

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>03/20/2025</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>	

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F 0000	INITIAL COMMENT	F 0000		
F 0880 SS=D	Findings of an Abbreviated Complaint Survey completed on March 20, 2025, 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 0880		

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 0880  SS=D	Continued from page 1  483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 0880	POC- complaint survey 3/20/25  1. No residents were affected by the practice 2. DON/designee will audit facility to determine which residents could be potentially affected 3. DON/ADON will educate staff on EBP and EBP Policy will be posted at nursing station. 4. ADON/ designee will round daily for four weeks then weekly thereafter to ensure enhance barrier precaution signs are hung and visible where necessary, any findings will be presented in QAPI 5. Corrective action will be completed by 4/4/2025	Completion Date: <b>04/04/2025</b> Status: <b>APPROVED</b> Date: <b>04/06/2025</b>

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F 0880  SS=D	<p>Continued from page 2</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 0880		

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F 0880  SS=D	Continued from page 4  Based on observations, clinical record reviews, and staff interviews, it was determined the facility failed to ensure Enhanced Barrier Precautions were in place for residents requiring enhanced barrier precautions for two of three residents reviewed (Resident 2, and Resident 3).  Findings include:  Review of the facility's policy titled "Enhanced Barrier Precautions" dated April 1, 2024, documents it is the policy of the facility to follow state and federal guidelines to minimize the spread of Multidrug Resistant Organisms (MDROs) by implementing effective Personal Protective Equipment (PPE) usage.  Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organism that employs targeted gown and glove use during high contact resident care activities.	F 0880		

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F 0880  SS=D	Continued from page 5  EBP are indicated for residents with any of the following: *Wounds or indwelling medical devices, regardless of MDRO colonization status. *Infection or colonization with an MDRO when contact precautions do not otherwise apply.  Per facility policy effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.  Clinical records review revealed Resident 2 had an unstageable (full thickness) sacrum (Bone at the base of the spine) pressure ulcer.  Observation conducted of Resident 2's room failed to reveal evidence of EBP signage/communication.  Clinical records review revealed Resident 3 had an unstageable (full thickness) sacrum pressure ulcer.  Further clinical records review revealed Resident 3	F 0880		

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F 0880  SS=D	Continued from page 6  has a percutaneous endoscopic gastrostomy (PEG) (a tube used to receive nutrition through the stomach).  Observation conducted of Resident 3's room failed to reveal evidence of EBP signage/communication.  Interview with the Director of Nursing, Nursing Home Administrator, March 20, 2025, at 12:55 p.m. where it was confirmed that the EBP process was not followed for Resident 2 and Resident 3.  28 Pa. Code 201.18(b)(1) Management  28 Pa. Code 211.12(d)(1)(3)(5) Nursing services	F 0880		



# Certified End Page

**PHOENIX CENTER FOR REHABILITATION AND NURSING, THE**  
**STATE LICENSE NUMBER: 160702**  
**SURVEY EXIT DATE: 03/20/2025**

**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