

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395284</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER: <b>PHOENIX CENTER FOR REHABILITATION AND NURSING, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>833 SOUTH MAIN STREET PHOENIXVILLE, PA 19460</b>
STATE LICENSE NUMBER: <b>160702</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0580 SS=D	Review of information submitted by the facility and findings of an Abbreviated Complaint Survey completed on December 17, 2024, at Phoenix Center for Rehabilitation and Nursing, identified deficient practice, related to the reported complaint allegations, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	F 0580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0580  SS=D	Continued from page 1  483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	. D.O.N. / A.D.O.N. will provide education to nurses re policy of notification of change of condition and also use of INTERACT Tools for Change of Condition by 9-13-24. 2. D.O.N. / A.D.O.N. will provide education to nurses to enter all vital signs in Vital Signs tab instead of just nursing notes so that alerts for changes in condition are active by 9/13/14.  3. Clinical team will audit all changes in condition during clinical meeting by 9/1/24.  4. D.O.N. will develop a change in condition checklist that includes notifying responsible parties for each change of condition. Checklist to be completed at time of change.  4. D.O.N. will audit weekly for 4 weeks, then biweekly for one month, then monthly, with results reported to QAPI and to Regional Leadership Team.	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>

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F 0580  SS=D	Continued from page 2  section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).  §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).  This REQUIREMENT is not met as evidenced by:	F 0580		

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F 0580  SS=D	Continued from page 3  Based on clinical record review and staff interview, it was determined that the facility failed to immediately notify the resident's representative of an accident involving the resident which resulted in an injury for one of three residents reviewed (Resident R1).  Findings include:  Review of facility policy "Change in a Resident's Condition or Status", revised December 2016, revealed that "our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status". "Unless otherwise instructed by the resident, a nurse will notify the resident's representative when the resident is involved in any accident or incident that results in an injury including injuries of an unknown source. Except in medical emergencies, notifications will be made within twenty-four hours of a change occurring in the resident's medical/mental condition or status."	F 0580		

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F 0580  SS=D	Continued from page 4  Review of Resident 1's progress note of November 24, 2024, written at 1:47 a.m. revealed that the resident was found on the right side on the floor next to the bed with a pool of blood on the floor at the resident's head and on the resident's hands. The resident was assessed and assisted to bed. A contusion on the right mid forehead with a laceration was noted. The area was cleansed and continued to bleed. Vital signs were taken and 911 called. "Resident out to ed (emergency department) at approx (approximately) 0115 (1:15 a.m.) md aware, will call son in am and wait report from hospital".  Review of additional progress note of November 24, 2024, written at 5:33 a.m. revealed that "son is aware of fall and hospitalization".  Interview with the Director of Nursing on December 17, at 1:10 p.m. revealed that the resident's representative was not notified immediately of the resident's fall and hospitalization.	F 0580		

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F 0580  SS=D	Continued from page 5  28 Pa. Code: 211.5(f) Clinical records Previously cited 11/21/24, 8/22/24  28 Pa. Code 211.10(d) Resident Care Policies Previously cited 11/21/24  28 Pa. Code: 211.12(d)(1)(5) Nursing services Previously cited 11/21/24, 8/22/24	F 0580		

