

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Sinking Spring Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3000 Windmill Road Sinking Spring, PA 19608	

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** 45244</p> <p>Based on observation, it was determined that the facility failed to ensure that a safe, clean, and comfortable environment was maintained on four of five nursing units. (Medbridge, Arcadia, Stations 2 and 3)</p> <p>Findings include:</p> <p>Observation of the Medbridge unit, on July 24, 2024, at 10:02 a.m., revealed a broken and rusted toilet seat in room [ROOM NUMBER]. There was also an accumulation of dirt and debris under the air conditioning unit in room [ROOM NUMBER]. In room [ROOM NUMBER], the bathroom light did not illuminate.</p> <p>Observations on the Arcadia unit, on July 24, 2024, at 10:10 a.m., revealed an accumulation of dirt and debris under the air conditioning unit in room [ROOM NUMBER].</p> <p>Observations on Station 2, on July 24, 2024, at 10:15 a.m., revealed Resident 3's wheelchair to have an accumulation of dirt and debris on the bars.</p> <p>Observations on Station 3, on July 24, 2024, at 10:25 a.m., revealed the bathroom floor linoleum lifting from the floor in room [ROOM NUMBER].</p> <p>28 Pa. Code 201.18(b)(1)(e)(2.1) 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
---	-------	-----------