

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395740	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER West Chester Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 800 West Miner Street West Chester, PA 19382	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>22502</p> <p>Based on clinical record review staff interview, it was determined that the facility failed to include a resident or a resident's responsible party in the comprehensive care planning process for three of five sampled residents (Residents 1, 2, and 3).</p> <p>Findings include:</p> <p>Review of Resident 1's clinical record revealed that an annual MDS (Minimum Data Set - periodic assessment of resident needs) assessment was completed on January 27, 2025. Further review of the clinical record revealed no evidence that the resident and/or resident's responsible party was invited to the resident's plan of care meeting.</p> <p>Review of Resident 2's clinical record revealed that a quarterly MDS was completed on January 7, 2025. Further review of the clinical record revealed no evidence that the resident and/or resident's responsible party was invited to the resident's plan of care meeting.</p> <p>Review of Resident 3's clinical record revealed that an annual MDS assessment was completed on December 9, 2024. Further review of the clinical record revealed no evidence that the resident and/or resident's responsible party was invited to the resident's plan of care meeting.</p> <p>Interview with the Nursing Home Administrator on February 25, 2025, at 2:30 p.m confirmed that there was no documented evidence that the resident/responsible party was invited to participate in their plan of care meeting.</p> <p>483.21 Comprehensive Resident Centered Care Plan</p> <p>Previously cited 10/3/24</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395740
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