| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 396101 | A. BLDG: __00_____ B. WING: _____ | 04/28/2026 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
|---|---|
| REHAB AT SHANNONDELL<br>STATE LICENSE NUMBER: 17580201 | 5000 SHANNONDELL DRIVE<br>AUDUBON, PA 19403 |

| (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<br><br>Based on a Medicare Recertification survey, State Licensure survey, and a Civil Rights Compliance survey completed on April 28, 2026, it was determined that facility 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 0609<br><br>SS=D | | F 0609 | | |

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 0609<br><br>SS=D | Continued from page 1<br><br>Reporting of Alleged Violations<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.<br><br>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.<br><br>This REQUIREMENT is not met as evidenced by: | F 0609 | 1. The DON or designee will report all violations in accordance with guidelines.<br>2. R125 is alert and oriented. R125 was in our facility for short term rehab, was completely independent with ambulation when using his walker. R125 regularly exercised by walking throughout the nursing unit on his own.<br>3. R125 exited the facility without notifying any staff members. He left after a friend picked him up so that they could attend Church services on Easter weekend.<br>4. When R125 returned from Church, he was educated on the importance of notifying staff members prior to leaving the facility. R125 acknowledged that he should have discussed his plan with staff prior to leaving.<br>5. Our residents are informed of the expectations of notifying facility staff when they are admitted to the facility as those directives are included in the residence and care agreement.<br>6. The facility policy for | Completion Date: **06/16/2026**<br>Status: **APPROVED**<br>Date: **05/21/2026** |

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| F 0609<br><br>SS=D | Continued from page 2 | F 0609 | non-medical outings will be modified to include the addition of a "check out and check in" process for all patients electing to leave the facility for non-medical reasons.<br>7. The nursing staff and concierge staff will be in-serviced on policy changes and expectations with non-medical outings.<br>8. The charge nurse will complete a "Non-Medical Outing Pass" when the patient leaves and returns from an outing. These passes will be kept in the patient's chart.<br>9. The ADON or designee will audit each non-medical outing to verify that necessary documents have been completed. These audits will be completed for 120 days.<br>10. The results of the ADON audits will be reported to QA and any pattern or trend of non-compliance will be reviewed and addressed accordingly. | |
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| F 0609<br><br>SS=D | Continued from page 3<br><br>Based on review of clinical records and interview with staff, it was determined that the facility failed to report an elopement incident to the department of health for one of twelve residents reviewed (Resident R125)<br><br>Review facility policy on Patient Elopement dated September 2022 revealed that under section Purpose: This policy ensures that patients that leave the facility without staff knowledge or without adequate supervision / safety is managed appropriately. Under section Procedures #3 Patient's Rights with Outings: patients who are not at risk of elopement will have their rights preserved and are free to move throughout the facility and leave the facility with supervision.<br>Review of Resident R125's clinical record revealed that Resident R125 was admitted to facility on March 16, 2026, with diagnoses of but not limited to Intertrochanteric Fracture of the Right Femur, Presence of Right Artificial Hip Joint.<br>Review of the MDS (minimum data set, a federally required resident assessment completed at a specific interval) dated March 26, 2026, revealed section C0500. BIMS (brief interview for mental status) Summary Score was coded14, suggesting that Resident R125 was cognitively intact.<br>Review of progress noted dated April 5, 2026, revealed that "at approximately 7:25AM on April 4, 2026, shortly after change of shift nurse entered pt room to check on [Resident R125]. [Resident R125] was not in room. [Resident R125] did not alert nursing that he was leaving. | F 0609 | | |

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| F 0609<br><br>SS=D | Continued from page 4<br><br>Nurse last seen [Resident R125] in the beginning of shift at approximately 3:45PM. Nurse immediately alerted the aide who began to search the unit for [Resident R125]. Aide did not find resident. 911 was then called. Resident was known to have a visitor whom he was seen leaving the facility at approximately 4:22PM. Officers came and took [Resident R125] and visitors information and sent officers to their homes. Officers did not find anyone to be at either home. Officers later contacted resident's former wife who reported resident's visitor to be very religious. Found both [Resident R125] and visitor at a local church [Resident R125] arrived back on unit at approximately 10:30PM.<br>Interview nurse's aide Employee E6 conducted on April 28, 2026, at 9:43AM confirmed that Employee E6 worked on the second floor, where Resident R125 lived. Further Employee E6 revealed that she left the second-floor unit at around 7pm to work on another unit. Further, Employee E6 revealed that she was not aware that Resident R125 was missing and was only made aware of it when one of the nurses went to her unit to ask if she knew anything about Resident R125 leaving the building.<br>Telephone interview with nurse's aide Employee E7 conducted on April 28, 2026, at 10:20 a.m. confirmed that on April 4, 2026, during the day shift which is from 7am to 7pm, she worked on the second-floor unit where Resident R125 lived.<br>Further interview with Employee E7 revealed that she did not know that Resident R125 left the building but that she heard about it the next day when she came back to work. | F 0609 | | |

