

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2026
NAME OF PROVIDER OR SUPPLIER Continuing Care at Maris Grove		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Maris Grove Way Glen Mills, PA 19342	
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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and Staff interview, the facility failed to develop and implement a baseline care plan for each resident that includes the minimum healthcare information to properly care for a resident for one out of 15 residents reviewed (Resident 45). Findings include: A review of facility policy Care/Service Plans, dated [DATE], indicates that each guest/resident will have an individualized Care/Service plan developed. Care/Service Plans will include guest/resident preferences, strengths, routines, personal and cultural preferences and choices as well as clinical needs. Review of Resident 45's PASRR Level I (Pennsylvania Preadmission Screening Resident Review, a screening tool to identify those with serious mental illness or intellectual and developmental disabilities to ensure they receive appropriate care) completed [DATE] revealed that Resident 45 had a positive screen for a PASRR Level II evaluation (an evaluation that ensures individuals are not inappropriately placed in nursing homes and that their psychological, psychiatric, and functional needs are considered in care planning.) Review of Resident 45's medical record reveals that they were admitted to the facility on [DATE] with a diagnosis of cerebral aneurism (a building or weak blood vessel in the brain that can cause rupture or bleeding), major depressive disorder (a mental health condition characterized by persistent feelings of sadness and loss of interest in activities), atrial fibrillation (an irregular heart rhythm) and diabetes mellitus type 2 (a disorder of the metabolism characterized by high blood sugar, which can lead to health complications). Review of Resident 45's initial psychology consultation dated February 3, 2026 reveals resident stated I almost died in a fire which occurred 6 years ago. She said no one died or was seriously injured except for her. She said there are times she thinks about it and may get that hyperalert feeling. Review of Resident 45's Initial Comprehensive Psychiatric Exam dated February 4, 2026 revealed my life changed after the fire in the condo, it was right before COVID-19 and then I came to [independent living], I don't think I was ready, I think I came too soon. But I could not go back to that condo. Review of Resident 45's Holistic Assessment Cognitive Patterns, Mood, and Expressions dated February 8, 2026 revealed a positive history of anxiety, depression and suicidal ideations, with past inpatient psychiatric hospital stays. The assessment revealed the resident has a BIMS of 15 (Brief Interview of Mental Status is a standardized tool to screen for cognitive status. A score of 15 indicates normal thinking and memory). The assessment further revealed a positive screen for PASSAR Level 2 requiring Rehabilitative services, Medical or social supports and a positive screen for PTSD (Post Traumatic Stress Disorder, a mental health condition caused by an extremely stressful or terrifying event) due to a house fire in 2020. In response to the question In the past month, have these experiences caused you ongoing distress, the resident responded affirmatively. Review of Resident 45's care plan dated February 10, 2026 revealed no history of post-traumatic stress, positive PASRR Level 2 screen, or past history of suicidal ideations under the Cognitive Patterns, Mood, and Expressions section. There is a note to medicate as ordered by the Provider, monitor for possible side effects. There is another note that resident is in treatment with [psychiatric services provider]. Interview on February 20, 2026 at approximately 9:45AM with the Social Worker, E3, who conducted the assessment of Cognitive Patters, Mood, and Expressions, (continued on next page)		

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	acknowledged that Resident 45's care plan did not address their PTSD or history of suicidal ideation. 28 Pa Code 211.11(d) Resident care plan28 Pa. Code 211.12(c) Nursing services		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on a review of the facility's policy, clinical records review, and staff interview, it was determined that the facility failed to ensure physicians' orders were followed and bowel movement was appropriately monitored and addressed for two out of 15 residents reviewed (Residents 29 and 54). Findings: A review of the facility's policy titled Bowel Monitoring Exception Report Tutorial Bowel Protocol, updated on March 2022 revealed the following: All residents upon admission will be reviewed by provider to determine appropriate bowel regimen; 11-7 shift nurse to pull bowel exception report for all residents on designated neighborhood from last 3 days (9 shifts); 11-7 nurse to hand off to 7-3 nurse those residents who have not had a BM (bowel movement) documented in the last 3 days/9shifts; PRN (as needed) bowel regimen is administered to resident; and Resident will continue to be monitored until effectiveness is achieved. Review of Resident 29's nursing progress notes dated January 9, 2026, at 11:32 a.m., revealed the resident was a new admit with a diagnosis of falls and right sided weakness. The same note revealed the residents' cognition