

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Sanatoga Center		STREET ADDRESS, CITY, STATE, ZIP CODE 225 Evergreen Road Pottstown, PA 19464	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to follow physician orders for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], and had diagnoses that included hepatorenal syndrome (progressive kidney failure caused by severe liver damage), and cirrhosis of the liver (severe scarring of the liver). Review of Resident 1's hospital discharge instructions dated May 9, 2024, revealed R1 was to receive Rifaximin (an antibiotic used to lower the risk of a decline in brain function in adults with liver failure) two times a day. On May 10, 2024, the physician ordered for Resident 1 to receive Rifaximin two times a day. There was no documented evidence that Resident 1 had received the Rifaximin as ordered by the physician until May 18, 2024, when the medication was brought in by family.</p> <p>In an interview on May 28, 2024 at 1:54 p.m., the Nursing Home Administrator confirmed that Resident 1 did not receive the ordered Rifaximin in a timely manner.</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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