

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395334</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/30/2026</b>
NAME OF PROVIDER OR SUPPLIER: <b>CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>8833 STENTON AVENUE WYNDMOOR, PA 19038</b>		
STATE LICENSE NUMBER: <b>700102</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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	F 0000		
F 0684 SS=G	483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	Past noncompliance: no plan of correction required.	Completion Date: <b>05/12/2026</b> Status: <b>APPROVED</b> Date: <b>05/13/2026</b>

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 0684  SS=G	Continued from page 1  Based on review of clinical records, Insulin Glargine's manufacturer's guidelines, and interview with staff, it was determined the facility failed to monitor the blood sugar of resident on Insulin Glargine which resulted in harm to one resident that was transferred to the hospital with Hypoglycemia for one of ten residents on insulin reviewed (Resident R1). This was identified as Past Non-Compliance.  Findings Include:  Review of the Insulin Glargine's (Lantus) manufacture's guideline revealed under section titled "Dosage and Administration: individualized dosage based and metabolic needs, blood glucose monitoring, glycemic control type of diabetes and prior insulin use." Further review of the guidelines revealed, "Full Prescribing Information, 2.2 GENERAL DOSING INSTRUCTION, individualize and adjust the dosage of insulin glargine based on the patient's metabolic needs, blood glucose monitoring results and glycemic control goal, 4 CONTRAINDICATION Insulin glargine is contraindicated during episodes of hypoglycemia. 5.3 Hypoglycemia: Hypoglycemia is the most common adverse reaction associated with insulins including insulin glargine products."  Review of Resident R1's hospital discharge record revealed Resident R1 was admitted to the hospital on March 3, 2026, and was discharged home on March 20, 2026, with diagnoses of but not limited to Type 2 Diabetes,	F 0684		

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F 0684  SS=G	Continued from page 2  Sepsis(life-threatening medical emergency caused by the body's extreme, dysfunctional response to an infection), and CKD (Chronic Kidney Disease - long-term condition where kidneys are damaged and gradually lose their ability to filter waste and excess fluid from the blood).  Further review of Resident R1's hospital discharge record revealed that POC (point of care) glucose testing (rapid blood sugar analysis performed directly at patient's bedside using a portable glucometer providing immediate results for quick management decisions) dated March 20, 2026, at 5:58 a.m. reading of 60mg/dl (milligram/deciliter), and glucose reading at 6:20 a.m. was at 90mg/dl and at 12:58 p.m. was 109 mg/dl.  Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on April 7, 2026, with diagnoses including but not limited to Type 2 Diabetes Mellitus (chronic condition characterized by high blood sugar (Hyperglycemia) caused by insulin resistance and relative insulin deficiency).  Review of Resident R1's physician's orders revealed the following orders: Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 10 unit subcutaneously at bedtime for regulating blood glucose levels-ordered on April 8, 2026. Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 10 unit subcutaneously at bedtime for regulating	F 0684		

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F 0684  SS=G	Continued from page 3  blood glucose levels with a start date of April 8, 2026 at 9:00 PM.  Further review of Resident R1 physician's orders failed to reveal orders for blood sugar monitoring of the resident.  Review of Resident R1's MAR (Medication Administration Record) revealed administrative instructions for Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine); Inject 10 unit subcutaneously at bedtime for regulating blood glucose levels with a start date of April 8, 2026 at 9:00 PM.  Review of Resident R1's care plans revealed a care plan for Diabetes: "I (Resident R1) have diabetes type (2). I am on a CHO (carbohydrate control) diet." GOALS: "I want to have my blood sugars within my doctor's acceptable range through the next review period." Date Initiated:  April 9, 2026, and INTERVENTIONS: Administer my diabetes medications as ordered. Monitor for side effects and effectiveness. Date Initiated: April 9, 2026.  Review of Resident R1's progress note dated April 11, 2026, revealed "Around 12:45 PM, CNA (certified nurse's aide) reported that the resident has a pull [sic] of spit in the corner of her mouth on left side. At this time, the resident's daughter was in attendance. Floor staff and I immediately did vitals and checks BS (blood sugar) which	F 0684		

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F 0684  SS=G	Continued from page 4  was 54. The nursing supervisor was called; Glucagon was administered and 911 called. EMS arrived and took over. MD was called, order given to send out."  Further review of Resident R1's clinical record revealed a progress note dated April 11, 2026, indicating Resident R1 was admitted to local hospital for Hypoglycemia, Sepsis, and wound evaluation.  Interview with Director of Nursing Employee E2 conducted on April 30, 2026, at 10:29 AM confirmed Resident R1 was on Insulin Glargine subcutaneously. Further interview with Employee E2 revealed there was no physician's order for accu-checks (blood sugar testing) for Resident R1.  Further, interview with Employee E2 revealed the blood sugar monitoring should have been in place since admission. Additionally, Employee E2 confirmed there was no baseline blood sugar documented for Resident R1 at the time admission to the Nursing Facility.  Interview with facility physician, Employee E3, conducted on April 30, 2026, at 12:34 PM confirmed Resident R1 was on Lantus. Additionally, Employee E3 revealed residents who receive Lantus should have blood sugar monitoring/fingerstick regularly usually before breakfast, before lunch, before dinner and at bedtime.  Further interview with Employee E3 revealed there should	F 0684		

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F 0684  SS=G	Continued from page 5  have been an order for fingerstick monitoring for Resident R1. Additionally, Employee E3 revealed the lack of blood sugar monitoring on Resident R1 was an oversight on the facility's part.  Review of Resident R1's clinical records failed to reveal documented evidence Resident R1's blood sugar level was being monitored.  Review of facility's plan of corrections revealed the facility conducted a facility wide audit of residents receiving insulin and blood sugar monitoring. Further, a facility-wide education on blood glucose monitoring for residents on insulin, was conducted with 100% of licensed nurses in-serviced. Plan of correction was completed on April 20, 2026.  28 Pa. Code 211.5 Clinical records 28 Pa. Code 211.12 Nursing services 28 Pa. Code 211.10 Resident care policies	F 0684		



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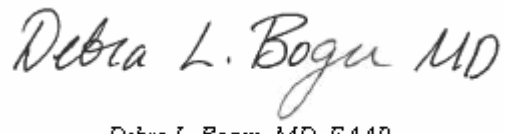
**CHESTNUT HILL LODGE HEALTH AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 700102**

**SURVEY EXIT DATE: 04/30/2026**

**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