

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

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Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396017	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/09/2024
NAME OF PROVIDER OR SUPPLIER  Willow Grove Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  3485 Davisville Road Hatboro, PA 19040	
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 0842  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46993</p> <p>Based on review of clinical record and review of facility provided documentation, and interview with staff, it was determined facility failed to ensure complete documentation related to treatment administration for one of three clinical records reviewed. (Resident R1)</p> <p>Findings include:</p> <p>Review of facility's policy 'Treatments,' revised on 06/01/2021, indicates that a licensed nurse or medical technician will perform treatment as ordered, and document administration on 'Treatment Administration Record' (TAR), patient's response, patient's refusal of treatment, and notification of physician.</p> <p>Review of Resident R1's clinical record revealed a physician order obtained on July 11, 2024 for Hydrocortisone External Cream 2% to be applied to upper chest and back topically two times a day for rash with start date of 07/11/2024 at 11:00 PM and discontinued date of 07/18/2024 at 10:18 AM.</p> <p>Review of Resident R1's TAR revealed no documented evidence of the administration of Hydrocortisone cream on July 12, 2024 morning and evening shift, July 13, 2024 evening shift, July 14, 2024 evening shift, July 16, 2024 evening shift, July 17, 2024 evening shift.</p> <p>Further review of Resident R1's clinical record revealed no evidence of documentation of Resident R1's refusal of treatment or any other reason for why treatment was not completed on dates mentioned above.</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</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

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F 0919  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>46993</p> <p>Based on resident interviews and review of facility policy, it was determined that the facility failed to ensure that there was a routine process to ensure that the call bells systems was function and that call bells were answered in a timely manner during the weekends on two nursing floors. (1st and 2nd Floor)</p> <p>Findings include:</p> <p>Review of facility's policy 'Call Lights,' revised on 06/01/2021, states that patients will have a call light or alternative communication device within their reach at all times when unattended. Staff will respond to call lights and communication devices promptly.</p> <p>Interview with Residents R2 and R3 on Monday, December 9, 2024 at 10:00AM, on second floor unit, revealed complaints related to late responses from nursing staff when using call bells.</p> <p>Review of facility provided grievance log for months of November 2024 and December 2024 revealed a concern, dated November 11, 2024, related to long call bell wait times. Concern dated December 6, 2024 was related to call bells were on but nursing staff were on their phones.</p> <p>Review of facility provided call bell audits completed for months of November 2024 and December 2024 on the 1st and 2nd Floor revealed that five audits were completed during day shift and two audits completed during evening shift.</p> <p>Further review of facility provided call bell audits revealed that audits were excluded from being completed on weekends.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		