STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395077	A. BLDG: 00 B. WING:	01/24/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
GARDEN SPRING NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: **860202**	**1113 NORTH EASTON ROAD WILLOW GROVE, PA 19090**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an Abbreviated survey in response to a complaint completed on January 24, 2025, at Garden Spring Nursing and Rehabilitation Center, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care; however, the facility was not in compliance with the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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P 5520	Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	1. The facility is unable to retroactively correct the CNA hours for the dates mentioned. 2. The facility will schedule CNA's, to meet the ratio of 1 CNA to 10 residents for 7a - 3p shifts, and 1 CNA to 15 residents on 11pm - 7am, call outs will be monitored by NHA/DON and/or designee. 3. NHA or designee will educate the scheduling coordinator on the state ratio requirements. The ratios will be monitored weekly x4 weeks. 4.Findings will be summarized and brought to the quality assurance and performance improvement committee and reviewed for any further monitoring or changes needed. 5. Date of compliance: 2/20/25	Completion Date: **02/20/2025** Status: **APPROVED** Date: **02/03/2025**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for two of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 3 through 23, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for ten resident on the day shift (7:00 a.m. to 3:00 p.m.) on January 19, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on the night shift (11:00 p.m. to 7:00 a.m.) on January 17, 2025.	P 5520		

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P 5520	Continued from page 2	P 5520		
P 5640	Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	1. The facility is unable to retroactively correct the state general nursing hours for the dates mentioned. 2.The facility will schedule CNA's, LPNs, and RNs to meet state general nursing hours of 3.2 hours of direct care. Call outs will be monitored by NHA/DON and/or designee. 3.NHA or designee will educate the scheduling coordinator on the state general nursing hour requirements. The daily general staffing hours will be monitored weekly x4 weeks. 4.Findings will be summarized and brought to the quality assurance and performance improvement committee and reviewed for any further monitoring or changes needed. 5. Date of compliance 2/20/25	Completion Date: **02/20/2025** Status: **APPROVED** Date: **02/03/2025**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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P 5640	Continued from page 3 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for three of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from January 3 through 23, 2025, revealed the following total nursing care hours below minimum requirements: January 5, 2025: 3.19 care hours per resident January 17, 2025: 3.17 care hours per resident January 19, 2025: 2.89 care hours per resident	P 5640		

Certified End Page

GARDEN SPRING NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 860202

SURVEY EXIT DATE: 01/24/2025

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
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