

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 06/08/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to notify the resident's physician and responsible party of changes in condition for one of nine sampled residents. (Resident CL1)</p> <p>Findings include:</p> <p>A review of the facility policy entitled, Notification of Change in Condition, revealed that staff were to notify the physician and resident representative immediately if there was a change in condition.</p> <p>Clinical record review revealed that Resident CL1 was admitted to the facility on [DATE], with diagnoses that included metabolic encephalopathy (brain dysfunction) and repeated falls. On May 28, 2024, a nurse noted a reddened moisture associated skin dermatitis to Resident CL1's sacrum. There was no documented evidence that Resident CL1's physician and resident representative were made aware of the change in condition.</p> <p>In an on June 8, 2024, at 1:41 p.m., the Registered Nurse Supervisor (RN 1) confirmed there was no evidence that Resident CL1's physician and resident representative were notified of the change in condition.</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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