

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 04/22/2026
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 0910</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms meet each resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined that the facility failed to provide a clean environment for 15 of twenty-three residents located on the 3rd floor care unit. (Resident 1's, Resident 2's, Resident 3's, Resident 4's, Resident 5's, Resident 6's, Resident 7's, Resident 8's, Resident 9's, Resident 10's, Resident 11's. Resident 12's, Resident 13's, Resident 14's, and Resident 15's rooms)Findings Include:Observations made on April 22, 2026, between 10 a.m. and 12 p.m., of resident rooms on the 3rd floor care unit revealed Resident 1, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, Resident 10, Resident 11. Resident 12, Resident 13, Resident 14, and Resident 15 had window curtains that were soiled or had brown stains on them.Observations on April 22, 2026 at 10 a.m. made of Resident 1's room revealed wallpaper peeling off the wall behind bed B. Wallpaper was also observed missing on portions of the wall and behind both beds. Observation of Resident 2's shower on April 22, 2026 at 10:15 a.m. revealed a brown substance on the floor. During an interview with Resident 2 stated that staff flushes his/her roommates bed pan in the toilet and sometimes rinses the bedpan in the shower, leaving brown substances in the shower without cleaning and/or disinfecting the shower. Resident 2 stated he/she has not been able to use the shower because it has not been sanitized.Observations of the 3rd floor lounge area on April 22, 2026 at 11:45 a.m. revealed there were dark stains and paper debris on the carpet.Observations of the window curtains, wallpaper, shower and carpet were made with the Director of Nursing on April 22, 2025, at approximately 2:00 p.m. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 22, 2026, at 2:30 p.m., when the above information was presented, the NHA stated the resident residing in room [ROOM NUMBER]B never leaves the room making it difficult for maintenance to repair the wall. The DON confirmed the observations and stated sometimes residents eat lunch in the lounge area.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3) (e)(3) Management.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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