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P 5520	Nursing services.  (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.  This REGULATION is not met as evidenced by:	P 5520	<ol style="list-style-type: none"> <li>1. Scheduler will continue to schedule sufficient staffing for shift.</li> <li>2. If a call off occurs, Scheduler or Shift Supervisor will check to see who can stay late or come in early and also post shift(s) with agency.</li> <li>3. If aide position cannot be filled in time, Schedule or Shift Supervisor will check to see if any nurses can stay late or come in early and will adjust staffing sheet to indicate any hours a nurse may have filled in as an aide.</li> <li>4. Facility will continue to work on staff recruitment and retention as identified in our Facility Assessment.</li> <li>5. Facility is participating in a job fair on 10/30/2024 to recruit more staff.</li> <li>6. Facility will schedule additional staffing through staffing resources available to the facility.</li> </ol>	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>
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P 5520	Continued from page 1  Based on review of nursing time schedules and interviews with staff it was determined that the facility failed to provide a minimum of one nurse aide per 10 residents during the day on four of seven days for one week of staffing reviewed (Week of December 8, 2024).  Findings include:  Review of the staffing for the week of December 8, 2024, revealed the following dates did not meet the minimum requirement for nurse aide staffing ratios during the day:  December 10, 12, 13, and 14, 2024.  Interview with the Nursing Home Administrator on December 17, 2024, at 1:45 p.m. confirmed that the nurse aide ratio was not met on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 2  Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	<ol style="list-style-type: none"> <li>Scheduler will continue to schedule sufficient staffing for shift.</li> <li>If a call off occurs, Scheduler or Shift Supervisor will check to see who can stay late or come in early and also post shift(s) with agency.</li> <li>If aide position cannot be filled in time, Schedule or Shift Supervisor will check to see if any nurses can stay late or come in early and will adjust staffing sheet to indicate any hours a nurse may have filled in as an aide.</li> <li>Facility will continue to work on staff recruitment and retention as identified in our Facility Assessment.</li> <li>Facility is participating in a job fair on 10/30/2024 to recruit more staff.</li> <li>Facility will schedule additional staffing through staffing resources available to the facility.</li> </ol>	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>

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P 5530	Continued from page 3  Based on review of facility staffing data and interview with staff, it was determined that the facility failed to ensure a minimum of one licensed practical nurse (LPN) per 25 residents on day shift and one LPN per 30 residents on evening shift and one LPN per 40 residents overnight on six occasions for the week of December 8, 2024.  Findings include:  Review of the week of December 8, 2024, revealed the following dates on day shift did not meet the requirement of one LPN per 25 residents on day shift:  December 8, 10, 11, and 13, 2024.  Review of the week of December 8, 2024, revealed the following date on evening shift did not meet the requirement of one LPN per 30 residents on evening shift:  December 13, 2024.	P 5530		

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P 5530	Continued from page 4  Review of the week of December 8, 2024, revealed the following dates on night shift did not meet the requirement of one LPN per 40 residents overnight:  December 14, 2024  Interview with the Nursing Home Administrator on December 17, 2024, at 1:45 p.m. confirmed that the staffing ratio for LPNs were not met on the above dates.	P 5530		
P 5640		P 5640		

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P 5640	Continued from page 5  Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	<ol style="list-style-type: none"> <li>Scheduler will continue to schedule sufficient staffing for shift.</li> <li>If a call off occurs, Scheduler or Shift Supervisor will check to see who can stay late or come in early and also post shift(s) with agency.</li> <li>If aide position cannot be filled in time, Schedule or Shift Supervisor will check to see if any nurses can stay late or come in early and will adjust staffing sheet to indicate any hours a nurse may have filled in as an aide.</li> <li>Facility will continue to work on staff recruitment and retention as identified in our Facility Assessment.</li> <li>Facility is participating in a job fair on 10/30/2024 to recruit more staff.</li> <li>Facility will schedule additional staffing through staffing resources available to the facility.</li> </ol>	Completion Date: <b>01/31/2025</b> Status: <b>APPROVED</b> Date: <b>01/23/2025</b>

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P 5640	Continued from page 6  Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure the total number of nursing care hours provided in each 24-hour period met the required minimum of 3.20 hours of direct care per resident for seven of seven days for the week beginning December 8, 2024.  Findings include:  Review of nursing staffing documents for the December 8-14, 2024, revealed the following per patient day (PPD) hours:  December 8, 2024 - 3.13 PPD  December 9, 2024- 3.16 PPD  December 10, 2024- 3.08 PPD  December 11, 2024- 3.12 PPD	P 5640		

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P 5640	Continued from page 7  December 12, 2024- 3.12 PPD  December 13, 2024 - 3.08 PPD  December 14, 2024- 3.04 PPD  An interview with the Nursing Home Administrator on December 17, 2024, at 1:45 p.m. confirmed that the facility failed to meet the required hours of direct resident care on the above dates.	P 5640		



# Certified End Page

**PHOENIX CENTER FOR REHABILITATION AND NURSING, THE**  
**STATE LICENSE NUMBER: 160702**  
**SURVEY EXIT DATE: 12/31/2024**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania**  
**Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY