

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395831	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Schuylkill Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on policy review, clinical record review, staff interview, and a review of facility documentation, it was determined that the facility failed to keep one of three sampled residents free from neglect. (Resident 1)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, last reviewed January 17, 2025, revealed that it was facility policy to protect all residents from abuse and neglect.</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility with diagnoses that included heart and kidney disease. On February 24, 2025, staff noted that the resident was cognitively impaired, had difficulty communicating her needs, was dependent on staff for mobility, and was unable to use a toilet. According to the care plan, date February 25, 2025, the resident was at risk for developing pressure sores, and staff was to turn and reposition her every two hours. On February 26, 2025, a nurse noted that the resident was placed on a bedpan at approximately 2:30 p.m., and was not assisted off the bedpan until approximately 7:00 p.m. At 7:15 p.m., a nurse assessed the resident and noted a ring-shaped stage 1 pressure sore the size of a bedpan (45 centimeters in diameter) on the resident's buttocks where she was in contact with the bedpan. According to the statement of the evening shift aide (NA 2), she was informed of the resident's care needs, however she failed to assist the resident off the bedpan in a timely manner. In an interview on February 28, 2025, at 9:45 a.m., the Director of Nursing confirmed that NA 2 failed to provide care to Resident 1.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</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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