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| F 0609<br><br>SS=D | Continued from page 5<br><br>Further when Employee E7 was asked if she remembered if Resident R125 had a visitor that day, she responded "I think so." But did not know what time because she did not pay attention.<br>Interview with the front desk receptionist supervisor, Employee E4 conducted on April 28, 2026, at 12:09 PM revealed that the expectations of the receptionist with checking visitors in and out was that when someone comes in, they have them sign in at the kiosk in the front lobby before going upstairs to the unit. They indicate who they are and where they are going. When asked about visitors taking a resident for a LOA (leave of absence) Employee E4 stated that at the time of arrival, some visitors may sign out the resident also while checking themselves in as a visitor, just to get the process going. While some will wait and sign the resident out when they are downstairs after getting the resident from their room/unit. Further interview with Employee E4 revealed that "every situation is different because some residents will come down and sign themselves out and then wait in the lobby for their visitor/ride". When asked what occurs when the resident arrives back from a LOA (leave of absence), Employee E4 stated that when they come back, they then have to sign themselves back in or the visitor must sign them back in on the kiosk in the front lobby. Employee E4 stated that the only situation where the resident do not have to sign out on the kiosk in the front lobby is when they go to the doctors because the nurse already knows about it. | F 0609 | | |

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| F 0609<br><br>SS=D | Continued from page 6<br><br>Interview with Nursing Home Administrator Employee E1 conducted on April 28, 2026 at 11:25AM confirmed that Resident R125 left the facility together with a friend without the knowledge of the staff. Further, Employee E1 revealed that a concierge who was at the front desk saw the resident leave the building with a visitor.<br>Further interview with the facility administrator revealed that the concierge does not have to inform the staff when residents leave the building. Some residents just leave the building for fresh air and return back to the facility after. The concierge knows the residents so they let the residents go out for fresh air. Further Employee E1 revealed that the concierge treats all residents as if they are in assistive living.<br>Interview with the Director of Nursing, Employee E2 conducted on April 28, 2026, at 9:05 AM revealed that she did not investigate the incident where Resident R125 left the facility without staff knowledge because she did not think that it was an elopement because Resident R125 left the facility to go to church and returned. Further Employee E2 confirmed that no staff or witness statements were taken.<br>Further interview with Employee E2 also revealed that she did not report the incident to the department of health because she did not think it was an elopement<br><br>28ode 201.14 Accident prevention and reporting | F 0609 | | |

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| F 0610<br><br>SS=D | Investigate/Prevent/Correct Alleged Violation<br><br>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:<br><br>§483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.<br><br>§483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.<br><br>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.<br><br>This REQUIREMENT is not met as evidenced by: | F 0610 | 1. All elopement incidents will be thoroughly investigated<br>2. The policy for incident investigation will be reviewed and updated as needed.<br>3. The Nursing staff will be in-serviced on policy changes.<br>4. The DON or designee is responsible for ensuring that alleged violations are thoroughly investigated.<br>5. The DON or designee will complete an audit, to verify that all alleged violations are thoroughly investigated. This audit will be completed for 60 days and patterns or trends requiring follow-up will be reported to facility Quality Assurance committee. | Completion Date: **06/16/2026**<br>Status: **APPROVED**<br>Date: **05/20/2026** |

