

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)               |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>395019</b>                             | (X2) MULTIPLE CONSTRUCTION:<br>A. BLDG: <u>00</u><br>B. WING: _____                                  | (X3) DATE SURVEY COMPLETED:<br><br><b>01/23/2025</b> |
|--|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER:<br><b>ARISTACARE AT MEADOW SPRINGS</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>845 GERMANTOWN PIKE<br/>PLYMOUTH MEETING, PA 19462</b> |  |  |
| STATE LICENSE NUMBER: <b>393602</b>                                  |  |   |  |  |
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| F 0000   | INITIAL COMMENT  | F 0000  |  |  |
| F 0657   | Based on an Abbreviated survey in response to a complaint completed on January 23, 2025, it was determined that Aristacare at Meadow Springs was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey. | F 0657  |  |  |
| SS=D   |  |   |  |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| F 0657<br><br>SS=D   | Continued from page 1<br><br>483.21(b)(2)(i)-(iii) Care Plan Timing and Revision<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(2) A comprehensive care plan must be-<br>(i) Developed within 7 days after completion of the comprehensive assessment.<br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br>(A) The attending physician.<br>(B) A registered nurse with responsibility for the resident.<br>(C) A nurse aide with responsibility for the resident.<br>(D) A member of food and nutrition services staff.<br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br><br>This REQUIREMENT is not met as evidenced by: | F 0657  | 1. Resident R1 care plan was updated to reflect active Tuberculosis diagnosis.<br>2. An audit of new diagnosis related to infectious disease will be completed going back 30 days to ensure appropriate care plans exist.<br>3. Professional nursing staff will be re-educated on updating care plans to reflect any new diagnosis obtained during their stay.<br>4. The DON/designee will complete random audits on care plans being updated weekly for four weeks and monthly for three months. Audit findings will be addressed and submitted to the Quality Assurance Performance Improvement Committee for further review and recommendations. | Completion Date:<br><b>03/04/2025</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>02/07/2025</b> |
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| F 0657<br><br>SS=D  | Continued from page 2<br><br>Based on review of clinical records and observations, as well as resident and staff interviews, it was determined that the facility failed to ensure that care plan was updated to reflect changes in care needs for one of six residents reviewed (Resident R1).<br><br>Findings include:<br><br>A review of the facility policy titled "Ongoing Care Plan Updates" dated November 2028 revealed "To develop a comprehensive care plan is developed that incorporates the resident's goals, preference, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being".<br><br>A review of the clinical file revealed that Resident R1 was admitted to the facility on December 24, 2024. Further examination of Resident R1's Minimum Data Set (MDS), dated December 26, 2024, indicated that the Brief Interview for Mental Status (BIMS) was not recorded. This omission | F 0657  |  |                    |

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| F 0657<br><br>SS=D  | <p>Continued from page 3</p> <p>suggests that the resident was unable to participate in the assessment due to severe cognitive impairment.</p> <p>A review of the clinical progress notes dated January 7, 2025, revealed that facility received a call from the local hospital where Resident R1 was discharge from that " the AFB Sputum Culture obtained on December 4, 2024, Tuberculosis testing, returned with a positive result". Facility isolated Resident R1 for airborne precautions. Notified the county's Department of Health, received recommendations, notified the Resident R1's family and physician.</p> <p>A review of Resident R1's comprehensive care plan, dated December 30, 2024, revealed no revisions addressing the resident's new tuberculosis diagnosis. No interventions or specific care plan were developed to address the tuberculosis diagnosis.</p> <p>An interview with the Director of Nursing (Employee E2) on January 23, 2025, at 12:45 p.m.</p> | F 0657  |  |                    |

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| F 0657<br><br>SS=D  | Continued from page 4<br><br>confirmed that Resident R1's care plan had not been updated to reflect the tuberculosis diagnosis or to include any special interventions related to care and isolation requirements.<br><br>28 Pa. Code 211.12(d)(5) Nursing Services. | F 0657  |  |                    |  |

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| P 4550  | Reportable diseases.<br><br>(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).<br><br>This REGULATION is not met as evidenced by: | P 4550  | <ol style="list-style-type: none"> <li>Employee E2 submitted reportable to Department of Health.</li> <li>Facility will review incident reports and any new infection diagnosis for past 30 days to identify any missed reportable.</li> <li>Director of Nursing will be re-educated on event reporting requirements.</li> <li>The DON/designee will complete random audit to ensure all reportable events have been submitted to DOH reportable system weekly for four weeks and monthly for three months. Audit findings will be addressed and submitted to the Quality Assurance Performance Improvement Committee for further review and recommendations.</li> </ol> | Completion Date:<br><b>03/04/2025</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>02/07/2025</b> |
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| P 4550   | Continued from page 1<br><br>Based on the review of clinical files, review of facility documentation, and interviews with staff, it was determined that the facility failed to report Tuberculosis (TB) positive case.<br><br>Findings include:<br><br>A review of the facility policy " Reportable Diseases " date unknown, revealed "Reportable infectious, contagious, or communicable diseases will be reported to appropriate city, county and/or state health department officials when they develop within our building".<br><br>On January 23, 2025, at approximately 9:30 a.m., an interview with the Director of Nursing (Employee E2) revealed that Resident R1 had tested positive for tuberculosis (TB). The facility collaborated closely with the local county to report the case and implement recommended measures. However, the facility failed to report the disease to the Pennsylvania Department of Health (DOH) through the state Event Reporting System. | P 4550  |  |  |

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| P 4550  | Continued from page 2<br><br>An interview with the Nursing Home Administrator, Employee E1, on January 23, 2025, at 2:45 p.m., confirmed that the facility failed to notify the DOH state survey agency of the TB infections as required.<br><br>28 Pa. Code 201.14(a) Responsibility of licensee | P 4550  |  |                    |  |



# Certified End Page

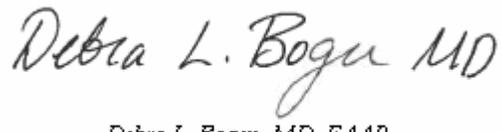
**ARISTACARE AT MEADOW SPRINGS**

**STATE LICENSE NUMBER: 393602**

**SURVEY EXIT DATE: 01/23/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY