

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/14/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>36609</p> <p>Based on observations and interviews with residents, it was determined that the facility failed to maintain or enhance the dignity and respect for two of 33 residents reviewed (Resident R38 and R124).</p> <p>Findings include:</p> <p>During an interview with Resident R38 and R124 on December 4, 2024, at 3:40 p.m. the residents stated that when laundry labels their clothes with their names, they put it in places where it is visible when you are wearing them. Resident R38 stated they put my name on a collar of a shirt, in the front where you can see it when you are wearing it.</p> <p>Resident R124 revealed the jacket she was wearing had a 2-inch belt and on the back of the belt in large letters was the resident's name.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 201.29 (j)Resident rights</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44882</p> <p>Based on observation, clinical record review and interview with staff, it was determined that the facility did not ensure that a comprehensive assessment was completed accurately related to language and communication for one of 33 records reviewed (R417).</p> <p>Findings include:</p> <p>Review of clinical documentation revealed that Resident R417 was admitted to the facility on [DATE], with diagnoses of traumatic subdural hemorrhage (brain bleed caused by injury, which can damage the brain and result in lack of normal functioning), cerebral infarction (death of an area of brain tissue), and dementia (a degenerative neurological condition which results in impaired memory and judgement). Progress notes for the resident revealed that she was on comfort care, a protocol intended to keep a resident comfortable during end of life, but which is not hospice care.</p> <p>Continued review of the documentation revealed that a Brief Interview for Mental Status (BIMS) assessment was completed for the resident on November 14, 2024. The resident scored a ten out of a possible 15, which indicated moderate impairment of cognitive function. This assessment also included a section titled Health literacy/Social isolation/Transportation/ Ethnicity/Race, in which it was stated that the resident's preferred language was Vietnamese.</p> <p>Review of Resident R417's Admission Assessment MDS, dated [DATE], revealed that in section V, Care Area Assessment, that the area Communication was triggered for review and care planning. Review of the accompanying Care Area Assessment worksheet for Communication revealed that under the triggered area Expressive communication, Speaks different language was not selected. No care plan for communication was found in the clinical record.</p> <p>Review of physician notes dated December 4, 2024, at 11:25 a.m. stated, Pt is confused per interpreter service. A Clinical Nurses Note, dated December 1, 2024, at 10:35 p.m., stated, Resident is unable to make needs known.</p> <p>Observations conducted on December 2, 2024, at 11:30 a.m. revealed that the resident was unable to speak with the surveyor in English and was responding in short words in another language, which the surveyor did not speak.</p> <p>Interview with Employee E1, the Nursing Home Administrator, and Employee E2, the Director of Nursing, on December 5, 2024, at 2:30 p.m. confirmed that Resident R417 communicated primarily in Vietnamese, and that it should have been reflected in the Care Area Assessment that the resident spoke a different language.</p> <p>28 Pa Code 211.12 (d)(1) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29720</p> <p>Based on observation, clinical record review and interview with staff and residents and review of facility policy, it was determined that the facility did not develop a person-centered baseline care plan within 48 hours of a resident's admission related to language and communication for two residents, for a surgically wired jaw for one resident, and mental healthcare needs for one resident of 33 residents reviewed (Resident R158, R315, R417, R420).</p> <p>Findings include:</p> <p>Review of facility policy, Care Planning Process and Care Conference, revised July 3, 2023, revealed:</p> <p>Staff shall interact with the residents in a way that accomodates the physical or sensory limitations of the residents, promotes communication and maintains dignity. The facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility. When encountering LEP individuals, staff members will conduct the initial language assessment and notify the staff person in charge of the language access program. The coordinator of the facility's language access program. The coordinator of the the facility's language access program is the Director of Social Services, or his/her designee as determined by the NHA. It is understood that providing meaningful access to services provided by the facility requires also that the LEP resident's needs and questions are accurately communicated to the staff. Oral Interpretation Services therefore include interpretation from The LEP resident's primary language back to English. Care plans should reflect the LEP services utilized and specific activity programs that are provided to the resident based on their preferences. Activity programs are designed to meet the interests of and support the physical, mental and psycho-social well beingof each resident as well as, encouraging both independence and community iinteraction.</p> <p>An interdisciplinary baseline care plan will be initiated upon admission by the admitting nurse and completed within 48 hours. A copy of the baseline care plan will be reviewed with and provided to the resident/patient and/or resident representative, upon admission (within 48 hours). Facility will maintain evidence that the baseline care plan was provided (ex: nursing enters an admission progress note indicating resident admitted , assessments completed, introduced to surroundings and a copy of the baseline care plan was reviewed with resident and left at the bedside. RP called to notify of resident's arrival and baseline care plan was reviewed with RP). Include such initial needs/problems such as ADL's, falls, skin tears, risk for skin breakdown, nutritional status, behaviors, pacemaker, anticoagulants, psychotropic medication use, etc. Include a care plan related to the resident's primary diagnosis.</p> <p>Resident R158 was admitted to the facility on [DATE] with the following diagnoses: encephalopathy (brain disease that alters brain function or structure); severe protein calorie malnutrition (critical condition where a personis severelydeficient in both protein and calories, leading to significant muscle wasting, loss body fat, and impaired immune function. Diabetes Mellitis type II (condition in which body has trouble controlling blood sugar and using it for energy.) and cerebral infarction due to embolism an ischemic stroke).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R158's MDS (Federally mandated resident assessment and care screening) dated November 13, 2024, revealed that English is the primary language of Resident R158.</p> <p>Review of Resident R158s baseline care plan revealed no evidence of language barrier or communication challenges related to English as a second language and Vietnamese as the primary language. Resident R158's care plan did not reflect the LEP services utilized and specific activity programs that are provided to Resident R158 based on her preferences.</p> <p>Interview on December 3, 2024 at 10:42 a.m. with Employee E3, unit manager, revealed that Resident 158 understands some English and speaks Vietnamese. We have consistent staffing here and the resident has a good rapport with her nurse aide. For almost all of our residents (on the memory care unit). we anticipate their needs. We have used the interpreter hotline at times, but not often. Usually we can anticipate her needs.</p> <p>Employee E13, Resident R158's nurse aide was unavailable for interview.</p> <p>Resident R158 was unable to participate in an interview with surveyor.</p> <p>Interview with Employee E1, the Nursing Home Administrator, and Employee E2, the Director of Nursing, on December 5, 2024, at 2:30 p.m. confirmed that Resident R417 and R158 communicated primarily in Vietnamese, and that it should have been reflected in the Care Area Assessment that the resident spoke a different language.</p> <p>Review of Resident R315's Admissions Minimum Data Set, dated dated [DATE]. 2024, revealed the resident was alert and oriented, able to make needs know, diagnosed with multiple fractures, and impaired to both sides of her upper and lower body.</p> <p>Nursing note dated November 14, 2024, stated Resident R315 was a pedestrian in a motor vehicle accident and sustain multiple fractures and lacerations to her internal organs. The resident's jaw was wired closed and was ordered a clear liquid diet instructing to be fed with a syringe and a staff member present at all times with meals.</p> <p>Review of Resident 315's care plan revealed the resident was at risk of aspiration and instructed to monitor for signs and symptoms of aspiration. Further review of the care plan failed to develop a plan of care to include removing the wires from the jaw in an emergency.</p> <p>Interview with the Director of Nursing indicated pliers were available at the resident's bedside in case the wires needed to be removed but confirmed the intervention was not included in the resident's plan of care.</p> <p>Review of clinical documentation revealed that Resident R417 was admitted to the facility on [DATE], with diagnoses of traumatic subdural hemorrhage (brain bleed caused by injury, which can damage the brain and result in lack of normal functioning), cerebral infarction (death of an area of brain tissue), and dementia (a degenerative neurological condition which results in impaired memory and judgement). Progress notes for the resident revealed that she was on comfort care, (a protocol intended to keep a resident comfortable during end of life, but which is not hospice care).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of Resident R417's MDS completed November 14, 2024, indicated a Brief Interview for Mental Status (BIMS) assessment with a score of ten -moderate impairment of cognitive function. This assessment also included a section titled Health literacy/Social isolation/Transportation/ Ethnicity/Race in which it was stated that the resident's preferred language was Vietnamese.</p> <p>Review of resident R417's Admission Assessment MDS, dated [DATE], revealed that in section V, Care Area Assessment, that the area Communication was triggered for review and care planning. No care plan for communication was found in the clinical record.</p> <p>Review of physician notes dated December 4, 2024, at 11:25 a.m. stated, Pt (patient) is confused per interpreter service. A Clinical Nurses Note, dated December 1, 2024, at 10:35 p.m., stated, Resident is unable to make needs known.</p> <p>Observations conducted on December 2, 2024, at 11:30 a.m. revealed that the resident was unable to speak with the surveyor in English and was responding in short words in another language, which the surveyor did not speak.</p> <p>Interview with Employee E1, the Nursing Home Administrator, and E2, the Director of Nursing, on December 5, 2024, at 2:30 p.m. confirmed that Resident R417 communicated primarily in Vietnamese, and that a baseline care plan for communication should have been developed and was not.</p> <p>Review of documentation for Resident R420 revealed that he was admitted to the facility with diagnoses, of suicidal ideations, and bipolar disorder (a mental health condition consisting of extreme highs and lows in mood and affect, which can impact decision making and behaviors).</p> <p>Review of the care plan for the resident revealed that no care plan was developed related to his specific mental health needs related to suicidal ideation and bipolar disorder.</p> <p>Observation of Resident R420 on December 3, 2024, at 1:03 p.m. revealed that the resident had a flat affect and appeared withdrawn.</p> <p>Interview with Employee E1, the Nursing Home Administrator, and Employee E2, the Director of Nursing, on December 5, 2024, at 2:30 p.m. confirmed that a baseline care plan for the specific mental health needs should have been developed and was not.</p> <p>28 Pa. Code 211.5(f)(viii) Medical records</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36609</p> <p>Based on observations, review of facility policy, review of clinical records, and interview with resident and staff, it was determined that the facility failed to develop and implement comprehensive, person-centered care plans to address resident care needs related to a diagnosis of anemia and psychotropic medications for one of 33 resident records reviewed (Resident R314).</p> <p>Findings include:</p> <p>Resident R314 was admitted to the facility on [DATE], diagnosed with anemia (not enough healthy red blood cells resulting in a reduced ability of the blood to carry oxygen to the body).</p> <p>Review of Resident R314's physician note, dated November 20, 2024, referenced the resident's critical hematology report dated November 15, 2024. The same note stated to monitor Resident R314's hematocrit (present of red blood cells in the blood) and hemoglobin (Hgb transports oxygen and carbon dioxide) relating to the resident's diagnosis of anemia and stated to consider Transfer for (blood) transfusion if Hg drops <7.0, and to monitor for signs and symptoms of fatigue, impact on therapy, monitor for oxygen use, check pulse ox as needed prior to and during therapy.</p> <p>Further review of Resident R314's clinical record revealed the facility failed to develop a care plan for the resident's diagnosis of anemia.</p> <p>8 Pa. Code 211.10 (d) Resident care policies.</p> <p>28 Pa. Code 211.12 (d)(3) Nursing services.</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>39343</p> <p>Based on observations, clinical record review, review of facility documents and staff interviews, it was determined that the facility failed to revise the care plan for tube feeding management, for one of 33 residents reviewed (Resident R63).