STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395351	A. Building B. Wing	05/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Reading Skilled Nursing and Rehabilitation Ce	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, and staff interview, it was determined that the facility failed to provide care and services to maintain activities of daily living (showering) for five of 11 sampled residents. (Residents 2, 5, 8, 9, 11)Findings include:Clinical record review revealed that Resident 2 had diagnoses that included diabetes mellitus and heart failure. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident had no cognitive impairment, and required assistance from staff for showers and personal hygiene. Review of facility documentation revealed that the resident was to receive a shower on Tuesdays and Fridays. In an interview on May 2, 2026, at 10:03 a.m., Resident 2 denied refusing any showers and stated that he was told that there aren't enough aides to provide showers. A review of the clinical record for the past 30 days revealed no documented evidence that Resident 2 received, was offered, or refused a shower on April 3, 7, or 28, 2026. Clinical record review revealed that Resident 5 had diagnoses that included a history of strokes and muscle wasting. A review of the MDS assessment dated [DATE], revealed that the resident had a minor cognitive impairment, and required substantial assistance from staff for showers and personal hygiene. Review of facility documentation revealed that the resident was to receive a shower on Mondays and Thursdays. In an interview on May 2, 2026, at 11:03 a.m., Resident 5 denied refusing any showers and stated that she was told that there aren't enough aides to provide showers. A review of the clinical record for the past 30 days revealed no documented evidence that Resident 5 received, was offered, or refused a shower on April 2, or 20, 2026. Clinical record review revealed that Resident 8 had both legs amputated below the knees, and diagnoses that included diabetes mellitus and muscle wasting. A review of the MDS assessment dated [DATE], revealed that the resident had no cognitive impairment, and required substantial assistance from staff for showers and personal hygiene. Review of facility documentation revealed that the resident was to receive a shower on Mondays and Thursdays. In an interview on May 2, 2026, at 09:00 a.m., Resident 8 denied refusing any showers and stated that he was told that there aren't enough aides to provide showers. A review of the clinical record for the past 30 days revealed no documented evidence that Resident 8 received, was offered, or refused a shower on April 14, 24, 28, 2026, or May 1, 2026. Clinical record review revealed that Resident 9 had diagnoses that included a history of strokes and Epilepsy. A review of the MDS assessment dated [DATE], revealed that the resident had no cognitive impairment, and required assistance from staff for showers and personal hygiene. Review of facility documentation revealed that the resident was to receive a shower on Mondays and Thursdays. In an interview on May 2, 2026, at 11:23 a.m., Resident 9 denied refusing any showers and stated that he was told that there aren't enough aides to provide showers. A review of the clinical record for the past 30 days revealed no documented evidence that Resident 9 received, was offered, or refused a shower on April 2, or 27, 2026. Clinical record review revealed that Resident 11 had diagnoses that included a history of strokes and muscle wasting. A review of the MDS assessment dated [DATE], revealed that the resident had a minor cognitive impairment, and required substantial assistance from staff for showers and personal hygiene. Review of facility documentation revealed that the resident was to receive a shower on Tuesdays and Fridays. In an interview on May 2, 2026, at 09:40 a.m., (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 11 denied refusing any showers and stated that he was told that there aren't enough aides to provide showers. A review of the clinical record for the past 30 days revealed no documented evidence that Resident 11 received, was offered, or refused a shower on April 3, or 7, 2026. In an interview on May 2, 2026, at 1:25 p.m., the Director of Nursing confirmed that there was no documented evidence that the facility provided showers on the scheduled dates for the residents listed above.28 Pa. Code 211.12(d)(1)(5) Nursing services.