

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2026
NAME OF PROVIDER OR SUPPLIER  Spruce Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  220 S. Fourth Avenue West Reading, PA 19611	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment on four of four nursing units. (West 1, East 1, [NAME] 2, and East 2) Findings include:</p> <p>Observations on April 21, 2026, and April 22, 2026, between 8:40 a.m., and 12:50 p.m., revealed the following:</p> <p>The Hoyer lift in the [NAME] 1 shower room had rust along the length of the legs.</p> <p>There were two ceiling tiles with brown spots above the bed in room [ROOM NUMBER].</p> <p>In room [ROOM NUMBER], the blinds on the window across from the toilet were not adjustable, exposing three inches of open window space, thereby making the toilet visible from the street across from the facility; the toilet also had worn caulking.</p> <p>The privacy curtain in room [ROOM NUMBER], bed 1, had a dark brown mark on it.</p> <p>There was peeling paint in room [ROOM NUMBER] behind bed 2.</p> <p>On East 1, in room [ROOM NUMBER], the privacy curtain of bed 1 had brown stains on it.</p> <p>On [NAME] 2, in room [ROOM NUMBER], there were various areas of the bathroom wall which exposed wallboard and old paint. There was a large area of scraped wall and peeling paint behind the dresser in the room. There was broken window screen on the floor under the window.</p> <p>There were scrapes on the wall to the right of the door with peeling wallboard in room [ROOM NUMBER]. The ice machine in the second-floor dining room was dirty on the outside. Two Hoyer lifts parked in the [NAME] 2 shower room were rusty.</p> <p>In the East 2 shower room, there was a Hoyer lift that had rust along the length of the legs and above the front wheels. Next to the bathtub, there was duct tape covering the drain on the floor. In the third shower section, there was a dirty pink slipper on the floor.</p> <p>The handrail next to room [ROOM NUMBER] had a missing edge piece which exposed a nail inside of it.</p> <p>The top covers of the air conditioning units were missing in rooms [ROOM NUMBERS]. (continued on next page)</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e )(2.1) Management.</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that residents were free from potential chemical restraints for one of five sampled residents who were ordered psychotropic medications. (Resident 80) Findings include: Clinical record review revealed that Resident 80 had diagnoses that included anxiety and dementia. On March 17, 2026, a physician ordered staff to administer an anti-anxiety medication, (lorazepam), every two hours as needed for anxiety. There was no date in the order that indicated when staff were to stop administering the as needed medication. Review of Resident 80's Medication Administration Record revealed that staff had administered the lorazepam one time in March 2026 and five times in April 2026. There was no documented evidence that the physician had re-evaluated continued use beyond 14 days of the as needed anti-anxiety medication. In an interview on April 24, 2026, at 11:00 a.m., the Director of Nursing stated that there was no date that indicated when staff were to stop administering the as needed anti-anxiety medication. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessments were completed to accurately reflect the current status of two of 37 sampled residents. (Residents 7 and 145) Findings include:</p> <p>Clinical record review revealed that Resident 7 had diagnoses that included dementia, post-traumatic stress disorder (PTSD), and parasomnia (a disruptive sleep disorder involving abnormal behaviors such as sleepwalking, talking, or night terrors that occur while falling asleep, during sleep, or upon waking). Review of Resident 7's care plan revealed that the resident had known PTSD and night terrors. The MDS assessment dated [DATE], revealed that section I (Active Diagnoses) incorrectly indicated that the resident did not have a diagnosis of PTSD during the review period.</p> <p>In an interview on April 24, 2026, at 11:48 a.m., the Administrator confirmed that Resident 7's MDS assessment was inaccurate.</p> <p>Clinical record review revealed that Resident 145 had diagnoses that included depression, schizophrenia, and obsessive-compulsive disorder. Review of the physician's orders revealed that Resident 145 had been receiving an antidepressant medication, fluvoxamine, since May 28, 2025. Review of the February 2026 medication administration record revealed that Resident 145 received fluvoxamine during the MDS review period. The MDS assessment dated [DATE], revealed that section N (Medications) incorrectly indicated that the resident did not receive an antidepressant medication in the review period.</p> <p>In an interview on April 24, 2026, at 11:00 a.m., the Director of Nursing confirmed that Resident 145's MDS assessment was inaccurate.