

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 12/03/2025
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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, facility documentation, observations, resident and staff interviews it was determined that the facility failed to maintain a homelike environment throughout the facility (resident bathrooms) for one of four nursing units observed (3 South). Findings include: A review of the facility policy Resident Rights dated 3/4/25, indicated federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident 's right to: A dignified existence; Safe home like environment. Review of the grievance logs for the months of August, September and October 2025, revealed four grievances filed (8/18/25, two reports on 8/25/25 and 9/4/25) regarding resident rooms and/or bathrooms being dirty. Review of the resident council minutes dated 10/23/25 revealed residents stated issues related to housekeeping services. During an interview on 10/29/25, at 9:30 a.m., Employee E5 Housekeeping Manager, stated resident rooms and bathrooms are cleaned daily. The housekeeping department has been attempting to fill vacant positions. During an interview on 10/29/25, at 9:45 a.m., Housekeeping Employee E1 stated all resident rooms and bathrooms are cleaned daily. During an interview on 10/29/25, at 9:55 a.m., Housekeeping Employee E2 stated all resident rooms and bathrooms are cleaned daily. During an observation of the facility on 10/29/25, at 10:00 a.m., the following was revealed: Wing 3 South resident bathrooms 303, 311, 313 323, 328, 330, and 332 were visibly soiled with debris and/or stains on the floor. The toilets had stains of an unknown origin both internally and externally. The ventilation unit in the bathrooms had visible dust blocking the vent. During an interview with Resident R1 on 10/29/25, at approximately 10:15 a.m., stated the bathroom is never cleaned. Resident R1 stated it's a shared bathroom with the next room and none of the occupants who share this bathroom use it. Upon inspection of Resident R1 bathroom, room [ROOM NUMBER] there were feces and urine in the toilet. During an interview with Resident R2 on 10/29/25, at approximately 10:40 a.m., stated they don't always clean the bathroom. Upon inspection of Resident R2's bathroom, was unclean. During an observation and an interview with the Director of Nursing (DON) on 10/29/25, at 11:00 a.m., confirmed the residents who share the bathroom of between room [ROOM NUMBER] and 329 do not independently utilize the bathroom and the conditions of the resident bathrooms for rooms 303, 311, 313, 328, 330, and 321. During an interview on 10/29/25, at 1:30 p. m., the DON confirmed that the facility failed to maintain the facility in a homelike environment on three of four observed nursing units. Pa Code: 207.2 (a) Administrator's responsibility. 28 Pa. Code: 201.29(k) Resident rights.</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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