| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395740 | A. Building<br>B. Wing | 05/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Chester Rehabilitation and Healthcare Center | 800 West Miner Street<br>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) |
|---|---|
| F 0770<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely, quality laboratory services/tests to meet the needs of residents.<br><br>Based on review of the clinical record and interview with staff, it was determined that the facility failed to obtain laboratory services timely for one of three residents reviewed (Resident 1).Findings include:Review of Resident 1's progress note of March 13, 2026, indicated that staff spoke with the nurse practitioner (NP) concerning Resident 1 who was noted with increased weakness. New orders were received to obtain an urine C&S (culture and sensitivity - diagnostic test that examines urine often used to diagnosis conditions like urinary tract infection and kidney disease). Review of physician's orders of March 13, 2026, included an order for UA C&S.Review of Resident 1's progress note of March 24, 2026, revealed that the resident's guardian was concerned with resident's health status and possible change in condition. New orders were received from the nurse practitioner for urinalyis to be completed on March 25, 2026. Review of nurse practitioner note of March 25, 2026, indicated per nursing the urine that this NP had ordered the other day was not collected yet, this NP reordered urine. Assessment and plan indicated that urinalysis was positive for gram negative rods (rod shaped bacteria) and Macrobid (antibiotic) was ordered.Interview with the Nursing Home Administrator on May 11, 2026, at 1:00 p.m. confirmed that the urinalysis was not obtained when ordered on March 13, 2026, and was not obtained until March 25, 2026.28 Pa. Code 211.12 (d)(1)(3)(5) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| West Chester Rehabilitation and Healthcare Center | 800 West Miner Street<br>West Chester, PA 19382 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0776<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.<br><br>Based on review of the clinical record and staff interview, it was determined that the facility failed to ensure an x-ray was obtained in a timely manner for one of three residents reviewed (Resident 1).Findings include:Review of Resident 1's progress note of March 13, 2026, indicated that staff spoke with the nurse practitioner (NP) concerning Resident 1 who was noted with increased weakness. New orders were received to obtain a chest x-ray. Review of physician's orders of March 13, 2026, included an order for a chest x-ray.Review of Resident 1's progress note of March 24, 2026, revealed that the resident's guardian was concerned with resident's health status and possible change in condition. New orders were received from the nurse practitioner for chest x-ray to be completed on March 25, 2026. Interview with the Nursing Home Administrator on May 11, 2026, at 1:00 p.m. confirmed that the chest x-ray was not obtained when ordered on March 13, 2026, and was not obtained until March 25, 2026.28 Pa. Code 211.12 (d)(1)(3)(5) |