</p> <p>Findings include:</p> <p>Review of Resident R63's clinical record revealed that the resident was admitted in the facility on February 12, 2024. Resident R32's diagnoses included Protein Calorie Malnutrition (condition synonymous with starvation, resulting when the body's needs for protein, energy, or both cannot be met by diet), and Oropharyngeal Phase Dysphagia (swallowing problems occurring in the mouth and/or the throat. These swallowing problems most commonly result from impaired muscle function, sensory changes, or growths and obstructions in the mouth or throat).</p> <p>Review of physician order for Resident R63, dated April 1, 2024, indicated an order to cleanse area around feeding tube with soap and water and gently pat dry, daily and as needed; clean, dry drain sponge may be placed if needed; every day- shift and as needed.</p> <p>Review of physician order for Resident R63, dated July 22, 2024, indicated an order for Controlled Carb/Renal Diet: Mechanical Soft Texture, Thin consistency.</p> <p>On December 2, 2024, at 12:34 p.m., review of the care plan of R63, revealed that it was not updated, or revised, to reflect the goal and interventions with the ordered diet and peg tube site care. At the time of the findings, interview with the charge nurse, a Registered Nurse, Employee E6, confirmed the same.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>36609</p> <p>Based on observation, staff and resident interviews, and review of clinical records, it was determined the facility failed to provide the necessary services to maintain adequate grooming and hygiene for one of 33 sampled residents (Resident R315).</p> <p>Findings include:</p> <p>Review of Resident R315's Admissions Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated November 20, 2024, revealed the resident was alert and oriented, able to make needs know, and diagnosed with fractures and malnutrition, with impairments to both sides of her upper and lower body. The same MDS indicated the resident was dependent on staff for all activities of daily needs and when asked it was very important for the resident to choose between a tub bath, shower, bed bath or sponge bath.</p> <p>Interview with Resident R315 on December 4, 2024, at 11:00 a.m. stated that she was never offered a shower since she's been at the facility. I only get bed bath and I would really like a shower.</p> <p>Interview with Resident R351's Nursing Aide, Employee E3 on December 4, 2024, at 11:20 a.m. confirmed the staff only gives her bed baths because it might be too much for the resident.</p> <p>Review of Resident 351's physician orders revealed the resident's shower/bath days were every Tuesday and Friday and care planned for needing one staff member to assist with bathing/showering. Further review of the resident's clinical records did not reveal restrictions for showering.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06525</p> <p>Based on observations of care and services, review of clinical record and review of facility policy and interviews with staff and residents, it was determined that the nursing staff failed to obtain and schedule examinations with a specialist as indicated by the physician and to ensure that a medication was administered during the time period prescribed by the physician for two of 47 residents reviewed. (Resident R16 and Resident R315)</p> <p>Findings include:</p> <p>A review of the facility policy titled verbal and telephone physician's orders dated May, 2024 revealed that it was the policy of the facility to secure physician's orders for the care and services for the residents. The physician's orders for care and services were required to be dated and signed accordingly and entered into the resident's medical record.</p> <p>The policy also indicated that an order for medical or therapeutic measures and medications or treatments were to be given to a registered or licensed nurse. The registered or licensed nurse were required to obtain a medical diagnosis or reason from the physician for the care, treatment or medication being used for the residents.</p> <p>The policy also said that any unclear or incomplete physician's orders for care, treatment or medications were to be clarified by the registered or licensed nurse. The policy indicated that it was the responsibility of the registered or licensed nurse to verify with the physician any pending consultation or specialist appointments and recommendations or results of testing completed by a specialists.</p> <p>Observations of Resident R16 at 10:30 a.m. on December 2, 2024 with Licensed nurse, Employee E4 revealed that the resident was reporting that she preferred to lay in a supine position because she was dizzy sitting up or moving side to side. The licensed nurse, Employee E4 reported at 11:00 a.m., on December 2, 2024 that Resident R16 had a diagnosis of vertigo (a sudden internal or external spinning sensation often triggered by moving the head).