

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395483	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/12/2025
NAME OF PROVIDER OR SUPPLIER: MARKLEY REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 550 EAST FORNANCE STREET NORRISTOWN, PA 19401		
STATE LICENSE NUMBER: 182002				
(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 0657	Based on an Abbreviated Survey in response to one complaint, completed on September 24,2025, it was determined that Markley Rehabilitation and healthcare Center was not in compliance under 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 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 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	1. The resident's Care Plan was reviewed and revised upon readmission to the facility on 11/3/25 to ensure it accurately reflected the most current clinical findings, personal preferences, and any refusals of care. 2. Upon identification of this issue, the facility conducted a review of all residents with documented treatment refusals to verify that each resident's Care Plan accurately reflects those refusals. Any necessary updates were completed. 3. Nursing administration staff received education on the importance of updating Care Plans to reflect residents' treatment of refusals. 4. Residents with documented refusals of treatment will be audited weekly for two months to ensure their Care Plans reflect current status and include documentation of any alternative interventions or measures implemented. Audit results will be	Completion Date: 12/22/2025 Status: APPROVED Date: 01/02/2026

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F 0657 SS=D	Continued from page 3 Based on review of facility policy, review of resident clinical record, observations and interviews with residents and staff, it determined that the facility did not timely update a resident's care plan to incorporate evolving clinical findings, resident preferences, and refusals of care for one of ten residents reviewed (Resident R1) Findings include: Review of the resident care plan policy titled "Care Plans, Comprehensive Person Centered "(Revised March 2022) revealed that a comprehensive, person-centered care plan must be developed and implemented for each resident. This care plan is required to include measurable objectives and timetables to address the resident's physical, psychosocial, and functional needs. It must describe the services necessary to attain or maintain the resident's highest practicable level of physical, mental, and psychosocial well-being. The plan should also account for services that may not be provided due to the resident exercising their rights, including the right to refuse treatment. Additionally, it must outline any specialized services required based on past assessments or professional recommendations and identify the professionals responsible for each aspect of	F 0657		

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F 0657 SS=D	Continued from page 4 care. The care plan should incorporate the resident's stated goals, build on their strengths, and reflect current recognized standards of practice for managing their specific conditions and problems. Resident assessments are ongoing, and care plans must be revised promptly as new information about the resident's condition becomes available or as their needs change. Review of Resident R1's admission Minimum Data Set (MDS), a federally mandated assessment tool for all residents, revealed that Resident R1 was admitted to the facility on July 18, 2025. At admission, the resident had a cognitive BIMS score of 15, used a wheelchair, and was independent with most activities. The resident's diagnoses included anemia (a condition characterized by a lack of healthy red blood cells to carry adequate oxygen to body tissues), peripheral vascular disease (PVD), which affects blood vessels outside the heart and braintypically in the legscaused by narrowing or blockage due to fatty deposits, leading to reduced blood flow, leg pain with walking (claudication), numbness, and slow-healing wounds. Other diagnoses were diabetes, a chronic condition affecting blood sugar processing, with main types including Type 1, Type 2, and gestational diabetes; arthritis, an inflammatory joint condition causing pain, swelling, stiffness, and limited motion; cellulitis of the lower limb, a bacterial skin infection affecting deeper layers	F 0657		

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F 0657 SS=D	Continued from page 5 of skin and underlying tissue; narcolepsy, a chronic neurological disorder impacting sleep-wake regulation, causing excessive daytime sleepiness and sudden sleep episodes; Sjogren's syndrome, a chronic autoimmune disease where the immune system attacks moisture-producing glands; vasculitis, inflammation of blood vessels causing thickening, weakening, narrowing, or scarring that can restrict blood flow and damage organs and tissues; and a history of falls. Review of Resident R1's Wound Notes dated August 13, 2025 noted "Resident evaluated in bed with staff for BLE (bilateral legs) wounds/vasculitis. New open areas noted on the left shin. BLE baseline pink discoloration. Resident reported a burning sensation from Hydrogel treatment. Toe dressings were off." Wound note dated September 10, 2025 revealed "Resident examined at bedside with staff including DON (Director of Nursing), ADON (Assistant Director of Nursing), unit managers, and staff nurse. Resident reported self-ordering and applying dressings, described as ABD pads with tape and foam dressings. No treatment observed on BLE heels or great toes. Resident reported dressings frequently come off and expressed burning sensations with gauze treatment. Resident refused Dakin's cleansing, gauze, wound gel, and calcium alginate treatments citing burning sensations. Current treatment was Xeroform. Staff reported resident refusal of treatment changes, which the resident denied. Discussion with staff present revealed challenges in assessing treatment	F 0657		

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F 0657 SS=D	Continued from page 6 effectiveness due to resident removing prescribed dressings and self-applying unapproved dressings. Resident continues to use heels to self-propel wheelchair despite PCP (Primary Care Physician) recommendations for wheelchair leg lifts, which the resident does not use. Resident is inconsistent with compression therapy and declined heel lift boots." Review of the resident's care plan, initiated on August 25, 2025, revealed that the resident has skin breakdown and/or potential for skin breakdown related to cardiovascular disease, edema, a history of skin breakdown, impaired sensory perception, neuropathy, and vasculitis. Continued review of the resident's care plan failed to address interventions related to the resident purchasing own treatment supplies and risk and consequences of applying these treatments. 28 Pa. Code (d)(1) Nursing Services 28 Pa. Code (c)(d) Resident Care Policies	F 0657		



Certified End Page

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SURVEY EXIT DATE: 12/12/2025

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