

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395370	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: LUTHER WOODS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 313 W COUNTY LINE ROAD HATBORO, PA 19040		
STATE LICENSE NUMBER: 640302				
(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=D	Based on a Medicare/Medicaid Recertification Survey, Civil Rights Compliance Survey, State Licensure Survey and an Abbreviated survey in response to a complaint, completed on December 12, 2024, it was determined that Luther Woods Nursing and Rehabilitation Center, was not in compliance with the 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 0684		

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=D	Continued from page 1 483.25 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	Education provided to all licensed nurses regarding Policy #1901-Respiratory Care and Oxygen Equipment. Nurse Managers will conduct Oxygen Order Audit weekly times four weeks then biweekly times two months, then monthly times 3 months to ensure that all residents receiving Oxygen have appropriate physician orders per policy. All data will be reported at QAPI. Other residents who potentially could be affected by not having an order in place will be identified thru the audit. R45 had a physician's order put into place immediately on discovering that her readmission orders did not have her previous O2 order in place.	Completion Date: 01/03/2025 Status: APPROVED Date: 01/08/2025

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F 0684 SS=D	Continued from page 2 Based on clinical record review, review of facility policy and interviews with residents and staff, it was determined that the facility did not ensure that physician's orders were obtained regarding oxygen therapy for one resident out of 26 residents reviewed. (Resident R45) Findings include: Review of facility policy, Respiratory Care and Oxygen Equipment, dated January 29, 2024, states, "Oxygen therapy will be administered per provider's order according to standards of practice." Observations during the initial tour of Unit A on December 9, 2024, at 11:35 a.m. revealed Resident R45, in bed wearing a nasal cannula (a device that delivers extra oxygen through a tube and into your nose) connected to an oxygen concentrator (a medical device that pulls air from the room, separates and compresses oxygen from the air, while also removing nitrogen) running at 4 liters per	F 0684		

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F 0684 SS=D	Continued from page 3 minute. Interview with Resident R45 revealed that she had been on the oxygen since her recent hospitalization. Further observation of Resident R45 on December 10, 2024, at 9:21 a.m. and again on December 11, 2024, at 11:33 a.m. revealed that she was wearing the nasal cannula receiving oxygen at 4 liters per minute. Review of Resident R45's medical record revealed no physician's order for oxygen therapy. Interview with the Director of Nursing, DON, on December 11, 2024, at 12:56 p.m. confirmed that Resident R45 had returned from an emergency room visit on 4 liters of oxygen continuously that she was able to find on her hospital discharge summary. The DON confirmed that the nurse had not put the order in for the physician for the continuous oxygen therapy at 4 liters per minute for Resident R45.	F 0684		

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F 0684 SS=D	Continued from page 4 28 Pa. Code:201.18(b)(1)(3) Management. 28 Pa. Code:211.12(d)(1)(5) Nursing services.	F 0684		
F 0761 SS=D	483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity	F 0761	Education provided to all licensed nurses regarding policy #4.2 the Storage of Controlled Substances. Nurse Managers will conduct audits on all units of the facility medication rooms to ensure that the narcotic box located in each medication refrigerator remains secured and locked as per above policy. The audits will be conducted daily times 4 weeks, then bi-weekly times two months, then monthly times 3 months. Door codes have been removed from door jams and included in above audit to ensure compliance.	Completion Date: 12/31/2024 Status: APPROVED Date: 01/03/2025

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F 0761 SS=D	Continued from page 5 stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761		

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F 0761 SS=D	Continued from page 6 Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to ensure that controlled drugs subject to abuse are stored and labeled in accordance with professional standards for one of two medication rooms observed (B wing medication room). Findings include: Review of Facility Policy on Policy: medication and biologicals are stored safely, securely, and properly, following manufacturer's recommendation or those of the supplier. The medication supply is accessible to licensed nursing personnel pharmacy personnel or staff members lawfully authorized to administer medications. Observation of the B wing Medication Storage room conducted on December 9, 2024, at 11:26 AM with Unit Manager Employee E8 revealed that the door to the medication room had a coded lock,	F 0761		

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F 0761 SS=D	Continued from page 7 further observation revealed that the code was written on the door jamb. Interview with unit manager Employee E8 conducted at the time of the observation confirmed that the pass code of the door lock was written on the door jamb. Observation of the medication refrigerator located inside the B wing medication room revealed that the medication refrigerator was not locked. Observation of the contents of the medication refrigerator revealed a transparent plastic box containing an opened bottle of Lorazepam 2m/ml with 30 ml of liquid inside. Further, the transparent plastic box containing an opened bottle of Lorazepam 2m/ml with 30 ml of liquid inside was not permanently affixed to the refrigerator. Interview with unit manager Employee E8 conducted at the time of the observation confirmed that the medication refrigerator door was not locked, and that the plastic box containing	F 0761		

