

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Parkhouse Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Black Rock Road Royersford, PA 19468	

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 - Few</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 ensure a safe, clean, homelike, comfortable environment for one of twenty-seven rooms observed (room [ROOM NUMBER]). Findings include: Observations made on September 7, 2025, at 12:15 p.m., of 27 rooms on the 8th floor, revealed that one wall in room [ROOM NUMBER] had paint that was bubbled and peeling. Further observations revealed drywall that was cracked with pieces of drywall sitting on the windowsill. Observations were made of fraying fall mats on the 6th floor in rooms 601, 615, 616, 625, and 627. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON), on January 30, 2026, at 2:20 p.m. when the above was presented, the NHA stated she would investigate the matter. Resident Rights 483.10(i)(1)-(7)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395454	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Parkhouse Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Black Rock Road Royersford, PA 19468	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, it was determined that the facility failed to ensure food was stored in a clean, sanitary environment in the pantry of one of three floors observed (floor 8). Findings include: Observations of the 8th floor pantry revealed rust and brown stains on the outside and inside of the cabinets, brown stains on the countertop, and red and brown stains inside of the refrigerator and freezer. Observations revealed a coffee carafe with dried coffee at the bottom, a water-stained ice bucket and ice scoop was observed on the counter. Further review revealed rust on the coffee and ice machines, and calcium build-up on the ice machine, sink fixtures and inside the sink. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON), on January 30, 2026, at 2:20 p.m., when the above was presented, the NHA stated it was the responsibility of both dietary and housekeeping staff to clean the pantry. The NHA stated she would investigate the matter. Food and Nutrition Services 483.60(i)(1)(2)</p>		