

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395577	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Premier Washington Rehabilitation and Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 36 Old Hickory Ridge Rd Washington, PA 15301	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>31343</p> <p>Based on observations, resident and resident family interviews and staff interviews, it was determined that the facility failed to maintain a clean, homelike environment on five of six nursing units (1 South, 1 West, 2 South, 3 South and 3 East nursing units). Failed to provide a clean, comfortable, homelike environment for 33 of 52 residents (R1, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36 and R37).</p> <p>Findings include:</p> <p>During an observation on 6/6/24, from 8:35 a.m., through 9:50 a.m., the following was identified:</p> <ul style="list-style-type: none"> - The main entrance hallways of the facility leading to 1 [NAME] and 1 South nursing units and to the main dining room was spoiled with splotches of black substances and debris. -The main resident lounge(s) located on 1 South, 1 West, 2 South, 3 South and 3 [NAME] nursing units with wheelchairs, staff equipment of computers, etc and pieces of paper, food debris and sticky substances on all of the floors. Tables in need of cleaning with sticky substances and food debris. - The main hallways of all of the nursing units identified had debris and splotches on them. -The main dining room floor had debris. <p>Nursing Unit 3 East:</p> <ul style="list-style-type: none"> -Residents R6, R7, R8 and R9's shared bathroom had soiled bathroom floor with brown substance and personal debris on it. - Residents R6 and R7's room floor had debris and sticky substances and soiled linens and a full garbage can under the sink. -Residents R8 and R9's room floor had debris and sticky substances, the sink had broken sharp edges and Resident R9's wheelchair was heavily soiled with white substances on the seat and leg rests. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Residents R10, R11 and R12's room floors was soiled with debris and the sink had broken sharp edges.</p> <p>-Resident R13 had a broken sink with sharp edges.</p> <p>- Residents R14 and R15 has a broken sink with sharp edges.</p> <p>-Residents R16, R17, R18 and R19's shared bathroom floor is soiled with debris and black substance.</p> <p>-Residents R20 and R21's room floor and bathroom floor had areas of a black substance and a basin with a soiled dried wash cloth under the sink and two foot rests in the corner.</p> <p>-Residents R1 and R22's room had a soiled floor with dried food debris, black marks and spider webs in the window corners.</p> <p>Nursing Units 3 South:</p> <p>- Residents R23, R24, R25, R26, R27, R28, R29 and R30 rooms had broken sinks with sharp edges and soiled floors.</p> <p>-Residents R31 and R32's area under the sink was soiled and sticky.</p> <p>-Residents R33, R34, R35 and R36's bathroom toilet was black inside and room floors were soiled with debris.</p> <p>Resident R37's fall mat was stuck underneath the clothes cabinet with heavily soiled debris around the mat and a brown substance dried puddle at the head of the bed area under the dresser and mat.</p> <p>Nursing Units 2 South, 1 South, 1 [NAME] resident rooms all had debris throughout the rooms on the floors.</p> <p>During an interview on 6/6/24, at 11:15 a.m., the Housekeeping/ Laundry Supervisor Employee E1 confirmed that the facility failed to maintain a clean, comfortable, homelike environment on five of six nursing units (1 South, 1 West, 2 South, 3 South and 3 East nursing units). Failed to provide a clean, comfortable, homelike environment for 33 of 52 residents (R1, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36 and R37).</p> <p>28 Pa. code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa Code: 201.18 (e)(1)(2) Management.</p> <p>28 Pa Code: 201.29 (a)(c)(d) Resident rights.</p>		