

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 01/21/2026
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment on three of four nursing units and the beauty salon. (Second, Third, and Fourth Floors) Findings include: Observations on January 21, 2026, from 10:00 a.m. through 12:00 p.m., revealed the following environmental issues: In resident room [ROOM NUMBER] (bed A) there were areas of missing and peeling wallpaper above the resident's bed. In the hallway next to resident room [ROOM NUMBER], the wallpaper below the air conditioner unit had separated from the wall and bubbled along the length of the wall. There was some drywall exposed in this area. In the hallway next to the door to room [ROOM NUMBER] there is a dark mark on the wall. The ceiling adjacent to the air conditioner unit had several brown stains. In the hallway next to room [ROOM NUMBER] the ceiling tile was stained. Below the stained tile, the wallpaper was peeling and the exposed dry wall had a black substance on it. In resident room [ROOM NUMBER] (bed B) there was a ceiling tile that had five stains on it. In the hallway between resident rooms 421 to 423 on the wall there was a large area of wall that was stained black with dried liquid on the wall. In the hallway, the air conditioner unit next to room [ROOM NUMBER] had a black substance along the bottom of it with dried black drip marks from the unit. In the hallway next to the door of resident room [ROOM NUMBER], there was an area of a dark, dried liquid substance on the wall. The handrail next to this room below the air conditioner unit had a black substance that covered the length of the corner piece. In resident room [ROOM NUMBER] (bed A) there were ceiling tiles that had red stains on them and there was a red stain on the ceiling tile above bed B. In resident room [ROOM NUMBER] (bed B) the ceiling tile above the bed had a dark area on it. In the hallway, next to resident room [ROOM NUMBER], the air conditioner unit had a black substance below the water drainage cup connected to it. In the hallway between rooms [ROOM NUMBERS] there were black marks along the length of the wall. There was a pervasive musty odor throughout the hallway between rooms [ROOM NUMBERS] from 10:19 a.m. through 11:15 a.m. In the beauty salon there were black discolored areas on the wallpaper above the sink area and above the hair dryer chairs. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 395402	If continuation sheet Page 1 of 2

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 01/21/2026
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interview, it was determined that the facility failed to post accurate and current nurse staffing information. Findings include:During a tour of the facility conducted on January 21, 2026, at 9:14 a.m., the staffing information that was posted in the lobby was dated January 14, 2026. In an interview on January 21, 2026, at 2:15 p.m., the Director of Nursing confirmed that incorrect staffing data was posted. CFR 483.35(i)(2)(i) Nurse Staffing InformationPreviously cited 8/12/2528 Pa Code 201.18(b)(3) Management.</p>		