

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Wyncote Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 208 Fernbrook Avenue Wyncote, PA 19095	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews with staff, residents, and family members, review of clinical records, it was determined that the facility did not implement appropriate interventions to prevent and support the healing of pressure ulcers for one of four residents reviewed (Resident R1). Findings include: Review of Resident R1 's clinical record revealed that Resident R1 was admitted to the facility on [DATE], with diagnoses of, but not limited to, Dementia, muscle weakness. Review of Resident R1 's clinical record revealed physician order, dated January 31, 2025, for Prevention Devices check every shift. Pressure reducing devices to bed and wheelchair, offload heels on pillows in bed, turn and reposition frequently in bed. Review of Resident R1 's MDS (Minimum Data Set) State Optional dated May 3, 2025, under section M1200, dated May 3, 2025, revealed Resident R1 is not enrolled in a turning and repositioning program. Further review of Resident R1 's MDS (Minimum Data Set) State Optional dated May 3, 2025, under section G0110, revealed Resident R1 is Total dependence (full staff performance every time during entire shift) for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed). Review of Resident R1 's Care Plan date-initiated January 28, 2025, revealed that Resident R1 has a potential for alteration in skin integrity r/t incontinence. Review of Resident R1 's clinical record revealed progress notes written by Employee E3, Licensed Practical Nurse dated April 7, 2025, While CNA was giving care an open area noted on resident 's sacrum and CNA reported that to the charge nurse. Charge assessed area and measured it 2 cm x 1.75 cm. Review of Resident R1 's clinical record revealed nursing progress note dated April 10, 2025, Seen by wound doctor, see wound consult for more information. Interview with Employee E1, Administrator on 6/24/2025 at 2:30pm revealed that wound consult documentation unavailable to view, A lot of stuff is missing from the switch over. Review of Resident R1 's clinical record revealed Wound Evaluation and Management Summary by Wound Physician dated April 17, 2025, Wound with significant deterioration over the past week, not eating per nursing, may be beginning of end stage skin failure. Wound Size measuring 3.2 x 3.2 x not measurable (depth is unmeasurable due to presence of nonviable tissue and necrosis). General recommendations include off-Load wound, reposition per facility protocol, turn side to side in bed. No documented evidence of care plan initiated for facility acquired pressure ulcer. Confirmed by Employee E2, Director of Nursing on June 24, 2025 at 2:05pm. 28 Pa Code 211.10(c) Resident care policies 28 Pa. Code 211.12 (d)(1) Nursing services</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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