</p> <p>Clinical record review revealed a quarterly comprehensive assessment (MDS- an assessment of care needs) dated October 31, 2024 for Resident R16 indicated that this resident was cognitively intact and had a diagnosis of cerebral palsy (a movement disorder affecting muscle tone, lack of balance and muscle coordination with stiff or floppy muscle characteristics).</p> <p>Interview with Resident R16 at 10:45 a.m., on December 2, 2024 revealed that the resident has not been sitting up very long or getting out of bed into a chair; because of her dizziness. The resident also reported that an orthotic device for her neck or head was not used as adapted equipment for her symptoms of dizziness.</p> <p>Clinical record review revealed that on April 30, 2024, the nurse practitioner assessed and documented that the nursing staff were to administer Resident R16 Meclizine (a medication for motion sickness and vertigo) 12.5 milligrams as needed for vertigo.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Clinical record review revealed the care planned by the nurse practitioner on April 30, 2024 was for the registered or licensed nursing staff to schedule an ear, nose and throat specialist examination for Resident R16 to evaluate the vertigo. Also for the resident to be evaluated by a neurologist to determine the causes of the vertigo symptoms.</p> <p>Continue review of Resident R16's clinical notes dated April 30, 2024 revealed for nursing and physical therapy staff, to continue with active range of motion and passive range of motion exercises twice a day for Resident R16.</p> <p>Interview with the licensed practical nurse, Employee E4 and the licensed occupational therapist, Employee E6 at 10:00 a.m., on December 3, 2024 confirmed that there was no ENT (ear, nose or throat) specialist examination ordered or completed for Resident R16. Further interview with the licensed nurse and licensed occupational therapist on December 3, 2024 confirmed that there was no physician's order obtained on April 30, 2024, for Resident R16 to be examined by a neurologist to determine the possible cause of her symptoms of frequent dizziness.</p> <p>The lack of obtaining physician's orders by the licensed nursing staff for consultations with the ENT specialist and the neurologist (a physician who was trained in diagnosing and treating diseases of the brain, spinal cord and nerves) was confirmed by the Director of Nursing at 1:00 p.m., on December 4, 2024.</p> <p>Review of the facility policy Medication Administration revised September 2023 states, Medications, both prescription and non-prescription shall be administered under the orders of the attending physician.</p> <p>Review of Resident R315's clinical records revealed the resident was admitted on [DATE], diagnosed with multiple fractures and lacerations to her internal organs from a motor vehicle accident.</p> <p>During an interview with Resident R315 on December 4, 2024, at 10:30 a.m. the surveyor observed a bottle of Chlorhexidine Gluconate (an oral antimicrobial) next to the resident, sitting on the tray table. The resident indicated that she uses the mouth rinse after meals.</p> <p>Review of Resident 315's physician orders revealed Chlorhexidine Gluconate was initially ordered for fourteen days on November 14, 2024, and was discontinued on November 28, 2024.</p> <p>The above was confirmed with the Director of Nursing on December 4, 2024, at 1:30 p. that the oral rinse was discontinued.</p> <p>28 PA. Code 211.12(d)(1)(2)(3)(5) Nursing services</p> <p>28 PA. Code 211.10(a)(c)(d) Resident care policies</p> <p>28 PA. Code 211.5(f)(i)(ii)(iii)(vii)(viii)(ix) Medical records</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>39343</p> <p>Based on observations, review of clinical records, and interviews with facility staff, it was determined that the facility failed to ensure that it was free of medication error rate of five percent or greater for two of four residents observed during medication administration (Residents R4, and R77).</p> <p>Findings include:</p> <p>On December 3, 2024, 9:39 a.m., observed that Employee E7, a Registered Nurse, administered to Resident R77, the medicine, Aspirin 81 mg, chewable tablet, one tablet by mouth; when asked the Licensed Nurse to double check the medicine, the nurse stated it was Aspirin 81 mg, chewable tablet.</p> <p>Review of physician order for Resident R77, revealed an order, dated September 28, 2020, to administer Aspirin Enteric-Coated (EC) Tablet Delayed Release 81 MG (Aspirin), give 1 tablet by mouth one time a day.</p> <p>Review of literature revealed that Aspirin comes in enteric-coated and non-enteric (regular) forms. Regular Aspirin is absorbed in the stomach, while Enteric-Coated aspirin is absorbed in the small intestine.