

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 09/06/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on clinical record review, staff interview, and a review of facility documentation, it was determined that the facility failed to properly use adequate supervision to prevent a fall for one of four sampled residents. (Resident 1) Findings include: Review of facility competency training records revealed that when facility staff use a mechanical lift such as a sit to stand lift, two staff members must always be present. Staff also should not ask a resident to stand for a prolonged time, such as when providing care for incontinence. Clinical record review revealed that Resident 1 had diagnoses that included chronic obstructive pulmonary disease (COPD) and a history of a stroke resulting in weakness on one side. According to the Minimum Data Set assessment, Resident 1 was dependent on staff for toileting and hygiene and was frequently incontinent of bowel and bladder. According to the comprehensive plan of care, the facility identified that the resident was at risk for falls, and that staff was to use a sit to stand mechanical lift with two persons to assist the resident with transfers from one surface to another. On September 1, 2025, at 6:30 p.m., a nurse noted that Resident 1 slid out of [the] sit to stand and fell. Review of the facility investigation into the incident revealed that the aides were providing incontinent care at the time of the fall and that one of the staff members left the room when he fell. In an interview on September 6, 2025, at 11:50 a.m., the Director of Nursing confirmed that the staff were not following facility safety procedures by using the lift while cleaning the resident and by leaving the resident with a lone staff person for any period of time. CFR 483.25(d) Accidents Previously cited 6/11/25 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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