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| F 0610<br><br>SS=D | Continued from page 8<br><br>Based on review of clinical records and interview with staff, it was determined that the facility failed to conduct a timely and thorough investigation of an elopement incident for one of twelve residents reviewed (Resident R125).<br><br>Review facility policy on Patient Elopement dated September 2022 revealed that under section Purpose: This policy ensures that patients that leave the facility without staff knowledge or without adequate supervision / safety is managed appropriately. Under section Procedures #3 Patient's Rights with Outings: patients who are not at risk of elopement will have their rights preserved and are free to move throughout the facility and leave the facility with supervision.<br>Review of Resident R125's clinical record revealed that Resident R125 was admitted to facility on March 16, 2026, with diagnoses of but not limited to Intertrochanteric Fracture of the Right Femur, Presence of Right Artificial Hip Joint.<br>Review of the MDS (minimum data set, a federally required resident assessment completed at a specific interval) dated March 26, 2026, revealed section C0500. BIMS (brief interview for mental status) Summary Score was coded14, suggesting that Resident R125 was cognitively intact.<br>Review of progress noted dated April 5, 2026, revealed that "at approximately 7:25AM on April 4, 2026, shortly after change of shift nurse entered pt room to check on [Resident R125]. [Resident R125] was not in room. [Resident R125] did not alert nursing that he was leaving. | F 0610 | | |

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| F 0610<br><br>SS=D | Continued from page 9<br><br>Nurse last seen [Resident R125] in the beginning of shift at approximately 3:45PM. Nurse immediately alerted the aide who began to search the unit for [Resident R125]. Aide did not find resident. 911 was then called. Resident was known to have a visitor whom he was seen leaving the facility at approximately 4:22PM. Officers came and took [Resident R125] and visitors information and sent officers to their homes. Officers did not find anyone to be at either home. Officers later contacted resident's former wife who reported resident's visitor to be very religious. Found both [Resident R125] and visitor at a local church [Resident R125] arrived back on unit at approximately 10:30PM.<br>Interview nurse's aide Employee E6 conducted on April 28, 2026, at 9:43AM confirmed that Employee E6 worked on the second floor, where Resident R125 lived. Further Employee E6 revealed that she left the second-floor unit at around 7pm to work on another unit. Further, Employee E6 revealed that she was not aware that Resident R125 was missing and was only made aware of it when one of the nurses went to her unit to ask if she knew anything about Resident R125 leaving the building.<br>Telephone interview with nurse's aide Employee E7 conducted on April 28, 2026, at 10:20 a.m. confirmed that on April 4, 22026, during the day shift which is from 7am to 7pm, she worked on the second-floor unit where Resident R125 lived.<br>Further interview with Employee E7 revealed that she did not know that Resident R125 left the building but that she heard about it the next day when she came back to work. | F 0610 | | |

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| F 0610<br><br>SS=D | Continued from page 10<br><br>Further when Employee E7 was asked if she remembered if Resident R125 had a visitor that day, she responded "I think so." But did not know what time because she did not pay attention.<br>Interview with the front desk receptionist supervisor, Employee E4 conducted on April 28, 2026, at 12:09 PM revealed that the expectations of the receptionist with checking visitors in and out was that when someone comes in, they have them sign in at the kiosk in the front lobby before going upstairs to the unit. They indicate who they are and where they are going. When asked about visitors taking a resident for a LOA (leave of absence) Employee E4 stated that at the time of arrival, some visitors may sign out the resident also while checking themselves in as a visitor, just to get the process going. While some will wait and sign the resident out when they are downstairs after getting the resident from their room/unit. Further interview with Employee E4 revealed that "every situation is different because some residents will come down and sign themselves out and then wait in the lobby for their visitor/ride". When asked what occurs when the resident arrives back from a LOA (leave of absence), Employee E4 stated that when they come back, they then have to sign themselves back in or the visitor must sign them back in on the kiosk in the front lobby. Employee E4 stated that the only situation where the resident does not have to sign out on the kiosk in the front lobby is when they go to the doctors because the nurse already knows about it. | F 0610 | | |

