

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 01/05/2026
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interview, it was determined that the facility failed to provided assistance with toileting for one of 21 residents reviewed. (Resident R23) Findings include:Review of Resident R23's clinical record revealed that Resident R23 was admitted to the facility on [DATE], with diagnosis of but not limited to Hemiplegia/Hemiparesis (paralysis/weakness to one side of the body). Review of Resident R23's MDS (Minimum Data Set, a federally required resident assessment completed at a specific interval) dated October 2, 2025, Section C - Cognitive Pattern C0500 BIMS (brief interview for mental status) summary score was coded 11 indicating that Resident R23 was moderately impaired of cognition; Section GG - Functional Abilities, GG0130. Self-Care C. Toileting hygiene: The ability to maintainperineal hygiene, adjust clothes before and after voiding or having a bowel movement was coded 04. Supervision or touching assistance, Section H - Bladder and Bowel, H0300. Urinary Continence was coded 2. Frequently incontinent, H0400. Bowel Continence was coded 2. Frequently incontinent. Review of Resident R23's care plan for incontinence of bowel and bladder at times related to Impaired Mobility. Further review of the care plan revealed that the resident requires assistance with ADLs (activities of daily living) r/t (related to) impaired mobility Date Initiated: 07/18/2024. The goal was for ADL care needs will be met through next review date and intervention included to: Provide assistance as required for completion of ADL tasks. Date Initiated: 07/18/2024. Observation of Resident R23's room conducted on December 29, 2025, at 11:44 AM together with Director of Nursing (DON) Employee E2 revealed that Resident R23's was in his room sitting on his bed, in street clothes. Further observation revealed a strong odor of urine coming from resident's room. Interview with Employee E2 conducted at the time of the observation confirmed that there was strong odor of urine in Resident R23. Further, Employee E2 revealed that Resident R23 tries to go to the bathroom on his own but sometimes doesn't make it to the bathroom. 28 Pa. Code 211.10(d) Resident care policies28 Pa. Code 211.12(d)(5) Nursing services

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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