

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395402</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>08/12/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>POTTSTOWN SKILLED NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>724 NORTH CHARLOTTE STREET POTTSTOWN, PA 19464</b>		
STATE LICENSE NUMBER: <b>380402</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 0732	Based on an Abbreviated Survey in response to a complaint completed on August 12, 2025, it was determined that Pottstown Skilled Nursing and Rehabilitation Center has a deficiency that has the potential for minimal harm to residents as related to 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 0732		
SS=C				

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 0732  SS=C	Continued from page 1  483.35(i)(1)-(4) Posted Nurse Staffing Information  §483.35(i) Nurse Staffing Information. §483.35(i)(1) Data requirements. The facility must post the following information on a daily basis:  (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census.  §483.35(i)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (i)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents, staff, and visitors.  §483.35(i)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.	F 0732	1. & 2. The current and accurate nurse staffing information was posted immediately for 8/12/2025.  3. The DON and scheduler were educated on the regulatory requirement for posting current and accurate staffing information including the facility name, current date, total number and actual hours worked by RNs, LPNs, CNAs and the census by shift.  4. To ensure continued compliance, the NHA/designee will complete daily audits X 4 weeks, weekly audits X 2 weeks and monthly audits X 1 month.  5. Date of compliance is 8/15/2025.	Completion Date: <b>08/15/2025</b> Status: <b>APPROVED</b> Date: <b>08/21/2025</b>

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F 0732  SS=C	Continued from page 2  §483.35(i)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.  This REQUIREMENT is not met as evidenced by:	F 0732		

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F 0732  SS=C	Continued from page 3  Based on observation and staff interview, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility at the beginning of each shift.  Findings include:  Observation on August 12, 2025, at 11:00 a.m., revealed that nurse staffing information was posted in the main lobby at the entrance to the facility. At that time, the nurse staffing information had the incorrect date and resident census, and the staffing hours did not accurately reflect the current total number of hours worked for licensed and unlicensed nursing staff directly responsible for resident care per shift.  In an interview on August 12, 2025, at 1:20 p.m., the Administrator confirmed that the nurse staffing information did not accurately reflect current and accurate information for staffing hours and the census for August 12, 2025.  201.18(b)(3) Management.	F 0732		



# Certified End Page

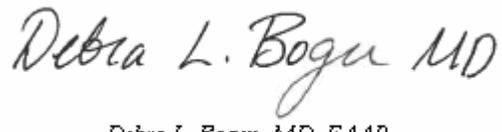
**POTTSTOWN SKILLED NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 380402**

**SURVEY EXIT DATE: 08/12/2025**

**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