

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2025
NAME OF PROVIDER OR SUPPLIER  Silver Stream Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  905 Penllyn Pike Spring House, PA 19477	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on the review of facility documentation, clinical records and staff and resident interviews, it was determined that the facility failed to provide necessary pharmaceutical services for one of five residents reviewed. (Resident R1). Findings include: Review of physician order for Resident R1 dated May 28, 2025, revealed that the resident was ordered for Lidocaine external patch 4% to skin topically one time a day for pain; Bacitracin (Antibiotic ointment) zinc external ointment to left ear topically two times daily; Balsam Peru Castor Oil (used to promote healing and treat certain types of skin ulcers and wounds.) external ointment to bilateral elbows and heels topically two times a day; Naproxen (a nonsteroidal anti-inflammatory drug ) oral Tablet 500 MG tablet by mouth two times a day for pain for 14 days. Review of Medication Administration Record for Resident R1 for the month of May 2025 revealed that the resident did not receive the above medications as ordered by the physicians on May 28, 2025. The reason documented was that the medications were not available. Interview with Director of Nursing, Employee E2 on July 1, 2025, at 12:00 p. m. stated that the residents arrived from the hospital on May 27, 2025. There were no medications available in the facility to administer as the pharmacy did not deliver the medications in a timely manner. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.9(a)(1)(f)(2)(4)(k) Pharmacy 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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