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| F 0610<br><br>SS=D | Continued from page 11<br><br>Interview with Nursing Home Administrator Employee E1 conducted on April 28, 2026, at 11:25AM confirmed that Resident R125 left the facility together with a friend without the knowledge of the staff. Further, Employee E1 revealed that a concierge who was at the front desk saw the resident leave the building with a visitor.<br>Further interview with the facility administrator revealed that the concierge does not have to inform the staff when residents leave the building. Some residents just leave the building for fresh air and return back to the facility after. The concierge knows the residents, so they let the residents go out for fresh air. Further Employee E1 revealed that the concierge treats all residents as if they are in assistive living.<br>Interview with the Director of Nursing, Employee E2 conducted on April 28, 2026, at 9:05 AM revealed that she did not investigate the incident where Resident R125 left the facility without staff knowledge because she did not think that it was an elopement because Resident R125 left the facility to go to church and returned. Further Employee E2 confirmed that no staff or witness statements were taken.<br>Further interview with Employee E2 also revealed that she did not report the incident to the department of health because she did not think it was an elopement.<br><br>28 Pa. Code 201.14 Facility responsibility<br>28 Pa. Code 201.18 Management<br>28 Pa. Code 211.12 Administration | F 0610 | | |

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| **REHAB AT SHANNONDELL** STATE LICENSE NUMBER: **17580201** | **5000 SHANNONDELL DRIVE AUDUBON, PA 19403** |

| (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 |
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| F 0610<br><br>SS=D | Continued from page 12 | F 0610 | | |
| F 0689<br><br>SS=D | | F 0689 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
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| F 0689<br><br>SS=D | Continued from page 13<br><br>Free of Accident Hazards/Supervision/Devices<br><br>§483.25(d) Accidents.<br>The facility must ensure that -<br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by: | F 0689 | 1. The DON or designee will report all violations in accordance with guidelines.<br>2. R125 is alert and oriented. R125 was in our facility for short term rehab, was completely independent with ambulation when using his walker. R125 regularly exercised by walking throughout the nursing unit on his own.<br>3. R125 exited the facility without notifying any staff members. He left after a friend picked him up so that they could attend Church services on Easter weekend.<br>4. When R125 returned from Church, he was educated on the importance of notifying staff members prior to leaving the facility. R125 acknowledged that he should have discussed his plan with staff prior to leaving.<br>5. Our residents are informed of the expectations of notifying facility staff when they are admitted to the facility as those directives are included in the residence and care agreement.<br>6. The facility policy for | Completion Date: **06/16/2026** Status: **APPROVED** Date: **05/21/2026** |

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| F 0689<br><br>SS=D | Continued from page 14 | F 0689 | non-medical outings will be modified to include the addition of a "check out and check in" process for all patients electing to leave the facility for non-medical reasons.<br>7. The nursing staff and concierge staff will be in-serviced on policy changes and expectations with non-medical outings.<br>8. The charge nurse will complete a "Non-Medical Outing Pass" when the patient leaves and returns from an outing. These passes will be kept in the patient's chart.<br>9. The ADON or designee will audit each non-medical outing to verify that necessary documents have been completed. These audits will be completed for 120 days.<br>10. The results of the ADON audits will be reported to QA and any pattern or trend of non-compliance will be reviewed and addressed accordingly. | |
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| F 0689<br><br>SS=D | Continued from page 15<br><br>Based on review of clinical records and interview with staff, it was determined that the facility failed to ensure that residents are supervised which resulted in a resident leaving the facility without the knowledge of the staff for one on twelve residents reviewed (Resident R125).<br><br>Review facility policy on Patient Elopement dated September 2022 revealed that under section Purpose: This policy ensures that patients that leave the facility without staff knowledge or without adequate supervision / safety is managed appropriately. Under section Procedures #3 Patient's Rights with Outings: patients who are not at risk of elopement will have their rights preserved and are free to move throughout the facility and leave the facility with supervision.<br>Review of Resident R125's clinical record revealed that Resident R125 was admitted to facility on March 16, 2026, with diagnoses of but not limited to Intertrochanteric Fracture of the Right Femur, Presence of Right Artificial Hip Joint.<br>Review of the MDS (minimum data set, a federally required resident assessment completed at a specific interval) dated March 26, 2026, revealed section C0500. BIMS (brief interview for mental status) Summary Score was coded14, suggesting that Resident R125 was cognitively intact.<br>Review facility policy on Patient Elopement dated September 2022 revealed that under section Purpose: This policy ensures that patients that leave the facility without staff knowledge or without adequate supervision / safety | F 0689 | | |

