

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 02/20/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>30934</p> <p>Based on observations, resident interviews and staff interview it was determined the facility failed to ensure a comfortable environment with temperatures below 71 degrees for one room. (Resident 1's room)</p> <p>Findings Include:</p> <p>Observations of Resident 1's room on February 20, 2025 at 9:15 a.m. revealed the resident laying in bed fully clothed with a blanket over them.</p> <p>Interview with Resdient 1 on February 20, 2025 at 9:15 a.m. revealed the heating unit for the room was not working. When it is turned on it will smoke and there is a smell of burning plastic and he was cold.</p> <p>Air temperature of the room recorded by the Nursing Home Administrator using an infrared thermometer gun on February 20, 2025 at 11:15 a.m. recorded a temperature of 68 degrees Fahrenheit.</p> <p>Interview with the Nursing Home Administrator confirmed that Resident 1's heating unit was not working, and she was made aware earlier that morning and that 68 degrees was an uncomfortable temperature in the room for the resident.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(3) (e)(3) Management.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility</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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