

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39A435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Southeastern Pennsylvania Veteran's Center		STREET ADDRESS, CITY, STATE, ZIP CODE One Veterans Drive Spring City, PA 19475	
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 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive admission Minimum Data Set assessments were completed in the required time frame for one of 42 residents reviewed (Resident 10). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2025, indicated that an admission MDS assessment was to be completed no later than 14 days (admission date + 13 calendar days) following admission. A comprehensive admission MDS assessment for Resident 10, dated January 15, 2026, revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on January 15, 2025, which was 28 days after admission. An interview with the Registered Nurse Assessment Coordinator (Employee 3) on July 9, 2026, at 11:45 a.m. confirmed that the admission MDS assessment for Resident 10 was not completed within the required time frames. 28 Pa. Code 211.5(f) Clinical Records.		

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's assessment was transmitted within 14 days of completing the assessment for one of 42 residents reviewed (Resident 179). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2025, indicated that a quarterly MDS assessment was to be transmitted no later than 14 days (completion date + 14 calendar days). A review of the electronic health record for Resident 179 revealed the completion date for the required quarterly assessment was April 24, 2026, however the assessment had not been transmitted. Its status in the electronic health record was in process. An interview with the Registered Nurse Assessment Coordinator (Employee 3) on July 9, 2026, at approximately 11:45 a.m. confirmed that the assessment had not been transmitted in the mandated time frame. 28 Pa. Code 211.5(f) Clinical Records.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on a review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for one of 42 residents reviewed (Residents 10). Findings include: The Long-Term Care Facility RAI User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS) assessments (a mandated assessment of a resident's abilities and care needs), dated October 2025, revealed that Section I was to be coded for diseases that have a direct relationship to the resident's current functional status, mood or behavior status, medical treatments, nursing monitoring, or risk of death. Review of Resident 10's initial psychiatric evaluation, dated December 18, 2025, revealed Visit summary - Schizoaffective disorder, bipolar type - historic diagnosis. Alternative diagnosis of bipolar disorder charted - more likely schizoaffective based on history of precedence of psychotic symptoms (disorganized behavior, unusual affect, etc.) with mood symptoms secondary. Will continue to differentiate diagnoses as appropriate based on current presentation. Review of Resident 10's admission MDS with a completion date of January 15, 2026, revealed that diagnosis I6000 - Schizophrenia (e.g. schizoaffective and schizophreniform disorders) was not selected. Interview with Registered Nurse Assessment Coordinator (Employee 3) on July 9, 2026, at approximately 11:45 a.m. confirmed that Resident 10's admission assessment did not include the complete diagnosis. 28 Pa. Code 211.5(f) Clinical Records.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and review of facility policy and records, it was determined that the facility failed to ensure the resident environment was free of accidents and hazards by failing to perform a complete investigation to determine the cause and pattern of the accident for one out of 43 residents reviewed (R191). Findings include: Review of facility policy Temperature Monitoring: Reheating of Food/Beverages, dated Jun 11, 2025 revealed: The purpose of this protocol is to provide guidance regarding temperature monitoring for foods/beverages that are reheated for resident palatability; while minimizing the risk for unsafe food temperatures coupled with the mitigating of scalding and burn risk. Allow enough standing time for food and beverages to cool to prevent burns/scalds. Review of Resident 191's quarterly MDS (Minimum Data Set - a mandatory assessment of a resident's physical condition and care needs) dated April 30, 2026, revealed that Resident 191 was moderately cognitively impaired. Resident 191 required setup with eating and was dependent on facility staff to complete activities of daily living. Resident 191 required moderate assistance to move in bed and was completely dependent upon facility staff to transfer in and out of bed. Review of Resident 191's care plan revealed a preference to eat meals in their room. Review of facility records dated July 2, 2026 revealed, staff identified two open areas on the resident's chest with a thin layer of skin consistent with ruptured blisters. The resident reported that the areas resulted from a burn that occurred about a week ago Monday while eating Cup of Noodles brand soup. Resident stated they squeezed the cup, causing liquid to spill on his chest. Resident stated they did not report the incident at the time. Review of nursing progress notes dated July 2, 2026 revealed, On assessment scald burns of 9.5cm x 4.5cm and 4.5cm x 3.0 cm was noted. Review of provider progress notes dated July 2, 2026 revealed, Burn: acute 2nd degree on chest. Review of the facility's investigation dated July 2, 2026 revealed that the burn occurred due to soup spilled from a flimsy container and the recommended action was a therapy evaluation and using a facility-provided mug with lid for all soup. Review of facility records revealed an occupational therapy evaluation was completed on July 2, 2026 to ensure that Resident 191 could manage eating soup from an insulated cup with a lid. Resident 191 was also educated that the safest option to eat soup is when out of bed. Review of staff statements revealed no staff had noted any skin alterations on Resident 191 between June 22, 2026, and July 1, 2026. Interview with the NHA and DON on July 8, 2026, at approximately 1:15 p.m. revealed that the facility had not yet investigated which staff might have provided the resident the soup, instead focusing on whether or not staff had noted any skin alterations to the resident. Interview with Resident 191 on July 8, 2026, at approximately 2:15 p.m. revealed that Resident 191 requested the soup after dinner. Resident 191 stated that the aide left the cup on the overbed table. Resident 191 stated that they did not pick up the cup right away, but when they did, they squeezed it, and spilled soup on their chest. Resident 191 described the temperature of the soup as hot as hell. Resident 191 confirmed that they did not report the burn to staff. Observation of Resident 191's room, on July 8, 2026 at approximately 2:15 p.m. revealed a bookcase containing multiple kinds of snacks. Interviews with Employees 4 and 5 on July 8, 2026 at approximately 3:00 p.m. revealed that they were aware of the facility policy for reheating food and confirmed that they had received education regarding the new policy for reheating food in a facility-provided container. The facility failed to obtain witness statements relating to the preparation of soup for Resident 191 until July 8, 2026, six days after the injury was identified and no staff admitted to preparing soup for this resident when statements were provided. During the interview with Resident 191 on July 8, 2026, at approximately 2:15 p.m., the (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident was able to provide a day, approximate time of shift (after dinner) and an approximate description of the staff who prepared the soup (a female staff who had provided care to the resident on more than one occasion). By failing to obtain witness statements or investigate which staff could have prepared the soup for Resident 191 in a timely fashion, the facility failed to adequately determine the root cause of the burn. These findings were submitted to the NHA, Assistant NHA, and DON in the exit conference on July 9, 2026 at approximately 1:55 p.m. 28 Pa. Code: 201.18(b)(1) Management 28 Pa. Code: 201.14 (a) Responsibility of Licensee		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based upon review of facility policy and procedure and observation, it was determined that the facility failed to ensure insulin vials were labeled with open and expiration dates for one of six medication carts reviewed (4 CLC B Medication Cart). Findings include: Review of facility policy and procedure titled Medication Labels, revised March 18, 2024, revealed Each prescription medication label includes resident's first and last name, specific directions for use, including route of administration, medication name, strength of medication, prescriber's name, date dispensed, quantity of medication and expiration date of medication. Observation of the 4 CLC B Medication Cart on July 9, 2026, at 12:18 p.m. revealed one open and undated vial of Lispro (long acting) Insulin (a hormone produced by the pancreas that regulates blood sugar levels by allowing cells to absorb glucose from the bloodstream) , one open and undated vial of Novolog (short acting) insulin and two opened and undated vials of Lantus (long acting) Insulin. The above information was conveyed to the Director of Nursing on July 9, 2026, at 1:30 p.m. 28 Pa. Code 211.12(c)(d)(1)(2) Nursing Services		