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| F 0689<br><br>SS=D | Continued from page 16<br><br>is managed appropriately. Under section Procedures #3 Patient's Rights with Outings: patients who are not at risk of elopement will have their rights preserved and are free to move throughout the facility and leave the facility with supervision.<br>Review of Resident R125's clinical record revealed that Resident R125 was admitted to facility on March 16, 2026, with diagnoses of but not limited to Intertrochanteric Fracture of the Right Femur, Presence of Right Artificial Hip Joint.<br>Review of the MDS (minimum data set, a federally required resident assessment completed at a specific interval) dated March 26, 2026, revealed section C0500. BIMS (brief interview for mental status) Summary Score was coded14, suggesting that Resident R125 was cognitively intact.<br>Review of progress noted dated April 5, 2026, revealed that "at approximately 7:25AM on April 4, 2026, shortly after change of shift nurse entered pt room to check on [Resident R125]. [Resident R125] was not in room. [Resident R125] did not alert nursing that he was leaving. Nurse last seen [Resident R125] in the beginning of shift at approximately 3:45PM. Nurse immediately alerted the aide who began to search the unit for [Resident R125]. Aide did not find resident. 911 was then called. Resident was known to have a visitor whom he was seen leaving the facility at approximately 4:22PM. Officers came and took [Resident R125] and visitors information and sent officers to their homes. Officers did not find anyone to be at either home. Officers later contacted resident's former wife who reported | F 0689 | | |

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| F 0689<br><br>SS=D | Continued from page 17<br><br>resident's visitor to be very religious. Found both [Resident R125] and visitor at a local church [Resident R125] arrived back on unit at approximately 10:30PM.<br>Interview nurse's aide Employee E6 conducted on April 28, 2026, at 9:43AM confirmed that Employee E6 worked on the second floor, where Resident R125 lived. Further Employee E6 revealed that she left the second-floor unit at around 7pm to work on another unit. Further, Employee E6 revealed that she was not aware that Resident R125 was missing and was only made aware of it when one of the nurses went to her unit to ask if she knew anything about Resident R125 leaving the building.<br>Telephone interview with nurse's aide Employee E7 conducted on April 28, 2026, at 10:20 a.m. confirmed that on April 4, 22026, during the day shift which is from 7am to 7pm, she worked on the second-floor unit where Resident R125 lived.<br>Further interview with Employee E7 revealed that she did not know that Resident R125 left the building but that she heard about it the next day when she came back to work. Further when Employee E7 was asked if she remembered if Resident R125 had a visitor that day, she responded "I think so." But did not know what time because she did not pay attention.<br>Interview with the front desk receptionist supervisor, Employee E4 conducted on April 28, 2026, at 12:09 PM revealed that the expectations of the receptionist with checking visitors in and out was that when someone comes in, they have them sign in at the kiosk in the front | F 0689 | | |

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| F 0689<br><br>SS=D | Continued from page 18<br><br>lobby before going upstairs to the unit. They indicate who they are and where they are going. When asked about visitors taking a resident for a LOA (leave of absence) Employee E4 stated that at the time of arrival, some visitors may sign out the resident also while checking themselves in as a visitor, just to get the process going. While some will wait and sign the resident out when they are downstairs after getting the resident from their room/unit. Further interview with Employee E4 revealed that "every situation is different because some residents will come down and sign themselves out and then wait in the lobby for their visitor/ride". When asked what occurs when the resident arrives back from a LOA (leave of absence), Employee E4 stated that when they come back, they then have to sign themselves back in or the visitor must sign them back in on the kiosk in the front lobby. Employee E4 stated that the only situation where the resident does not have to sign out on the kiosk in the front lobby is when they go to the doctors because the nurse already knows about it.<br>Interview with Nursing Home Administrator Employee E1 conducted on April 28, 2026, at 11:25AM confirmed that Resident R125 left the facility together with a friend without the knowledge of the staff. Further, Employee E1 revealed that a concierge who was at the front desk saw the resident leave the building with a visitor.<br>Further interview with the facility administrator revealed that the concierge does not have to inform the staff when residents leave the building. Some residents just leave the | F 0689 | | |

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| F 0689<br><br>SS=D | Continued from page 19<br><br>building for fresh air and return back to the facility after. The concierge knows the residents, so they let the residents go out for fresh air. Further Employee E1 revealed that the concierge treats all residents as if they are in assistive living.<br>Interview with the Director of Nursing, Employee E2 conducted on April 28, 2026, at 9:05 AM revealed that she did not investigate the incident where Resident R125 left the facility without staff knowledge because she did not think that it was an elopement because Resident R125 left the facility to go to church and returned. Further Employee E2 confirmed that no staff or witness statements were taken.<br>Further interview with Employee E2 also revealed that she did not report the incident to the department of health because she did not think it was an elopement.<br><br>28 Pa. Code 201.14 Facility responsibility<br>28 Pa. Code 201.18 Management<br>28 Pa. Code 211.12 Administration | F 0689 | | |
| F 0694<br><br>SS=D | | F 0694 | | |

