

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 04/11/2025
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 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>51307</p> <p>Based on observations and staff interview, it was determined that the facility failed to post contact information for Adult Protective Services (APS) as required, in the building.</p> <p>Findings include:</p> <p>Observations conducted on April 10, 2025, at 8:30 a.m., on the first second and third floor nursing units, revealed the facility did not have the APS contact (name, address, email, and phone number) information posted or accessible to residents, family, and visitors.</p> <p>During interview, on April 10, 2025, at 8:51 a.m., the Director of Nursing confirmed that the Adult Protective Services contact information, was not posted in areas available to residents, families, and visitors.</p> <p>28 Pa. Code: 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(e) Management.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>51307</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to make certain that medications and biologicals were properly disposed of in one of six medication rooms (Unit 1 [NAME] medication room).</p> <p>Findings include:</p> <p>Review of the facility policy Storage of Medications dated 3/4/25, indicated the facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed.</p> <p>During an observation of the Unit 1 [NAME] medication room on 4/11/25, at approximately 8:10 a.m., five heparin lock flush syringes, 500 usp units/5 mL (used to flush/clean out an intravenous (IV) catheter) were identified with an expiration date of 9/30/24. One opened, partially used bottle of vitamin E supplement with an expiration date of 3/25 was identified.</p> <p>During an interview on 4/11/25, at 8:30 a.m. Unit Nurse Manager Employee E1 confirmed the above observations.</p> <p>During an interview on 4/11/25, at approximately 9:25 a.m. the Director of Nursing confirmed that the facility failed to make certain that medications and biologicals were properly disposed of in one of six medication rooms (Unit 1 [NAME] medication room).</p> <p>28 Pa. Code: 201.14 (a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18 (b)(1)(e)(1) Management.</p> <p>28 Pa. Code: 211.9 (a)(1) Pharmacy services.</p> <p>28 Pa. Code: 211.12 (d)(1)(3)(5) Nursing services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>26414</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed maintain sanitary conditions to prevent the potential for cross-contamination or foodborne illness in the main kitchen (Main Kitchen).</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Food Storage: Cold reviewed, 3/4/25, indicated the Dining Services Director/Cook will ensure that all food items are stored properly in covered containers, labeled, dated, and arranged in a manner to prevent cross contamination.</p> <p>During an observation in the Main Kitchen on 4/10/25 at approximately 11:10 a.m., the following was observed:</p> <ul style="list-style-type: none"> -condensation and ice build-up on the fan in the freezer causing ice formation on multiple boxes of frozen goods and additionally on top of a tray of cauliflower and a tray of broccoli wrapped in tin foil. -a metal tray containing approximately half of a ten pound tube of ground beef loosely and partially covered with plastic wrap showing signs of oxidation on the exposed end. <p>During an interview on 4/10/25 at 11:35 a.m., Dietary Manager Employee E55 confirmed the above findings.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1) Management.</p> <p>28 Pa. Code: 211.6(c) Dietary services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43725</p> <p>Based on observations and interview, the facility failed to store medications in a safe and sanitary manner for three of four medication carts reviewed (Three South front cart, Three East front cart, and Two East back cart).</p> <p>Findings:</p> <p>Review of facility policy Infection Prevention Control Program Core Practices reviewed 3/4/25, indicated the facility's infection prevention and control program is designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections.</p> <p>Review of facility policy Medication Storage reviewed 3/4/25, indicated nursing staff shall be responsible for maintaining medication storage (med cart and med room) and preparation areas in a clean, safe, and sanitary manner.</p> <p>During an observation on 4/11/25, at 9:50 a.m., Three South front medication cart contained 11 of 11 insulin pens in compartments unbagged, posing the risk of cross-contamination.</p> <p>During an interview on 4/11/25, at 9:50 a.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the insulin pens were not in bags and stated she was unaware of the reason for storing insulin pens in bags.</p> <p>During an observation on 4/11/25, at 9:55 a.m. Three East front medication cart contained six of eight insulin pens in compartments unbagged, posing the risk of cross-contamination.</p> <p>During an interview on 4/11/25, at 9:55 a.m. LPN Employee E3 confirmed the insulin pens were not in bags and stated she was unaware of the reason for storing insulin pens in bags.</p> <p>During an observation on 4/11/25, at 10:05 a.m. Two East back medication cart contained three of seven insulin pens in compartments unbagged, posing the risk of cross-contamination.</p> <p>During an observation on 4/11/25, at 10:05 a.m. LPN Employee E4 confirmed the insulin pens were not being stored in bags consistently and was unaware of the reason for storing insulin pens in bags.</p> <p>During an interview on 4/11/25 at 10:50 a.m. the Director of Nursing confirmed the facility failed to prevent the risk of cross-contamination by storing insulin pens unbagged in the medication carts.</p> <p>28 Pa code 201.14(a)Responsibility of Licensee</p> <p>28 Pa code 211.12(d)(1) Nursing services</p>		