STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395342	A. BLDG: 00 B. WING:	04/30/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
HOPKINS CENTER STATE LICENSE NUMBER: **083202**	**8100 WASHINGTON LANE** **WYNCOTE, PA 19095**

(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 two complaints, completed on April 30, 2025, it was determined that Hopkins Center was not in compliance with the following Requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations related to the health portion of the survey process.	F 0000		
F 0657 SS=D		F 0657		

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 SS=D	Continued from page 1 483.21(b)(2)(i)-(iii) Care Plan Timing and Revision §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by:	F 0657	Resident R2 careplan has been updated to reflect the change in discharge planning status. An initial audit of current residents has been conducted to ensure the discharge careplan is reflective of the residents discharge planning status. New admissions will be reviewed during clinical meeting to ensure the discharge planning status is current and/or updated as indicated with changes. The DON or designee will re-inservice the Social Workers on the Discharge Policy with the focus on careplans. The Social Worker or designee will conduct weekly audits of 10 residents to verify discharge careplans are reflective of the residents current discharge planning status. Results of the audits will be presented at the QAPI meetings for review and/or recommendations.	Completion Date: **06/15/2025** Status: **APPROVED** Date: **05/16/2025**

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F 0657 SS=D	Continued from page 2 Based on clinical record review and interview with staff, it was determined that the facility did not ensure that care plans were revised in a timely manner related to discharge planning for one of six records reviewed (Resident R2). Findings include: Review of clinical documentation revealed that Resident R2 was admitted to the facility on August 26, 2023 and had diagnoses including, but not limited to, bipolar disorder, alcohol dependence, and chronic pain. Further review revealed that the resident had been issued a discharge notice, dated March 4, 2025, which stated "we are hereby notifying you that effective April 4, 2025, which is thirty (30) days from the date of this letter, you will be discharged from [the facility]". The documented reason was "the resident has failed ...to pay for ...a stay at the facility". Review of the resident's care plan revealed that she had a care plan developed on January 14, 2025,	F 0657		

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F 0657 SS=D	Continued from page 3 which stated "[Resident R2] plans to remain at [the facility] for LTC (Long Term Care) placement". Interview with the Nursing Home Administrator (NHA), employee E1, and the social worker, employee E3 on April 30, 2025, at 12:32 p.m. revealed that social services had been working with the resident to find housing placement that meets the needs and expectations of the resident since her hire in February 2025. Employee E1 confirmed that the resident's care plan had not been updated to reflect the change in discharge planning status. 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12 (d)(5) Nursing services	F 0657		

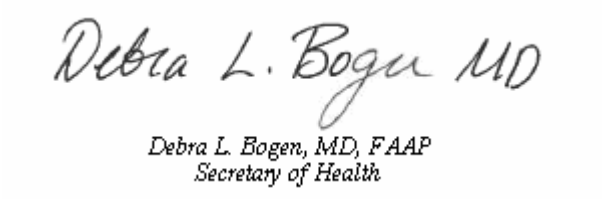
Certified End Page

HOPKINS CENTER

STATE LICENSE NUMBER: 083202

SURVEY EXIT DATE: 04/30/2025

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



Pennsylvania
Department of Health

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY