

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/27/2024
NAME OF PROVIDER OR SUPPLIER  West Reading Skilled Nursing and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 425 Buttonwood Street West Reading, PA 19611	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>43883</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to notify a resident's responsible party of a change in treatment for one of four sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Review of a facility policy entitled, Change in Condition: Notification of, last reviewed July 1, 2024, revealed that the center must immediately notify the resident's representative where there was a need to alter treatment significantly, which included commencement of a new form of treatment.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included respiratory failure, mild cognitive impairment, pulmonary disease, and anxiety disorder. On September 23, 2024, the nurse practitioner noted that the resident had increased shortness of breath (SOB), congestion, and wheezing, as well as SOB and fatigue at rest. The condition had not resolved with prior treatment. Review of a physician's order dated September 24, 2024, directed staff to administer azithromycin (an antibiotic) daily for five days. There was no evidence that staff notified the resident's responsible party of the change to the resident's treatment plan.</p> <p>In interviews on September 27, 2024, at 11:32 a.m. and 11:57 a.m., the Director of Nursing confirmed that the resident's responsible party should have been notified and that there was no evidence that staff notified the responsible party of the new medication.</p> <p>28 Pa. Code 211.12(d)(1)(5) 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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