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F 0761 SS=D	Continued from page 8 Lorazepam 2m/ml with 30 ml of liquid inside was not permanently affixed to the refrigerator. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code. 211.12(c) Nursing services 28 Pa. Code 211.12 (d)(1) Nursing services.	F 0761		

Pennsylvania Department of Health

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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	Director of Nursing will conduct a random audit of 15 days throughout the quarter and findings will be reported quarterly at QAPI.	Completion Date: 12/31/2024 Status: APPROVED Date: 01/03/2025

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P 5520	Continued from page 1 Based on review of nurse staffing data and staff interview, it was determined that the facility failed to provide a minimum of one nurse aide per 10 residents during the day, failed to provide one nurse aide per 11 residents during the evening shift and failed to provide one nurse aide per 15 residents on the night shift for two of three weeks reviewed (07/1/24-7/7/24, 10/28/24-11/3/24 AND 12/5/24-12/11/24). Findings Include: A review of facility census data, nursing schedules, and staff punch reports over a period of three weeks (07/01/2024 through 07/07/2024, 10/28/2024 through 11/03/2024 and 12/5/2024 through 12/11/2024) revealed the facility failed to provide one nurse aide per 10 residents during the day shift (7:00 a.m. to 3:00 p.m.) the following dates: -July 3, 2024, July 6, 2024, November 1, 2024, through November 2, 2024, and December 7, 2024	P 5520		

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P 5520	<p>Continued from page 2</p> <p>Through December 8, 2024.</p> <p>Continued review of facility nurse staffing data revealed the facility failed to provide one nurse aide per 11 residents during the evening shift (3:00 p.m. to 11:00 p.m.) on the following dates:</p> <p>-July 5, 2024,</p> <p>Further review of facility nurse staffing data revealed the facility failed to provide one nurse aide per 15 during the night shift (11:00 p.m. to 7:00 a.m.) on the follow dates:</p> <p>-July 4, 2024, July 6, 2024, through July 7, 2024, October 31, 2024, through November 1, 2024, December 5, 2024 and December 9, 2024.</p> <p>Interview on December 12, 2024, at 9:58 am. with the Scheduler, Employee E7, confirmed that the required ratios for CNA's were not met on the above dates.</p>	P 5520		

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P 5520	Continued from page 3	P 5520		
P 5530	Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	Director of Nursing will conduct a random audit of 30 days throughout the quarter and findings will be reported quarterly at QAPI. Scheduler and Nursing Leadership were educated as to the need for full staffing requirement for all three shifts, seven days each week at a 3.20 HPPD. Our issue is call-outs so we have been following our disciplinary process as well as putting extra staff on.	Completion Date: 12/31/2024 Status: APPROVED Date: 01/08/2025

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P 5530	Continued from page 4 Based on review of nursing staff schedules, punch reports and interviews with staff, it was determined that the facility failed to maintain required staffing ratios, including one LPN (Licensed Practical Nurse) per 25 residents during the day shift, one LPN per 30 residents during the evening shift, and one LPN per 40 residents during the overnight shift, on twenty-one days of twenty-one days reviewed (07/01/2024 through 07/07/2024, 10/28/2024 through 11/03/2024 and 12/5/2024 through 12/11/2024). Findings include: Review of facility nursing staff schedules, punch reported revealed that for the three weeks July 1, 2024, through July 7, 2024, October 28, 2024, through November 3, 2024, and December 5, 2024 through December 11, 2024 during the day shift hours staffing ratios for LPNs were not met on the follow dates: On July 4, 2024, during day shift, the facility	P 5530		

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P 5530	<p>Continued from page 5</p> <p>actually provided, only 40.50 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 41.92</p> <p>On July 6, 2024, during day shift, the facility actually provided, only 38 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 41.60.</p> <p>On July 7, 2024, during day shift, the facility actually provided, only 39.75 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 41.28.</p> <p>On November 2, 2024, during day shift, the facility actually provided, only 40 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 41.92.</p> <p>On November 3, 2024, during day shift, the facility actually provided, only 35.25 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 42.24.</p>	P 5530		