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| F 0694<br><br>SS=D | Continued from page 20<br><br>Parenteral/IV Fluids<br><br>§ 483.25(h) Parenteral Fluids.<br>Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences.<br><br>This REQUIREMENT is not met as evidenced by: | F 0694 | 1. All PICC lines will be measured in accordance with facility policy<br><br>2. The policy on Central Venous Catheter Dressing Change (PICC Line) will be updated as needed.<br><br>3. The licensed nursing staff will be in-serviced by the ADON or designee on policy changes.<br><br>4. As part of routine clinical review meeting, the ADON will verify PICC line measurements are being completed according to policy<br><br>5. For the next 60 days, the ADON or designee will complete an audit to verify compliance.<br><br>6. Results of the audit will be reported to facility QA team. | Completion Date: **06/16/2026** Status: **APPROVED** Date: **05/21/2026** |
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| F 0694<br><br>SS=D | Continued from page 21<br><br>Based on review of facility policy, review of clinical record, observations, and interview with staff it was determined that the facility failed to administer intravenous (IV) medications in accordance with professional standards of practice for one of twelve residents reviewed (Resident R8).<br><br>Findings include:<br>Review of facility policy "Central Venous Catheter Dressing Change (allows delivery of medications directly into the blood stream) dated May 2011, revealed the Registered Nurse will measure external portion of catheter (ensures that the catheter is properly positioned within the vein) and document in residents electronic medical record and further ensure external measurement is what is documented on the IV insertion records and notify physician of any discrepancies.<br>Review of Resident R8's comprehensive Minimum Data Set (MDS federally mandated resident assessment and care screening) dated April 15, 2026, revealed the resident was admitted to the facility on April 9, 2026, and had diagnoses of wound infection and bacteremia (presence of bacteria in the bloodstream).<br>Further review of Resident R8's MDS dated April 15, 2025, revealed the resident received intravenous (IV) therapy for antibiotic medications while a resident of the facility.<br>Review of Resident R8's clinical record revealed a physician order dated April 9, 2026, for vancomycin (antibiotic) 200 milliliters by intravenous route every 12 | F 0694 | | |

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| F 0694<br><br>SS=D | Continued from page 22<br><br>hours for 21 days.<br>Continued review of Resident R8's clinical record revealed a physician order start date April 13, 2026, to measure external catheter length with each dressing change weekly.<br>Review of Resident R8's comprehensive care plan dated April 10, 2026, revealed the resident was at risk for complications related to mid-line (a type of intravenous tube) and interventions included to measure and document length of external catheter during dressing changes. The external length on admission was left blank in the care plan.<br>Observations and interview on April 27, 2026, at approximately 10:15 a.m. with Resident R8 confirmed he/she had IV access for administration of an antibiotic.<br>Review of Resident R8's clinical record revealed no documented evidence the facility measured and documented the external catheter length on admission, or thereafter with dressing changes.<br>Interview on April 28, 2026, at 1:55 p.m. with the Director of Nursing, Employee E2, confirmed the facility did not document Resident R8's external catheter length and the facility did not have a copy of what the documented external catheter length was at the time of insertion from the hospital.<br>28 Pa. Code 201.14 (a) Responsibility of licensee.<br>28 Pa. Code 211.12 (d)(5) Nursing services. | F 0694 | | |

