

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395284	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/21/2024
NAME OF PROVIDER OR SUPPLIER  Phoenix Center for Rehabilitation and Nursing,the		STREET ADDRESS, CITY, STATE, ZIP CODE  833 South Main Street Phoenixville, PA 19460	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46166</p> <p>Based on review of facility policies, investigation reports, and clinical records, as well as staff and resident interviews, it was determined that the facility failed to ensure that residents were free from abuse for one of 8 residents reviewed (Resident 1)</p> <p>Findings include:</p> <p>The facility's policy regarding abuse and neglect, last revised November 2019, define abuse as infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse .</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated October 31, 2024, revealed Resident 1's brief interview for mental status (BIMS, used to identify cognitive impairment) of 15 out of 15 (cognition is intact).</p> <p>Review of Event number: 1045802, revealed Resident 1 was verbally abused by Employee 3 (E3) when Resident 1 attempted to enter the kitchen to offer help, due to believing the kitchen was short staffed.</p> <p>Review of facility investigation, dated October 26, 2024, revealed that E3 verbally abused Resident 1 at approximately 12:30 p.m. on October 26, 2024, when Resident 1 attempted to enter the Kitchen.</p> <p>Review of investigation statement 1 from Employee 4 (E4) stated The [E3] came out of the kitchen complaining at a [Resident 1] in the kitchen. [Resident 1] and [E3] are yelling back and forth. [E3] threatens, yells at the [Resident 1], that she will slap the shit out of her . She told the [Resident 1] she will get scraps. Told resident she will not receive a meal .</p> <p>Review of investigation statement 2, dated October 26, 2024, states While cleaning the service hallway [Resident 1] had walked back to volunteer to help the cooks, one of the cooks snapped and told [Resident 1] to leave, as she followed [Resident 1], [E3] argued with [Resident 1] and said You dirty whore, I'll slap the shit out of you .</p> <p>(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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of investigation statement 3, dated October 26, 2024, at 1:34 p.m. states At approximately 12:30 p.m. , [E3] opened the door to the hall and stated to me come get your resident, I don't need them back in the kitchen . I came out through the doors and observed [Resident 1] yelling and [E3] stated back I will come over there and slap the shit out of you and then proceeded to call her a dirty [NAME] . [Resident 1] stated I was only trying to help but you are probably eating it all for yourself . [E3] then stated, I don ' t eat this food, I save the scraps for you . Then stated, keep talking and you won't get a meal at all . I then told [Resident 1] to go upstairs, and the elevator was shutting and [E3] called her a dirty smelly bitch .</p> <p>Review of facility completed PB-22 (mandated report that is submitted when a resident is suspected of being a victim of abuse) dated October 28, 2024, substantiated Resident 1 was a victim of verbal abuse at the hands of E3. Additional review of the PB-22 revealed E3 was terminated and placed on the do not hire list.</p> <p>Thorough review of employee files for all 11 staff members in the Dietary Department confirmed that each individual had completed mandatory abuse training prior to their employment start date.</p> <p>An additional interview was conducted with R1 at 11:05 a.m., during which she confirmed that the incident described was the only instance of verbal abuse she experienced while residing at the Phoenix Center.</p> <p>An interview conducted with Resident 1 on November 21, 2024, at 10:23 a.m. reported E3 did verbally abuse her when she offered to staff in the kitchen. Resident 1 reports that she feels safe in the facility and did not suffer any harm form the incident. Resident 1 also reported that she turned down therapy services because the whole thing wasn't that big of a deal .</p> <p>Interview conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on November 21, 2024, at 11:45 a.m. confirmed the above.</p> <p>28 Pa. Code 211.10(d) Resident Care Policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		