| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395402 | A. Building<br>B. Wing | 02/24/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Pottstown Skilled Nursing and Rehabilitation Cente | 724 North Charlotte St<br>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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide appropriate treatment and care according to orders, resident’s preferences and goals.<br><br>Based on clinical record review and staff interview, it was determined that the facility failed to implement physician's orders for one of six sampled residents. (Resident 1)Findings include: Clinical record review revealed that Resident 1 had diagnoses that included congestive heart failure, presence of a heart assist device, and atherosclerosis of coronary artery bypass graft(s). A review of physician's orders dated January 23 through 29, 2026, and the Treatment Administration Record for January 2026, revealed the following: Staff were to perform a self-test to ensure proper function of the left ventricular assist device (LVAD) every shift. There was no documented evidence that staff performed the self-test on two occasions. Staff were to record pump rate, pulse index, pump power, pump speed, and vital signs. Staff were to use a doppler to obtain mean blood pressure two times a day. There was no documented evidence that the rate, index, power, speed, vital signs, or mean blood pressure were obtained on six occasions. Staff were to ensure backup batteries were on charge at all times and verify placement every shift. There was no documented evidence that staff performed this task on two occasions. Staff were to monitor daily weights and notify the provider of changes greater than two pounds (lbs.) in one day or five lbs. in one week. There was no documented evidence that staff obtained the resident's weights on four occasions. Staff were to convert to batteries one time a day and at bedtime return to main power. There was no documented evidence that staff converted to batteries two occasions. Staff were to observe for signs and symptoms of driveline infection every shift. There was no documented evidence that staff observed for signs and symptoms of driveline infection on three occasions. Staff were to ensure that if the resident goes out of the building, the backup controller, two extra batteries, and two extra clips go out with the resident. On January 26, 2026, the resident was transferred to the hospital for a change in condition. There was no documented evidence that the resident was sent with the backup controller, two extra batteries, and two extra clips. In an interview on February 24, 2026, at 3:00 p.m., the Director of Nursing confirmed that there was no evidence that staff implemented the physician's orders as identified. 28 Pa. Code 211.12(d)(1)(5) Nursing services. |

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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