

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 03/16/2026
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 - 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 and staff interview, it was determined that the facility failed to ensure a safe, clean, comfortable, and homelike environment for one of two units (North building Floor 8) Findings include: Observations on March 16, 2026, between 10:00 - 10:30 a.m. of the North building 8th floor (N8) revealed that the floor in front of the nursing station and the hallway was sticky. A visible spill was observed in the lounge area and in the doorway of room [ROOM NUMBER]. Multiple scraps of paper were observed on the floor in the lounge area and in the hallways. A sugar packet was observed on the floor in room [ROOM NUMBER] and a plastic lid and straw were on the floor in room [ROOM NUMBER]. A plastic glove was observed on the floor in the hallway. A dried, brown substance was observed on the floor in the room and bathroom of room [ROOM NUMBER]. Additionally, a dried, brown substance was observed on the toilet. A dried food substance was observed on the floor in rooms [ROOM NUMBERS]. A thermostat was observed in room [ROOM NUMBER] without a cover, with exposed wires visible. This information was presented to the Nursing Home Administrator and Director of Nursing on March 16, 2026, at 12:30 p.m. 483.10 Resident rights Previously cited 1/30/26, 7/28/2528 Pa. Code 201.18(e)(1)</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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