid to the dumpster was left open and the ground around the dumpster was covered with debris such as cups, gloves and plastic eating utensils. There were several wooden pallets piled against the side of the building and a broken wooden fence. There was a blue bin full of stagnant water and trash. Employee E9 proceeded to close the lid to the dumpster and stated that the bin belonged to housekeeping and did not know what was in the bin. Continued observations revealed that the door leading to the kitchen from the dumpster area had a drain in the ground. Interviews with Employees E9, Dietary Director, and Employee E11, dietary, revealed that staff dump kitchen water, such as dirty mop water, into the drain; the water is then pumped through a pipe which drains nearby to the street. Continued observation on July 13, 2026, at 1:52 p.m. revealed that the lid on the other side of the dumpster was propped open. 28 Pa Code 201.14(a) Responsibility of licensee |                                                                                        |                                                 |

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| F 0908<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Keep all essential equipment working safely.<br><br>Based on observations and staff interviews, it was determined that the facility failed to ensure equipment was maintained in safe and operating conditions related to the main kitchen. Findings Include: An initial tour of the food services department conducted on July 13, 2026, at 9:50 a.m. with Employee E9, Dietary Director, revealed the following: Observations revealed that the main kitchen was equipped with four walk-in refrigerators, a steamer, two soup kettles, a tilt skillet, four ovens, a gas stove with two additional ovens and a fryer. Interview, at the time of the observations, Employee E9, Dietary Director, revealed that refrigerator box 3, the steamer, soup kettles, tilt skillet and two of the ovens were broken and unable to be used. Continued observation revealed that half of the gas stove and the fryer were unlit (no pilot lights) and unable to be used. Employee E9 stated that they were still waiting for the vendor to come out to relight the pilot lights for the stove and fryer. Further observations of the main kitchen area revealed several portable air conditioning units on the counter tops. Interview with Employee E11, dietary, revealed that the HVAC (Heating Ventilation Air Conditioner) vents did not work in the kitchen and that the staff rely on the portable air conditioning units because the kitchen gets hot during the day. 28 Pa Code 201.14(a) Responsibility of licensee |                                                                                        |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>396115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br><br>07/16/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Wyndmoor Hills Rehabilitation and Nursing Center                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8601 Stenton Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |                                                 |
| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations and interviews with residents and staff, it was determined that the facility failed to maintain a safe environment for residents and staff related to a corridor and a kitchen door area. Findings include: Observations on July 13, 2026, at 9:50 a.m. revealed that the door leading to the kitchen from the dumpster area had a drain in the ground. Interview with Employee E9, Dietary Director, revealed that staff dump kitchen water, such as dirty mop water, into the drain. The ground around the drain area was wet. Electrical power cords were observed on the wet ground; one cord was connected to a pump inside the drain, another cord was connected to a cooler truck. Staff were observed walking around the wires to enter and exit the kitchen. The electrical cords extended across an entry point into the main kitchen, creating a tripping hazard, and plugged into an outlet above a kitchen counter. Interview on July 13, 2026, at 11:16 a.m. Employee E9, Dietary Director, revealed that all food prepared in the kitchen gets transported along a corridor to get to the nursing units. Employee E9 stated that they do not like to walk through the corridor because of rodents and safety hazards. Observations of the corridor revealed numerous broken tiles and several open holes on the floor, including one very large hole that was covered with a mound of broken bricks and debris. The floor was wet from water that was dripping from bricks in the walls and ceiling. Along the corridor was a door that leads to outside; the door was unable to be completely shut, allowing for pests to enter. Interview on July 13, 2026, at 11:27 a.m. Employee E11, dietary, stated that they feel unsafe traveling along the corridor because of the rodents, bugs, debris, holes and other hazards. Interview on July 14, 2026, at 10:05 a.m. with seven alert and oriented residents revealed that they would like to do their own personal laundry and that there were no laundry machines on the nursing units. Interview on July 14, 2026, at 1:16 p.m. the Nursing Home Administrator revealed that residents are able to do their own personal laundry and that the machines are located past the kitchen. The Administrator stated that residents are escorted by activities staff and that residents could either go through the corridor or go outside around the building to get to the machines. Interview on July 15, 2026, at 9:52 a.m. Employee E13, Activities Director, confirmed that activities staff escort residents to the personal laundry area. Employee E13 escorted the survey team through the same corridor that was previously observed with dietary staff, to the laundry room. Employee E13 then escorted the survey team along the alternate route that could be used to access the laundry area. Observations of the hallway from the laundry room to the exit door revealed broken furniture, trash and debris along the floor, and loose and missing floor tiles. The lighting along the hallway was dim, making the hazards more difficult to see and maneuver. Upon exiting the building, Employee E13 led the survey team along a sloped parking lot to the main entrance of the skilled nursing building. Employee E13 confirmed that both routes to get to the personal laundry area were hazardous for residents and staff. 28 Pa Code 201.14(a) Responsibility of licensee</p> |                                                                                        |                                                 |