

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/16/2026
NAME OF PROVIDER OR SUPPLIER Norriton Square Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Pine Street Norristown, PA 19401	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and staff interview, it was determined that the facility failed to follow acceptable infection control practices related to care and maintenance of bedside commode in one of two nursing floors. (Second floor) Findings include: Observations on March 16, 2026, at 11:35 a.m. on the Second floor in room [ROOM NUMBER] revealed the nurse aide, Employee E4 demonstrated how to empty the bedside commode. Employee E4 lifted out the urine collection basin and removed an unlabeled grey plastic bag from the commode which was dripping a reddish colored liquid. Employee E4 put the bag into the urine collection basin and went into the resident's bathroom. Nurse aide, Employee E4 took the bag out of the basin and put it into the resident's trash can in the bathroom and dumped the liquid into the toilet. Employee E4 then went to the hand sink in the bathroom and put the basin under the faucet and turned on the water filling the basin about halfway. Employee E4 then went back to the toilet and dumped this water into the toilet and flushed the toilet. Employee E4 then put the basin back into the commode without a bag stating that she would have to get another bag. Employee E4 then took off her gloves, washed her hands and took the plastic can liner out of the trash can in the bathroom, dropping a glove on the floor and was exiting the room when asked about leaving the glove on the floor she returned picked up the dirty glove with her bare hands and put it into the trash bag and went to the soiled utility room, disposed of the bag into the large trash can, washed her hands and went to look for a bag for the commode. Interview with the Unit Manager, Employee E3, on March 16, 2026, at 11:50 a.m. revealed that the nurse aide should have put the basin and anything else in the commode into a red biohazard bag and carried it all into the soiled utility room. Then she should have dumped the waste into the wall mounted service sink and used the spray hose to clean out the basin and use soap to clean the basin and rinse it and put it into a clean biohazard bag and place both into the commode. Interview with the Infection Preventionist, Employee E2, on March 16, 2026, at 11:50 a.m. confirmed that nurse aide, Employee E4 should not have taken the urine collection basin into the resident's bathroom, she should not have used the resident's sink or put the contents into the resident's trash can. Employee E2 stated that the nurse aide should have put all the soiled contents of the bedside commode into a red biohazard bag and took it to the soiled utility room as the Unit Manager stated. Interview with the Nursing Home Administrator on March 16, 2026, at 12:15 p.m. confirmed that nurse aide, Employee E4 did not follow facility infection control procedures. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12(d)(1) 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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