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P 5530	Continued from page 6 On December 7, 2024, during day shift, the facility actually provided, only 31.75 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 40.64. On December 8, 2024, during day shift, the facility actually provided, only 40.50 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 40.64. Further review of facility nurse staffing data revealed during overnight shift hours staffing ratios for LPNs were not met on the follow dates: On October 29, 2024, during overnight shift, the facility actually provided, only 31.50 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 35.20. On November 2, 2024, during overnight shift, the facility actually provided, only 31 Licensed Practical	P 5530		

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P 5530	Continued from page 7 Nurses, while the minimum Licensed Practical Nurses required was 34.93. Further review of facility nurse staffing data revealed during the evening shift hours staffing ratios for LPNs were not met on the follow dates: On July 3, 2024, during evening shift, the facility actually provided, only 25 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 26.20. On July 4, 2024, during evening shift, the facility actually provided, only 23.75 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 26.20. On July 5, 2024, during evening shift, the facility actually provided, only 23.25 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 26.	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395370	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
NAME OF PROVIDER OR SUPPLIER: LUTHER WOODS NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 313 W COUNTY LINE ROAD HATBORO, PA 19040		
STATE LICENSE NUMBER: 640302				
(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
P 5530	Continued from page 8 October 29, 2024, during evening shift, the facility actually provided, only 26.25 Licensed Practical Nurses, while the minimum Licensed Practical Nurses required was 26.40. Staffing calculations, nursing staff schedules and staff punch reports were reviewed with the Scheduler, Employee E7, on December 12, 2024, at 9:58 am and confirmed that the required staffing ratios for LPNs were not met on the above dates.	P 5530		
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	Director of Nursing will conduct a random audit of 30 days throughout the quarter and findings will be reported quarterly at QAPI. Scheduler and Nursing Leadership were educated as to the need for full staffing requirement for all three shifts, seven days each week at a 3.20 HPPD. Our issue is call-outs so we have been following our disciplinary process as well as putting extra staff on.	Completion Date: 01/03/2025 Status: APPROVED Date: 01/08/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395370	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2024
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P 5640	Continued from page 9 Based on review of nursing time schedules, punch reports and staff interviews, it was determined that the facility failed to provide a minimum of 3.20 hours of direct nursing care per resident on 11 of 21 days reviewed (July 2, July 4, July 5, July 6, July 7, October 28, October 31, November 1, November 2, November 3, and December 8, 2024). Findings include: Review of facility census data, punch reports and nursing time schedules revealed that on July 2, 2024, the facility census was 131, and a total of 410 direct nursing staff hours were provided, which equaled 3.13 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on July 4, 2024, the facility census was 131, and a total of 391 direct nursing staff hours were provided, which equaled 2.98 hours of direct nursing care per resident.	P 5640		

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P 5640	Continued from page 10 Review of facility census data, punch reports and nursing time schedules revealed that on July 5, 2024, the facility census was 130, and a total of 403.88 direct nursing staff hours were provided, which equaled 3.11 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on July 6, 2024, the facility census was 130, and a total of 371 direct nursing staff hours were provided, which equaled 2.85 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on July 7, 2024, the facility census was 129, and a total of 401.70 direct nursing staff hours were provided, which equaled 3.11 hours of direct nursing care per resident. Review of facility census data, punch reports and	P 5640		

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P 5640	Continued from page 11 nursing time schedules revealed that on October 28, 2024, the facility census was 130, and a total of 408 direct nursing staff hours were provided, which equaled 3.14 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on October 31, 2024, the facility census was 135, and a total of 364 direct nursing staff hours were provided, which equaled 2.70 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on November 1, 2024, the facility census was 130, and a total of 380.25 direct nursing staff hours were provided, which equaled 2.93 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on November 2, 2024, the facility census was 131, and a total of	P 5640		

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P 5640	Continued from page 12 396.50 direct nursing staff hours were provided, which equaled 3.03 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on November 3, 2024, the facility census was 132, and a total of 404.50 direct nursing staff hours were provided, which equaled 3.06 hours of direct nursing care per resident. Review of facility census data, punch reports and nursing time schedules revealed that on December 8, 2024, the facility census was 127, and a total of 378.50 direct nursing staff hours were provided, which equaled 2.98 hours of direct nursing care per resident. Staffing calculations, nursing staff schedules and staff punch reports were reviewed with the Scheduler, Employee E7, on December 12, 2024, at 9:58 am and confirmed that the required staffing minimum of 3.20 hours of direct nursing care per resident was	P 5640		

Pennsylvania Department of Health

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P 5640	Continued from page 13 not met on the above dates.	P 5640			



Certified End Page

LUTHER WOODS NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 640302

SURVEY EXIT DATE: 12/12/2024

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