

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395804</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>07/03/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>LUTHERAN COMMUNITY AT TELFORD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>12 LUTHERAN HOME DRIVE TELFORD, PA 18969</b>		
STATE LICENSE NUMBER: <b>124502</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  Based on a Medicare/Medicaid Recertification, State Licensure, Civil Rights Compliance, and Abbreviated complaint survey completed July 3, 2025, it was determined that Lutheran Community at Telford was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	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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F 0690 SS=D	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0690	<p>As part of catheter care, resident 15 was provided a catheter bag holder to ensure the catheter is positioned properly.</p> <p>Each resident with a Foley will be monitored by the resident care coordinator and/or infection control nurse.</p> <p>Monitoring will done weekly for one month and then monthly.</p> <p>Staff is being in-serviced currently on proper catheter care and it will be included with their annual competency training.</p> <p>Audits will be reviewed at QAPI.</p> <p>Monitored by Director of Nursing</p>	<p>Completion Date: <b>08/29/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>08/05/2025</b></p>

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F 0690  SS=D	Continued from page 2  Based on facility policy review, clinical record review, observations, and staff interview, it was determined that the facility failed to ensure that adequate catheter care was provided for one of two sampled residents with an indwelling urinary catheter. (Resident 15)  Findings included:  Review of the facility policy entitled, "Foley Catheter, Maintenance," last reviewed June 2, 2025, revealed that catheter maintenance was completed with current standards of care which included not to place the catheter bag on the floor.  Clinical record review revealed that Resident 15 had diagnoses that included neuromuscular dysfunction of the bladder and congestive heart failure. On April 12, 2025, the physician ordered for the resident to have an indwelling catheter every shift. On July 1, 2025, at 10:39 a.m. and 1:28 p.m., Resident 15 was observed lying in bed with the catheter bag containing urine on the floor and the	F 0690		

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F 0690  SS=D	Continued from page 3  overbed tray table wheels on top of the bag. On July 2, 2025, at 12:35 p.m., Resident 15 was observed sitting in a reclining chair with the catheter bag containing urine on the floor.  In an interview on July 2, 2025, at 1:20 p.m., the Director of Nursing confirmed that the indwelling catheter bag should not be in contact with the floor.  CFR 483.25(e) Incontinence Previously cited 5/13/25  28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0690		



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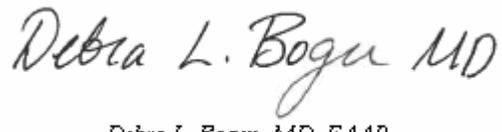
**LUTHERAN COMMUNITY AT TELFORD**

**STATE LICENSE NUMBER: 124502**

**SURVEY EXIT DATE: 07/03/2025**

**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