

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  11/14/2024
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26071</b></p> <p>Based on review of facility documents, meal delivery observations, resident interview, and staff interviews it was determined that the facility failed to ensure that meals were served at regularly scheduled times for one of seven nursing units (1 [NAME] nursing unit)</p> <p>Findings include:</p> <p>Review of facility policy Meal Delivery Policy dated 2/28/24, indicated that meals are served at designated times.</p> <p>Review of the [NAME] Meal Delivery Log revised 8/24/24, indicated for Lunch the first tray cart arrives at 12:52 p.m., and the second cart arrives at 12:59 p.m. on the 1 [NAME] nursing unit.</p> <p>During an interview on 11/14/24, at 2:00 p.m., Staff Employees E1, E2, E3, E4, and E5's stated that food carts are never on time, and it happens for all three meals. Sometimes they don't get delivered until 2:00 and 3:00 p.m.</p> <p>During an interview on 11/14/24, at 2:15 p.m., Resident R1 stated that the trays are never on time and the food is crap.</p> <p>During an interview on 11/14/24, at 2:30 p.m., the Regional Food Service Director Employee E6 stated that he was aware of the concerns with getting meals out timely and is working on it with staff education and training.</p> <p>During an observation on 11/14/24, at 12:50 p.m., residents were seated at the dining tables for lunch meal service. The first tray cart arrived on the unit at 1:33 p.m., 41 minutes late of the posted arrival time. The second tray cart arrived on the unit at 1:43 p.m., 44 minutes late of the posted arrival time.</p> <p>During an interview on 11/14/24, at 2:30 p.m., the Nursing Home Administrator and Regional Food Service Director Employee E6 confirmed that the facility failed to ensure that meals were served at regularly scheduled times for the 1 [NAME] nursing unit.</p> <p>28 Pa. Code: 211.6 (c) Dietary 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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