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| F 0695<br><br>SS=D | Respiratory/Tracheostomy Care and Suctioning<br><br>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning.<br>The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.<br><br>This REQUIREMENT is not met as evidenced by: | F 0695 | 1. The policy on Oxygen Utilization and Storage will be modified to ensure physician orders for oxygen include flow rate.<br><br>2. The licensed nursing staff will be in-serviced on policy changes.<br><br>3. All new oxygen orders will be completed in accordance with new policy.<br><br>4. As part of routine clinical meeting, the ADON will verify that oxygen orders are accurate and completed according to policy.<br><br>5. For the next 60 days, the ADON will complete an audit on all oxygen orders verifying accuracy.<br><br>6. The residents of the audits will be reported to the facility QA team. | Completion Date: **06/16/2026**<br>Status: **APPROVED**<br>Date: **05/21/2026** |
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| F 0695<br><br>SS=D | Continued from page 24<br><br>Based on review of facility policy, review of clinical documents, observation, and interviews with staff, it has was determined that the facility did not ensure that oxygen therapy was provided in accordance with professional standards of practice related to physician orders and documentation for two out of ten residents reviewed (R1, R12)<br><br>Findings include:<br><br>Review of facility policy titled "Oxygen Utilization/Storage", last updated July 2021, revealed that "Oxygen is prescribed by the physician and must include...device (e.g., nasal cannula, simple mask), flow rate...duration (continuous, exertion, sleep, PRN with clear parameters)".<br><br>Review of clinical records for resident R1 revealed that he was admitted on March 23, 2026, with diagnoses including, but not limited to, acute and chronic respiratory failure, pneumonia, congestive heart failure (CHF, a condition where the heart is too weak or stiff to pump blood effectively, causing fluid buildup in the lungs or body. This can cause shortness of breath, fatigue, and swelling), and chronic obstructive pulmonary disorder (COPD, a progressive, generally irreversible lung disease, which causes persistent breathing difficulties). | F 0695 | | |

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| (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 0695<br><br>SS=D | Continued from page 25<br><br>Observation of resident R1 on April 27, 2026, at 11:18 a.m. revealed the resident was receiving oxygen therapy through a nasal cannula at three liters per minute flow rate.<br><br>Further review revealed a physician order, dated March 24, 2026, which stated "Oxygen via nasal cannula to keep pulse ox >92% may titrate or wean as tolerated". No specification of flow rate or delivery device was noted.<br><br>Review of the resident's care plan revealed a plan for "risk of alteration in breathing patterns related to COPD, oxygen use, pneumonia, acute and chronic respiratory failure" initiated on March 24, 2026, with an intervention of "oxygen as ordered". No further instructions for the use of oxygen therapy were noted.<br><br>Review of clinical records for resident R12 revealed that the resident was admitted to the facility on October 28, 2025, with diagnoses including, but not limited to, pulmonary embolism (PE) with cor pulmonale (a blood clot in the lungs which lead to enlargement and failure of the right side of the heart), pleural effusion (a buildup of fluid in the lining around the lungs, which can make it more difficult to breathe), asthma, and acute and chronic respiratory failure.<br><br>Observation of resident R12 on April 27, 2026, at 11:30 a.m. revealed the resident was receiving oxygen therapy through a nasal cannula at six liters per minute flow rate. | F 0695 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION: | (X3) DATE SURVEY COMPLETED: |
|---|---|---|---|
| | 396101 | A. BLDG: __00_____ B. WING: _____ | 04/28/2026 |

| NAME OF PROVIDER OR SUPPLIER: | STREET ADDRESS, CITY, STATE, ZIP CODE: |
|---|---|
| REHAB AT SHANNONDELL<br>STATE LICENSE NUMBER: 17580201 | 5000 SHANNONDELL DRIVE<br>AUDUBON, PA 19403 |

| (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 0695<br><br>SS=D | Continued from page 26<br><br>Further review revealed a physician order, dated November 4, 2025, which stated "Oxygen via nasal cannula to keep pulse ox >92% may titrate or wean as tolerated". No specification of flow rate or delivery device was noted.<br><br>Review of the resident's care plan revealed a plan for "risk of alteration in breathing patterns related to acute and chronic respiratory failure, asthma, COPD, oxygen use, pleural effusion, PE" initiated on October 30, 2025, with an intervention of "oxygen as ordered". No further instructions for the use of oxygen therapy were noted.<br><br>In an email to employee E2, the Director of Nursing (DON), dated April 28, 2026, at 12:41 p.m., the surveyor notified employee E2 that complete oxygen orders could not be found for residents R1 and R12. In a reply at1:38 p.m., she confirmed that the oxygen orders for residents R1 and R12 were not clear and needed to be updated. | F 0695 | | |

# Certified End Page

**REHAB AT SHANNONDELL**

**STATE LICENSE NUMBER: 17580201**

**SURVEY EXIT DATE: 04/28/2026**

**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
*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