

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 02/18/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observations, and resident and staff interviews, it was determined that the facility failed to provide care and services in a manner that maintained each resident's dignity and preferences to promote quality of care for four of seven sampled residents. (Residents 1, 2, 3, 4)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included major depressive disorder and hyperlipidemia. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was not cognitively impaired. A review of the care plan revealed that the resident had an activities of daily living, (ADL), care deficit related to cognitive deficits and the intervention was for staff to assist with hygiene and grooming.</p> <p>Review of the shower/bathing documentation revealed that the preferred shower schedule was on Mondays and Thursdays during the day shift. Review of the shower documentation between January 2, 2025, through February 17, 2025, revealed that there were twelve occasions where there was no documentation to support that the resident received assistance with a shower.</p> <p>In an interview on February 18, 2025, at 11:15 a.m., Resident 1 stated that he has not had consistent showers as he preferred in the last two months. He further stated that, at times he refused a shower because the water in the shower was too cold. In addition, he stated that the staff did not even offer to help him to another floor in order to get a shower where the water was warmer.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included a stroke with left sided hemiplegia, anxiety and post traumatic stress disorder. The MDS assessment dated [DATE], indicated that the resident was not cognitively impaired and required minimal assistance with bathing. A review of the care plan revealed that the resident had an ADL care deficit related to physical limitations and the intervention was for staff to assist with bath/shower as needed and to assist with daily hygiene and grooming.</p> <p>Review of the shower/bathing documentation revealed that the preferred shower schedule was on Wednesdays and Saturdays on the evening, (3:00 p.m., to 11:00 p.m.), shift. Review of the shower documentation between January 4, 2025, through February 15, 2025, revealed that there were three occasions where there was no documentation to support that the resident received assistance with a shower.</p> <p>(continued on next page)</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on February 18, 2025, at 11:00 a.m., Resident 2 stated that the water in the shower room and in the resident rooms was almost always cold and that was why he often refused to have a shower if the staff even offered assistance to the shower room. He further stated that he had not consistently received his shower as per his preferred shower schedule in over a month. He also stated that at this time, his hair was too long and that no one had offered to cut his hair or schedule an appointment to get his hair cut.</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included diabetes and adjustment disorder. The MDS assessment dated [DATE], indicated that the resident was not cognitively impaired and that he required moderate assistance with bathing. A review of the care plan revealed that the resident was at risk for adjustment issues related to a decline in coping skills and the intervention was for staff to provide the resident with opportunities for choices during care. On January 7, 2025, a nurse documented that he was alert and oriented and able to make his needs known to staff.</p> <p>Review of the shower/bathing documentation revealed that the preferred shower schedule was on Tuesdays and Fridays during the day. Review of the shower documentation between December 20, 2024, through February 14, 2025, revealed that there were four occasions where there was no documentation to support that that the resident received assistance with a shower.</p> <p>In an interview on February 18, 2025, at 11:35 a.m., Resident 3 stated that he had not received his showers or assistance with his personal hygiene. He further stated that at times, he refused a shower because the water was too cold in the shower room.</p> <p>Clinical record review revealed that Resident 4 had a diagnosis of a stroke with hemiplegia on his left side. The</p> <p>MDS assessment dated [DATE], indicated that he had mild cognitive impairment and was dependent on staff for bathing/grooming. A review of the care plan revealed that he had an ADL care deficit related to physical limitations due to a stroke and the intervention was for staff to assist daily with hygiene and grooming.</p> <p>Review of the shower/bathing documentation revealed that the preferred shower schedule was on Mondays and Thursdays on the day shift. Review of the shower documentation between December 19, 2024, through February 13, 2025, revealed that there were seven occasions where there was no documentation to support that the resident received assistance with a shower.</p> <p>On February 18, 2025, at 11:44 a.m., the resident was observed dressed and noted with stubble on his face and under his nose revealing growth of a beard and moustache. In an interview on February 18, 2025, at 11:45 a.m., the resident stated that he preferred not to have a beard or a mustache and that he preferred to be shaved.</p> <p>In two confidential interviews with nursing staff on February 18, 2025, between 11:00 a.m., and 12:00 p.m., they stated that the water in the shower rooms was often cold. In addition, they stated that the water in resident rooms was cold at times which made it difficult to complete resident ADL care in a dignified manner.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on February 18, 2025, at 10:40 a.m., the Administrator and the Director of Nursing stated that there had been issues on the fourth floor nursing unit with the water temperature in the shower room and resident rooms and that due to the issues, showers and hygiene were not being provided to the residents as they preferred on a consistent basis.</p> <p>28 Pa.Code 201.29(j) Resident rights.</p> <p>28 Pa.Code 211.12(d)(1)(5) Nursing services.</p>		