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical record review, and staff interview, it was determined the facility failed to provide services consistent with professional standards, including monitoring, for one of two sampled residents receiving dialysis (the process of removing excess toxins and water from the blood). (Resident 150) Findings include: A review of the policy, Hemodialysis Care Policy, last reviewed January 23, 2026, revealed that communication between the dialysis provider and facility staff will occur before and after each hemodialysis treatment and as needed. Facility staff were to assess each resident's condition and communicate any concerns with the dialysis provider using the facility's Dialysis Communication Tool. Assessments were to include: the resident's vital signs, pre-treatment weight, medications administered before treatment, time of last meal, fluid intake, and any additional alerts. After treatment, the facility was to collect and assess information about the resident and their treatment from the dialysis provider including: the resident's post-treatment weight, lab draws and results, medications administered during or after treatment, food or fluids consumed at dialysis, and any new orders or alerts. Clinical record review revealed that Resident 150 had diagnoses that included diabetes mellitus with chronic end-stage kidney disease. A review of Resident 150's Minimum Data Set assessment (MDS), dated [DATE], revealed that Resident 150 had no cognitive impairment. Review of the care plan last reviewed April 21, 2026, revealed that Resident 150 required ongoing hemodialysis. The care plan directed staff to monitor the resident's condition and communicate with the dialysis provider to avoid complications related to dialysis treatment. A physician's order dated February 28, 2025, directed facility staff to record the resident's pre and post-dialysis weights. A review of the clinical record revealed no evidence that the facility had obtained the required information regarding Resident 150's pre and post-dialysis treatments per facility policy and physician's order eight times in December 2025, on any date in January 2026 and February 2026, and nine times in March 2026. In an interview on April 24, 2026, at 10:34 a.m., the Administrator confirmed that the facility had failed to document required communication between the facility and dialysis provider. 28 Pa. Code 211.10 (d) Resident care policies. 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on facility policy review, clinical record review, observation, and staff interview, it was determined that the facility failed to implement enhanced barrier precautions (EBP), use personal protective equipment (PPE), and perform hand hygiene to prevent the spread of infection for one of 37 sampled residents. (Resident 14) Findings include: Review of the facility policy entitled, Enhanced Barrier Precautions Policy, last reviewed January 23, 2026, revealed that EBP were to be used with any high-risk resident with a wound or indwelling device during high contact care activities including during wound care, dressing, bathing/showering, transferring, providing hygiene, toileting, device care or use, and changing briefs and linens. EBP included the use of PPE such as protective gowns and gloves during high-risk activities. Review of the facility policy entitled Clean Dressing Change Policy, last reviewed January 23, 2026, revealed that wounds were to be dressed using clean technique which avoids direct contamination of material and supplies. Hand hygiene was to be performed each time gloves were removed, and new gloves were applied throughout the dressing change. Clinical record review revealed that Resident 14 had diagnoses that include senile degeneration of the brain. The Minimum Data Set assessment dated [DATE], revealed that Resident 14 had one stage four pressure ulcer (a severe full-thickness wound extending to the exposed muscle, tendon, or bone) and required maximum to total assistance for bed mobility and transfers. Review of Resident 14's care plan revealed that the resident had a stage four pressure ulcer on the sacrum (a large bone at the base of the spine) and that EBP were to be implemented while the wound was present. A physician's order dated April 22, 2026, directed staff to apply medicated treatment to the pressure ulcer and cover it with a foam dressing daily. On April 22, 2026, at 10:20 a.m., licensed practical nurse 1 (LPN 1) was observed performing the dressing change to Resident 14's wound. LPN 1 removed the soiled gloves from her hands and applied clean gloves three times during the treatment. She did not perform hand hygiene at any point and pulled the gloves from her uniform pocket each time. Additionally, LPN 1 did not wear a gown during the dressing change. In an interview after the dressing change was completed, LPN 1 stated that she performed the dressing change without wearing a gown. On April 23, 2026, at 1:45 p.m., the Director of Nursing confirmed that staff did not use appropriate PPE and should have performed hand hygiene prior to putting on new gloves during Resident 14's dressing change. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		