

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/09/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of facility policies, observations, and staff interview, it determined the facility failed to maintain sanitary conditions in the Main Kitchen, which created the potential for cross contamination and food borne illness. Findings include: During an initial observation of the main kitchen on 7/9/26, from 2:15 p.m., through 2:45 p.m., the following was identified: Dietary Aide Employee E1, E2, E3, E4, E5 and E6 did not have hair restraints covering their head and /or facial hair. The dish machine room floor was saturated with water and slippery with no nonslip mats on floor. During an interview on 7/9/26, at approximately 4:30 p.m., Dietary Manager Employee E8 was made aware of the observations and confirmed that staff should be wearing hair restraints and that the facility failed to prevent the potential for cross contamination and or food borne illness. During a second observation of tray line on 7/9/26, from 4:30 p.m., through 5:00 p.m., the following was observed: The staff did not have the hot plate holder plugged in to keep plate warmers hot during service. Dietary [NAME] Employee E7 who was plating food items, once ready, had to be reminded to change gloves, wash hands and don new gloves. During service and plating of foods, the Dietary [NAME] Employee E7 touched his clothes, his face and bags of buns and then continued to plate food items, without handwashing and changing gloves. During an interview on 7/9/26, at approximately 5:06 p.m., the Director of Nursing confirmed that the facility failed to prevent the potential for cross contamination and food borne illness in the main kitchen. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(b)(1) Management.		

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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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a plan that describes the process for conducting QAPI and QAA activities. Based on a review of facility documentation, cited deficiencies from a previous survey, review of plans of correction documentation, and staff interview, it was determined that the facility's Quality Assurance and Performance Improvement (QAPI) program failed to correct previously cited deficiencies. Findings include: Review of the facility policy, Quality Assurance and Performance Improvement (QAPI) Program dated 1/6/26, indicated it is a proactive systematic approach to improving the quality of care, quality of life and services in the facility. The program indicated that the facility would take action based on findings of the program aimed at performance improvement and implement those actions, measure its success and track performance to ensure that improvements are sustained. The facility's deficiencies and plan of correction for the State Survey and Certification (Department of Health) for the following surveys, revealed the facility developed a plan of correction that included quality assurance systems to ensure the facility-maintained compliance with cited nursing home regulations. Review of the facility's deficiencies and plan of corrections for the State Survey and Certification (Department of Health) survey ending 4/15/26, revealed the facility developed a plan of correction that included quality assurance systems to ensure that the facility-maintained compliance with cited nursing home regulations. Review of the plan of correction for survey ending 4/24/26, revealed the following: - ANHA, or designee, will educate all dietary staff on the policy for Standards and Procedures, Food Handling and Food Safety and Food Storage Dry Goods and Cold to ensure dietary staff is aware of the food safety policy and procedures. - All items that were placed on the floor, in boxes, during truck delivery were immediately moved to a shelf within the freezer and the cooler. - [NAME] was immediately educated on food safety, cross contamination and the process for handling food safely by the dietary manager. - Dietary manager, or designee, will monitor cooks 3 x per week for 2 weeks, weekly for 2 weeks and monthly thereafter to ensure that cooks are following the food handling safety requirements. - ANHA, or designee, will monitor dietary dry and cold storage bi-weekly for 2 weeks, weekly for 2 weeks and monthly thereafter to ensure there is no food storage on the floor. - Education, audit and monitoring will be reported during the next QAPI meeting. During an interview on 7/9/26, at approximately 700 p.m., the Director of Nursing confirmed that facility failed to correct quality deficiencies and make certain that plans to improve the delivery of care and services effectively addressed concerns identified. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management		