

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396009	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/20/2025
NAME OF PROVIDER OR SUPPLIER: NORRITON SQUARE NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1700 PINE STREET NORRISTOWN, PA 19401		
STATE LICENSE NUMBER: 068202				
(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 0600 SS=D	Based on an Abbreviated Survey in response to two complaints completed March 20, 2025, it was determined that Norriton Square 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 0600		

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 0600 SS=D	Continued from page 1 483.12(a)(1) Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:	F 0600	1. R12 has discharged from the facility. 2. NPE or designee will re-educate staff on OPS300 Abuse Prohibition policy with review of the definition of Neglect. The 3. Director of Nursing or designee will conduct an initial audit of Incontinent residents to ensure incontinence care was provided. 4. The Director of Nursing or designee will conduct random weekly audits x 12 weeks of 10 incontinent residents to ensure incontinence care was provided. 5. NHA or designee to review the results of these audits will be reviewed at the monthly QAPI meeting x 3 months.	Completion Date: 04/22/2025 Status: APPROVED Date: 04/04/2025

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F 0600 SS=D	Continued from page 2 Based on review facility policy, review of facility documentation, review of clinical records, interview staff, it was determined that the facility failed to ensure that a resident was free of neglect related to provision of incontinence care for one of twelve residents reviewed. (Resident R12) Findings: Based on review of facility policy titled "Abuse Prohibition "dated October 24, 2022, revealed the center prohibits abuse mistreatment, neglect, misappropriation of resident property, exploitation for all patients this is includes but not limited to freedom from corporal punishment and voluntary seclusion and any physical or chemical restraint, potential hires, training of employees, prevention of occurrences, identification of possible incidents or allegations which need investigation. Review of facility policy titled "Neglect and Abuse" revealed neglect is defined as a failure, in difference, or disregard of the center, its employees or service providers to provide care, comfort, safety, goods and services to a patient that are necessary to avoid physical harm, pain, mental anguish, or emotional	F 0600		

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F 0600 SS=D	Continued from page 3 distress. This includes a failure to implement an effective communication system across all shifts for communicating necessary care and information between the center, patient, practitioners, and patient representatives. Training will be provided to all employees through orientation, code of conduct training, and a minimum of annually which will include the abuse prohibition policy, appropriate interventions to deal with aggressive residents, recognize signs of burnout, frustration and stress that may lead to abuse, effective communication skills with patient's caregivers and patient representatives, what constitutes abuse, neglect and misappropriation of property. Review of Resident R12's clinical record revealed the resident had diagnosis of non-displaced intertrochanteric fracture of left femur (minimal displacement of the upper part of the left thigh bone), chronic embolism and thrombosis of vein (blood clot in the veins) diabetes with neuropathy (nerve damage caused by diabetes), personal history of TIA (transient ischemic attack temporary blockage of blood flow to the brain, minor stroke). Review of Resident R12's admission Minimum Data	F 0600		

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F 0600 SS=D	Continued from page 4 Set (MDS- assessment of resident's needs) dated February 14, 2025 revealed that the resident was assessed with a BIMS (brief interview of mental status) score of 6, which indicated that the resident had severe cognitive impairment. Review of Resident R12's care plan dated February 11, 2025, revealed that the resident was dependent for toileting hygiene related to left hip fracture, which included the following interventions: to monitor for skin irritation and redness when assisting with personal hygiene with a goal the patient will be able to maintain personal hygiene. Resident is at risk for skin breakdown related and or has actual skin breakdown stage three pressure ulcer of her sacrum dated February 10, 2025, with interventions to turn and reposition everyone to two hours. Review of facility documentation submitted to the State survey agency on February 12 2025, revealed Resident R12 was observed soiled with urine. The charge nurse Employee E5 was performing wound care and found the wound dressing was soiled as well as two briefs and linen. The perpetrator was identified as nursing assistant Employee E3. The facility conducted an investigation and found that the	F 0600		

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F 0600 SS=D	Continued from page 5 report of neglect was found substantiated and Employee E3 was terminated. Review of statement given by Nursing aide, Employee E3 revealed that "I had eighteen patients and may have overlooked the resident" (Resident R12) "This was unintentional as I need help and there was not enough". Interview with Nursing Home Administrator, Employee E1 one March 20, 2025, at 12:50 p.m. revealed as soon as she was notified of the incident this employee initiated an investigation, interviewed residents cared for on the floor by Nurse aide, Employee E3 during the shift and found the allegation substantiated. This employee stated that Nurse aide, Employee E3 had worked for the facility for years and confirmed she had some prior disciplinary actions related to care concerns. Employee was terminated. 28 Pa. Code 211.12(d) Nursing Services 28 Pa.Code 201.18(e)(1)Management	F 0600		

