

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Pottstown Skilled Nursing and Rehabilitation Cente		STREET ADDRESS, CITY, STATE, ZIP CODE 724 North Charlotte St Pottstown, PA 19464	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physicians' orders for wound treatments were implemented for three of five sampled residents. (Residents 1, 2, 3) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included diabetes and kidney disease. On August 21, 2025, a physician ordered that staff clean the resident's pressure sore that was located on the second right toe with saline (wound cleaner) and apply one layer of Xeroform (sterile gauze to cover wounds) and an ABD (abdominal pad for large wounds), and wrap with a Kling (flexible bandage) every day on day shift and as needed. A review of Resident 1's Treatment Administration Record (TAR) revealed that there was no evidence that staff provided treatment on September 3, 9, and 10, 2025. Clinical record review revealed that Resident 2 had diagnoses that included hemiplegia and hemiparesis (paralysis on one side of the body) and hypertension (high blood pressure). On June 17, 2025, a physician ordered that staff apply amlactin (medicated skin lotion) to his left toes and foot in the morning to scaly skin to avoid heel wound. A review of Resident 2's TAR revealed that there was no evidence that staff administered the treatment on August 24, 25, 26, and 30, 2025, September 1, 5, 6, 10, and 11, 2025. Clinical record review revealed that Resident 3 had diagnoses that included heart failure and atrial fibrillation (abnormal heart rhythm). On August 28, 2025, a physician ordered that staff clean the resident's pressure sore that was located on the spine with saline, then dry, and cover with foam (wound dressing), and change every three days on day shift and as needed. A review of Resident 3's TAR revealed that there was no evidence that staff provided treatment on September 3 and 10, 2025. In an interview conducted on September 12 at 1:45 p.m., the Administrator confirmed that their was no evidence that the residents received wound treatments as ordered by the physician. 28 Pa. Code 211.12(d)(1)(5) Nursing 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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