

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395904</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>03/21/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>SANATOGA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 EVERGREEN ROAD POTTSTOWN, PA 19464</b>		
STATE LICENSE NUMBER: <b>233702</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  Based on an Abbreviated survey in response to a complaint completed on March 21, 2025, at Sanatoga Center, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care; however, the facility was not in compliance with the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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P 5520	<p>Nursing services.</p> <p>(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.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>All residents received care in accordance with their plan of care and attending physician order</p> <p>The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. The facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff.</p> <p>All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted.</p> <p>To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months.</p> <p>Results will be taken to the QAPI for review and revision as needed.</p>	<p>Completion Date: <b>05/06/2025</b> Status: <b>APPROVED</b> Date: <b>03/28/2025</b></p>
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P 5520	Continued from page 1  Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for 11 of 21 days reviewed.  Findings include:  Review of nursing schedules for 21 days from February 28 through March 20, 2025, revealed the following:  The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on March 1, 2, 8, 14, 15, 16, 18, and 20, 2025.  The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on February 28, 2025, and March 2, 3, 14, 17, and 20, 2025.  The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night	P 5520		

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P 5520	Continued from page 2  shift (11:00 p.m. to 7:00 a.m.) on March 3 and 14, 2025.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 3  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	All residents received care in accordance with their plan of care and attending physician order. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. The facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff.  All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted.  To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months.  Results will be taken to the QAPI for	Completion Date: <b>05/06/2025</b> Status: <b>APPROVED</b> Date: <b>03/28/2025</b>

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P 5640	Continued from page 4	P 5640	review and revision as needed.		

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P 5640	Continued from page 5  Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for 11 of 21 days reviewed.  Findings include:  Review of nursing schedules for 21 days from February 28 through March 20, 2025, revealed the following total nursing care hours below minimum requirements:  February 28, 2025: 2.91 care hours per resident. March 1, 2025: 3.04 care hours per resident. March 2, 2025: 2.75 care hours per resident. March 3, 2025: 2.85 care hours per resident. March 6, 2025: 3.04 care hours per resident. March 9, 2025: 3.17 care hours per resident. March 13, 2025: 3.10 care hours per resident. March 14, 2025: 2.51 care hours per resident. March 15, 2025: 3.03 care hours per resident. March 17, 2025: 3.01 care hours per resident. March 20, 2025: 3.18 care hours per resident.	P 5640		



# Certified End Page

**SANATOGA CENTER**

**STATE LICENSE NUMBER: 233702**

**SURVEY EXIT DATE: 03/21/2025**

**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