

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 07/13/2026
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)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that the facility failed to provide a safe, clean, and comfortable environment on three of four nursing units. (First, Second, and Fourth Floor) Findings include: Observations on July 13, 2026, from 10:30 a.m. through 12:00 p.m., revealed the following environmental issues: There was one chipped floor tile in the front center of the floor that created a rough, uneven surface in the left elevator car across from the first-floor nurses' station. In the central bathroom on the first floor, there was a hole in the wall to the right of the sink and there were black dried spots on the wall to the left of the sink. In the second-floor central bathroom next to room [ROOM NUMBER], the toilet had black stains on the seat surface and brown stains inside of it, the walls surrounding the toilet had dried gray and tan spots. The second shower stall had gray and black spots on the grout at the base and back corners of the walls. In the second-floor dining room, there were gray marks on the wall and walkway at the entrance. There were brown stains and a stained towel on the floor. There was a tiered cart that was stained with a brown substance on the center shelf and a balled-up fabric material in a hole on the cart where a shelf was missing. There was a brown cart that had dust on two shelves. In room [ROOM NUMBER], there were long, black, dark stains on the bathroom floor. In the fourth-floor central bath across from rooms [ROOM NUMBERS], there were black and brown dried liquid stains, a blue shoe, and an open unlabeled package of disposable wipes observed on the floor next to the toilet. By the tub, there were large dry brown stains on the floor. By the sink, there was a hospital gown on the floor, a gray wash basin with a bottle of lotion in it, and a rolled-up pair of tan socks sitting on a roller walker next to the sink. In the fourth-floor central bath across from room [ROOM NUMBER], there were two wash basins on the floor and chipped paint on the windowsill in the shower stall. There was an open bandage wrap, a black comb with white hair in it, an unpackaged urinary drainage bag, a teal brush with black hair in it on the windowsill. In the shower drain, there was gray hair partially covering the drain. By the toilet, there was a blue shirt, two black sneakers, and three unused pullups in the corner. In the fourth-floor hallway, between room [ROOM NUMBER] and the nurses' station, there were black dried liquid stains on the floor and the piece of wood molding on the middle portion of the wall outside of room [ROOM NUMBER] that was loose and lifting off the wall. In an interview on July 13, 2026, at 12:36 p.m., the Administrator acknowledged the environmental issues were present. CFR: 483.10(i) Safe, Clean, Comfortable, and Homelike Environment. Previously cited on January 21, 2026 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management.		

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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