</p> <p>At the time of the observation, interview with Registered Nurse, Employee E7, confirmed the above findings.</p> <p>On December 3, 2024, 9:49 a.m., observed that Employee E7, administered to Resident R4, the medicine, Aspirin 81 mg, chewable tablet, one tablet by mouth; when asked Registered Nurse, Employee E7 to double check the medicine, the nurse stated it was Aspirin 81 mg, Chewable tablet.</p> <p>Review of physician order for Resident R4, revealed an order, dated August 18, 2023, to administer Aspirin Enteric-Coated (EC) Tablet Delayed Release 81 MG (Aspirin), Give 1 tablet by mouth in the morning for CVA (Cerebrovascular Accident, which is the medical term for a stroke).</p> <p>At the time of the observation, interview with Registered Nurse, Employee E7, confirmed the above findings.</p> <p>The facility incurred a medication error rate of 5.7%.</p> <p>Pa Code:211.12(d)(1)(2)(5) Nursing Services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>06525</p> <p>Based on observations of the food and nutrition services department, interviews with staff, reviews of policies and procedures and the pest control operator's reports, it was determined that the main kitchen was not maintained and operated to ensure an effective pest control program.</p> <p>Findings include:</p> <p>Review of the policy titled kitchen cleaning dated December, 2024 revealed that it was the responsibility of the dietary staff to ensure that the main kitchen was clean and sanitary by adhering to a comprehensive cleaning schedule throughout the food and nutrition department.</p> <p>Observations of the main kitchen in the presence of the director of dietary, Employee E5, at 9:30 a.m., on December 2, 2024 revealed the following:</p> <p>The plumbing in the dish room area was not draining properly. Soiled water and food waste was over flowing onto the floor in the this section of the main kitchen. A dietary staff member was using a hand held plunger to try to unclog the sink that was adjacent to the dish machine.</p> <p>The flooring throughout the dish room area contained a covering of a white substance resembling lime deposits. The dish machine, work tables and racks that were connected to the dish machine contained a white powdery film that resembled hard water and calcium deposit residue.</p> <p>The ceiling tiles in the dish room area contained water damage. The ceiling tiles were brown stained and warped. The ceiling light fixture screens above the dish machine, contained a collection of dead insects. The wall area and ceiling tiles contained dried food debris.</p> <p>The grouting was missing between the floor tiles in the dish room. The missing grouting provided food for common household pests to breed and live. The disrepair in the flooring was porous and not easily cleanable. There was an accumulation of dirt, food debris and moisture in the gaps on the flooring. The entire perimeter of the flooring and cove molding in the dishroom contained a build-up of dirt and discarded food particles.</p> <p>The ceiling tiles and light screen covering above the hot food preparation area that was adjacent to the hood situated directly above the hot food equipment and cooking, contained a heavy accumulation of grease, dust and food splattering.</p> <p>An industrial sized piece of food service equipment located in the hot food preparation area, called a braise or tilt skillet was not functioning for several months. It contained a build of grease, food debris and dust.</p> <p>The perimeter of the flooring in the dry food storage area contained an accumulation of streaking and smudging along the perimeter of the flooring and walls with patches of mice droppings.</p> <p>The ceiling light screens located in the dry food storage area were brown stained with water damage. The ceiling light screens also contained a large number of dead roaches.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Chestnut Hill Lodge Health and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 8833 Stenton Avenue Wyndmoor, PA 19038	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The working mechanisms underneath the three compartment sink were not holding water regularly and a catch pan was placed below the piping to capture the leaking water.</p> <p>The pest control operator's reports were reviewed for September, October and November, 2024 and revealed that the main kitchen of the food and nutrition department was targeted for common household pests (roaches and mice). The pest control operator was used various treatments and traps to combat the invaders.</p> <p>28 PA. Code 201.14(a) Responsibility of licensee</p> <p>28 PA. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p> <p>28 PA. Code 205.13(b) Floors</p>		