

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: 396120	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Phoebe Wyncote		STREET ADDRESS, CITY, STATE, ZIP CODE 208 Fernbrook Avenue Wyncote, PA 19095	
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>43277</p> <p>Based on review of facility policy, review of clinical record, and staff interview, it was determined that the facility failed to review and revise a care plan related to feeding assistance for one of 12 residents reviewed (Resident R34).</p> <p>Findings Include:</p> <p>Review of facility policy Interdisciplinary Care Planning revised 12/16/2024 revealed it is the responsibility of each discipline to add, revise, and discontinue care plan problems, goals, and interventions as needed.</p> <p>Review of Resident R34's comprehensive care plan revised December 13, 2024, revealed the resident had potential for alteration in nutrition status related, but not limited to, dementia, varied meal completion, and decline in self-feeding with need for adaptive feeding devices. Intervention dated February 12, 2024, and March 22, 2024, revealed to provide Resident R34 with a Kennedy cup for beverages and inner lip plate for food items with all meals.</p> <p>Observations in the dining room on December 18, 2024, at 12:00 p.m. revealed Resident R34 was not provided with adaptive equipment for the lunch meal service and was instead being fed by nurse aide, Employee E5.</p> <p>Interview on December 18, 2024, at 12:00 p.m. with Nurse Aide, Employee E5, revealed Resident R34 had a decline in self-feeding capabilities and was no longer able to use the adaptive equipment at meals. Further interview with nurse aide, Employee E5, revealed Resident R34 required 1:1 feeding assistance with meals.</p> <p>Review of Resident R34's comprehensive care plan revealed no evidence interventions were revised related to self-feeding capabilities.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(5) 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51165</p> <p>Based on review of clinical record, facility policy, observations, and interviews with staff, it was determined that the facility failed to exercise proper infection control techniques and wear personal protective equipment (PPE) during a dressing change for one of one resident observed (Residents R32).</p> <p>Findings include:</p> <p>Review facility policy titled Transmission Based Precautions- Infection Control revised May 28, 2024, revealed precautions should be maintained as long as necessary to prevent the transmission of the infection. Further review of policy under section Enhanced Barrier Precautions (EBP) revealed that gloves and gowns are to be used when providing high contact resident care. High contact resident care activities include wound care. EBP are implemented for any resident with a wound.</p> <p>Review of Resident R32's clinical record revealed that Resident R32 was admitted to the facility on [DATE] with a diagnoses hydrocephalus (excess fluid in the brain ventricles), edema (swelling caused by too much fluid trapped in the body's tissues), and lack of coordination.</p> <p>Review of physician orders revealed an order dated November 11, 2024, that stated cleanse left buttock with normal saline, apply anasept gel (prevent and treat skin and tissue infections), calcium alginate (type of wound dressing), and cover with boarder gauze daily and prn (as needed).</p> <p>Wound care observation on Resident R32 conducted on December 18, 2024, at approximately 10:00 a.m. with licensed nurses Employee E3 and Employee E4 revealed that Employee E3 and Employee E4 donned gloves prior to performing Resident R32's dressing change.</p> <p>Further, observation revealed that licensed nurse, Employee E4 started performing wound dressing change on Resident R32 without donning a gown.</p> <p>Interview with Licensed nurse, Employee E4, conducted December 18, 2024, at approximately 11:20 a.m. revealed proper PPE, which includes donning gloves and gown during high contact resident care, is to be worn for residents on enhanced barrier precautions when providing care.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(c)(d)(1)(5) Nursing Services</p>		