STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395796	A. BUILDING _____ B. WING _____	**03/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MANORCARE HEALTH SERVICES-MONTGOMERYVILLE	**640 BETHLEHEM PIKE MONTGOMERYVILLE, PA 18936**

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 0584 **Level of harm** - Potential for minimal harm **Residents Affected** - Many	**Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.** Based on observation, staff and resident interview, and a review of facility documentation, it was determined that the facility failed to provide an environment with comfortable sound levels on three of three nursing units. Findings include: During group resident interview conducted on March 4, 2020, at 10:30 a.m., five of five residents complained that the floor cleaning machine was too loud and disturbed them. One resident described the sound as a morning lawnmower. Observations on all nursing units on March 3 and 4, 2020, between 9:00 a.m. and 9:30 a.m., revealed that housekeeping staff used a mobile floor cleaning machine (battery powered high speed burnisher) on the corridors of the facility. The machine was observed making a loud grinding sound while in use. The volume of the sound was measured at 82 decibels. According to the operator's manual, staff was to perform routine maintenance of the machine on a monthly basis that included inspecting the machine for abnormal noise. In an interview conducted on March 5, 2020, at 12:15 p.m., the Administrator stated that there had not been routine maintenance performed on the machine as indicated in the operator's manual. CFR 483.10(i) Safe Environment Previously cited 4/10/2019 28 Pa. Code 207.2(a) Administrator's responsibility.
F 0676 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interview, it was determined that the facility failed to provide a communication system to address language barriers for one of 31 sampled residents. (Resident 18) Findings include: Clinical record review revealed that Resident 18 was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. According to the Minimum Data Set (MDS) assessment dated [DATE], the resident had memory problems and required extensive assistance from staff for all activities of daily living. The ongoing care plan dated November 11, 2019, revealed that the resident had difficulty communicating due to Spanish as his primary language and staff was instructed to utilize a specialized telephone service to encourage interactions with others that speak the same language. According to the activity evaluation dated November 14, 2019, the resident enjoyed Spanish news and shows on television, listening to Spanish music and playing dominos. Observations on March 3, 2020, and March 4, 2020, from 9:05 a.m. through 11:30 a.m., revealed that Resident 18 was awake in his room without the television turned on or music playing. On March 5, 2020, from 9:02 a.m. through 11:42 a.m., the resident was observed in his room with the television playing a non-Spanish speaking channel. Further observation revealed the resident speaking to staff in Spanish with no verbal response and no attempt by staff to use an alternate communication method. In an interview on March 6, 2020, at 9:45 a.m., the Administrator confirmed that the facility failed to provide a functional communication system to improve the resident's communication abilities. 28 Pa. Code 211.11(b)(d) Resident care plan. 28 Pa. Code 211.12(d)(1)(5) Nursing services.
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interview, it was determined that the facility failed to ensure that necessary treatment measures were in place for one of two sampled residents with pressure ulcers. (Resident 65) Findings include: Clinical record review revealed that Resident 65 was admitted to the facility on [DATE], and had [DIAGNOSES REDACTED]. The Minimum Data Set assessment dated [DATE], indicated that the resident had memory problems, required extensive staff assistance for bed mobility and transfers, was at risk for the development of pressure sores, and had one unstageable (unable to determine depth) pressure sore. Review of the wound team worksheet entry dated March 4, 2020 and observation on March 5, 2020, at 10:50 a.m., confirmed that the resident had a pressure wound on the right heel and received a treatment to the area as ordered by the physician. The current care plan, updated February 12, 2020, directed that the resident was to wear protective boots when in bed and in the recliner due to the presence of the pressure sore. Observations on January 4, 2020, at 10:15 a.m. and 12:50 a.m., revealed that Resident 65 was in her recliner in room wearing only socks and no protective heel boots. During an interview on January 5, 2020, at 12:08 p.m., the Administrator and Director of Nursing confirmed that the heel boots were to be worn by the resident when in the recliner. 28 Pa. Code 211.12(d)(1)(5) Nursing services.
F 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, and observation, it was determined that the facility failed to provide adequate supervision to prevent falls or elopement for two of 31 sampled residents. (Residents 86, 100) Findings include: Clinical record review revealed that Resident 86 had [DIAGNOSES REDACTED]. The current care plan from January 22, 2020, identified that the resident was at risk for falls and directed staff to observe the resident at all times when in the dining room. Observation on March 6, 2020, at 9:32 a.m., revealed a loud noise was heard from the dining room. Staff responded and observed the resident supine on the floor of the dining room next to his geri-chair, which was on its side. There was no staff in the dining room at the time of the resident's fall as outlined in the care plan. Clinical record review revealed that Resident 100 was admitted to the facility from home on July 31, 2019, and had [DIAGNOSES REDACTED]. Nursing documentation dated August 4, 2019, at 2:57 p.m., noted that the resident had been emotional after lunch, not knowing why she was at the facility. Additional nursing documentation on August 4, 2019, at 9:50 p.m., revealed that the resident's daughter had called at 8:15 p.m. to inform the facility that a neighbor observed the resident being dropped off at her home by a blue chevy. Review of the incident report revealed that, prior to the elopement, the resident was last observed in the facility at 5:00 p.m., that the resident could not recall how she had made arrangements to leave, and that the facility was unaware of the resident's location until informed by an outside party. CFR 483.25(d) Accidents Previously cited 11/1/2019 28 Pa. Code 211.12(d)(1)(5) Nursing services.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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.