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F 0600 SS=D	Continued from page 6	F 0600		
F 0725 SS=D	<p>483.35(a)(1)(2) Sufficient Nursing Staff</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71.</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p>	F 0725	<p>1.R12 has discharged from the facility.</p> <p>2.The Director of Nursing or designee will educate nursing staff to review CNA assignments to divide assignments related to acuity of residents care needs.</p> <p>3. The Director of Nursing or designee will conduct an initial audit of CNA assignments to ensure the assignments are divided related to acuity of residents care needs.</p> <p>4.The Director of Nursing or designee will conduct weekly audits X 12 weeks of CNA assignments to review that assignments are divided related to acuity of residents care needs.</p> <p>5. NHA or designee to review the results of these audits will be reviewed at the monthly QAPI meeting x 3 months.</p>	<p>Completion Date: 04/22/2025 Status: APPROVED Date: 04/07/2025</p>

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F 0725 SS=D	Continued from page 7 This REQUIREMENT is not met as evidenced by:	F 0725		

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F 0725 SS=D	Continued from page 8 Based on review facility policy, review of facility documentation, review of clinical records, interview with residents and staff, it was determined that the facility failed to ensure adequate number of nurse aides to meets the needs of residents on one of two nursing floors (2nd Floor) one of twelve residents reviewed. (Resident R12) Findings: Review of Resident R12's clinical record revealed the resident had diagnosis of non-displaced intertrochanteric fracture of left femur (minimal displacement of the upper part of the left thigh bone), chronic embolism and thrombosis of vein (blood clot in the veins) diabetes with neuropathy (nerve damage caused by diabetes), personal history of TIA (transient ischemic attack temporary blockage of blood flow to the brain, minor stroke). Review of Resident R12's admission Minimum Data Set (MDS- assessment of resident's needs) dated	F 0725		

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F 0725 SS=D	Continued from page 9 February 14, 2025 revealed that the resident was assessed with a BIMS (brief interview of mental status) score of 6, which indicated that the resident had severe cognitive impairment. Review of Resident R12's care plan dated February 11, 2025, revealed that the resident was dependent for toileting hygiene related to left hip fracture, which included the following interventions: to monitor for skin irritation and redness when assisting with personal hygiene with a goal the patient will be able to maintain personal hygiene; resident is at risk for skin breakdown related and or has actual skin breakdown stage three pressure ulcer of her sacrum dated February 10th, 2025, with interventions to turn and reposition everyone to two hours. Review of facility documentation submitted to the state survey agency on February 12 2025, revealed Resident R12 was observed soiled with urine. The charge nurse Employee E5 was performing wound care and found the wound dressing was soiled as well as two briefs and linen. The perpetrator was	F 0725		

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F 0725 SS=D	Continued from page 10 identified as nursing assistant Employee E3. The facility conducted an investigation and found that the report of neglect was found substantiated and Employee E3 was terminated. Review of statement given by Nursing aide, Employee E3 revealed that "I had eighteen patients and may have overlooked the resident" (Resident R12) "This was unintentional as I need help and there was not enough". Review of daily staffing sheet for February 12, 2025, during the 7-3 shift revealed that nurse aide, Employee E3 was scheduled on the second floor. Continued review of daily staffing sheet revealed that a total of eight nurse aides were schedule for the 7- 3 shift with a census of 95 which was below the required State regulation. Interview with DON employee E2 on March 20, 2025 at 4:00p.m. confirmed on the day February 12, 2025 the facility did not have the appropriate number of staff per ratio.	F 0725		

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F 0725 SS=D	Continued from page 11 28 Pa. Code 211.12(d) Nursing Services 28 Pa.Code 201.18(e)(1)Management	F 0725		



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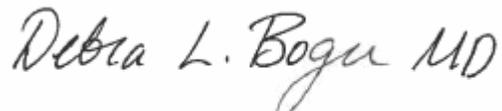
NORRITON SQUARE NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 068202

SURVEY EXIT DATE: 03/20/2025

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