was intact and able to verbalize needs. Further review of the notes revealed the resident was continent of bowel and bladder and requires a lift with two staff assistance for transfers. Review of Resident 29's bowel records revealed that the resident did not have a bowel movement for nine days, from January 8, 2026, until January 16, 2026. Review of Resident 29's nursing progress notes dated January 10 and 11, 2026, failed to reveal that the resident was assessed for not having a bowel movement for more than 9 shifts. There was no documentation that the physician was notified that the resident had not had a BM for more than nine shifts. An interview with the Director of Nursing on February 20, 2026, at 10:00 a.m., confirmed that Resident 29's absence of bowel movement for more than nine shifts were not addressed and was not communicated with the physician. The facility failed to ensure Resident 29's bowel status was appropriately monitored and addressed for not having a bowel movement for more than nine shifts. A review of Resident 54's physician's order dated December 11, 2025, revealed an order for Eliquis (A blood thinner medicine that reduces blood clotting) 5 mg one tablet two times daily for A-fib (Atrial fibrillation-Irregular heartbeat), and pacemaker (A small, battery operated device implanted under the skin, to regulate an irregular heartbeat by sending electrical signals to the heart muscle). A review of Resident 54's, December 2025, Medication Administration Record (MAR) revealed that Eliquis was not administered to the resident on the following dates/times: December 27, 2026, at 8:00 p.m., December 28, 2026, at 8:00 a.m., and 8:00 p.m. Further review of the same MAR revealed that Eliquis medication was not administered three times due to the reason: awaiting arrival from pharmacy. A review of Resident 54's nursing progress notes dated December 27 and 28, 2026, failed to reveal that the physician was notified of the missed Eliquis doses. A review of the facility's automated dispensing cabinet (A secure computerized units used to store, manage, and dispense medications at the point of care) inventory list revealed that Eliquis medication was available in the facility. An interview with the Director of Nursing on February 20, 2026, at 10:00 a.m., confirmed that Resident 54's Eliquis was not administered three times despite medication being available in the facility's automated dispensing cabinet. The DON reported that the physician was not notified of the missed doses until December 30, 2026, after an audit identified the medication error that occurred on December 27 and 28, 2026. The facility failed to ensure Resident 54's Eliquis medication order was followed. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa Code 211.5(f) Clinical Records		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Staff interview, observation and record review, the facility failed to administer parenteral fluids in accordance with physician orders for one out of 15 resident reviewed (Resident 26). Findings include: Review of Resident 26's admission record revealed they were admitted on [DATE], from the hospital after oral surgery with a diagnosis of acute hematogenous osteomyelitis (a bone infection that originates from bacteria traveling through the bloodstream) and sepsis (an illness that occurs when an infection triggers an extreme immune response in the body). Resident 26 was admitted with a double-lumen PICC (a peripherally inserted central catheter with two lines that allows the provider to deliver more than one therapy directly into the blood stream) to the right chest wall. Facility policy Central Vascular Access Device (CVAD) Dressing Change dated January 15, 2004, states: 1. Perform sterile dressing changes using Standard-ANTT (Aseptic Non Touch Technique, a standardized approach to procedures aimed at reducing healthcare-acquired infections): 1.1 Upon admission, 1.1.1 If transparent dressing is dated, clean, dry, and intact, the admission dressing change may be omitted and scheduled for 7 days from the date on the dressing label, 1.2 At least weekly. A review of Resident 26's medication administration record revealed orders dated February 1, 2026, for Clindamycin (an antibiotic) 600mg/50ML in 5% dextrose (a fluid used to deliver intravenous medication) intravenous piggyback (a method of delivering medication through an existing intravenous line allowing patients to receive smaller volumes of medication alongside primary intravenous fluids) three times a day for 46 days. A review of Resident 26's medication administration record revealed a physician order dated January 31, 2026, stating Change central line dressing on admission and weekly. Review of Resident 26's medication administration record (MAR) revealed this order was signed off by licensed staff as complete on February 7, 2026, and February 14, 2026, on the evening shift. Observation of Resident 26's picc line site on February 20, 2026 at approximately 1:30PM revealed a dressing dated February 7, 2026. Two Registered Nurses confirmed this observation (E4 and E5) on February 20, 2026 at approximately 1:40PM. An interview with the DON on February 20, 2026, at approximately 2:30PM confirmed the that dressings should be labeled with the date they are changed and that the dressing was not changed on February 14, 2026 as documented in the MAR.28 Pa. Code 211.12 (d)(1)(5) Nursing Services		