STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395831	A. Building B. Wing	12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Schuylkill Center	1000 Schuylkill Manor Rd Pottsville, PA 17901

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48108 Based on clinical record review and resident and staff interviews, it was determined that the facility failed to provide services to maintain adequate grooming and hygiene for five of 11 sampled residents who required assistance with activities of daily living (ADLs). (Residents 1, 4, 5, 6, and 8) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included diabetes mellitus with diabetic neuropathy, and acquired absence of the right leg above the knee. Review of the resident's care plan and clinical record revealed they required assistance with bathing/showering due to their physical condition and were scheduled for showers on Monday and Thursday. There was a lack of documentation that a shower was provided on November 4, 11, and 25, 2024. In an interview on December 2, 2024, at 10:30 a.m., Resident 1 stated they had not refused a shower on those dates. Clinical record review revealed that Resident 4 was admitted to the facility on [DATE], with diagnoses that included personal history of ischemic attack, cerebral infarction, adult failure to thrive, and diabetes mellitus. Review of the resident's care plan and clinical record revealed they required assistance with bathing/showering due to their physical condition and were scheduled for showers on Tuesday and Friday. There was a lack of documentation that a shower was provided on November 8 and 26, 2024. In an interview on December 2, 2024, at 11:00 a.m., Resident 4 stated they had not refused a shower on those dates. Clinical record review revealed that Resident 5 was admitted to the facility on [DATE], with diagnoses that included acute chronic diastolic (congestive) heart failure, difficulty walking, and weakness. Review of the resident's care plan and clinical record revealed they required assistance with bathing/showering due to their physical condition and were scheduled for showers on Wednesday and Saturday. There was a lack of documentation that a shower was provided on November 9, 23, and 27, 2024. In an interview on December 2, 2024, at 1:05 p.m., Resident 5 stated they had not refused a shower on those dates. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Clinical record review revealed that Resident 6 was admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis following cerebral infarction, and diabetes mellitus. Review of the resident's care plan and clinical record revealed they required assistance with bathing/showering due to their physical condition and were scheduled for showers on Wednesday and Sunday. There was a lack of documentation that a shower was provided on November 3, 6, 10, 24, and 27, 2024. In an interview on December 2, 2024, at 11:25 a.m., Resident 6 stated they had not refused a shower on those dates. Clinical record review revealed that Resident 8 was admitted to the facility on [DATE], with diagnoses that included hypertensive heart disease with heart failure, abnormalities of gait and mobility and weakness. Review of the resident's care plan and clinical record revealed they required assistance with bathing/showering due to their physical condition and were scheduled for showers on Tuesday and Friday. There was a lack of documentation that a shower was provided on November 8, 2024. In an interview on December 2, 2024 at 2:05 p.m., Resident 8 stated they had not refused a shower on that date. In an interview on December 2, 2024, at 2:30 p.m., the Administrator and Director of Nursing stated that the residents should have been offered showers on the scheduled dates. CFR 483.10(a) Resident Rights. Previously cited 8/25/24 28 Pa. Code 211.12(d)(1)(5) Nursing services.