STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395740	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Chester Rehabilitation and Healthcare Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interview, observation, and record review, it was determined that the facility failed to ensure the physician was notified and an intervention was put in place for a significant weight loss for one of 14 residents reviewed (Resident 14).Findings include:Review of facility policy Weight Assessment and Intervention, revised March 2022, revealed, Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation.Review of Resident 14's quarterly MDS (Minimum Data Set - a mandatory assessment of a resident's physical condition and care needs) dated May 14, 2026, revealed that Resident 14 was cognitively impaired and totally dependent on facility staff to assist them with eating. Resident 14's active diagnoses included Alzheimer's Disease (a brain disorder that affects memory and thinking skills) and non-Alzheimer's dementia (a brain disorder affecting memory and thinking that isn't caused by Alzheimer's disease) was well as Parkinson's disease (a progressive disease affecting the nervous system). Resident 14's quarterly MDS assessment revealed an unplanned weight loss of 5% or more during the last month and a mechanically altered (requiring a change in texture of food), therapeutic (addressing a specific health condition such as low salt, low carbohydrate) diet.Review of Resident 14's physician orders revealed a dietary order for a pureed, consistent carbohydrate diet with fortified foods for supplementation, dated January 14, 2026.Review of Resident 14's care plan revealed an intervention requiring total assistance with eating and drinking, dated November 11, 2025.Review of Resident 14's monthly weights revealed that on April 6, 2026, Resident 14 weighed 161.5 pounds in a wheelchair and on May 2, 2026, Resident 14 weighed 133 pounds in a mechanical lift, an approximately 18% weight loss.Review of nutrition progress note dated May 19, 2026, at 9:53 a.m. revealed: Rt (resident) showing sig wt (significant weight) loss x1mo (month). Reweigh requested to verify accuracy of weight loss. Rt receives fortified foods at meals for added nutrition support. Will add nourishments TID (three times a day) for wt support. POC (plan of care) updated. Will f/u (follow up) once reweigh is obtained.Review of nutrition progress note date May 27, 2026, at 11:34 a.m. revealed that Resident 14 was reweighed at 133 pounds and Weight loss is unplanned/undesired. Etiology of weight loss may be due to outlier weight documented in May 2026, not consistent with wt trends x 6 months and good po (by mouth) intake per documentation in EMR (electronic medical record). RP(responsible party/MD (medical doctor)/IDT (interdisciplinary team) notified of weight change.Review of Resident 14's weight on June 12, 2026 revealed that Resident 14 weighed 122.9 pounds in a wheelchair, a 7.5% weight loss. A nutrition progress note dated Jun 12, 2026, at 12:08 p.m. revealed: Rt triggering for sig wt loss x1mo. Reweigh requested to verify accuracy of weight loss. PO intakes are mainly adequate, 50-100%. Receives fortified foods at meals; will also add snacks TID for added nutrition support. Will f/u once reweigh is confirmed. POC updated.Review of progress notes failed to reveal that Resident 14 was reweighed, or that their responsible party and medical provider were notified of the weight loss. Review of physician orders revealed that the facility failed to implement the Dietitian's recommendation for snacks three times a day. Review of Resident 14's Task documentation for the month of June 2026, revealed that Resident 14 was only offered snacks at bedtime, which were accepted 100% of the time.Interview with the NHA (Nursing Home Administrator) on June 30, 2026 at approximately 3:00 p.m. confirmed these findings. All residents are offered snacks at bedtime, but (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 14's dietary orders were not updated to reflect the additional snacks, nor was Resident 14 re-weighed, nor were Resident 14's responsible party and medical provider notified about the weight loss.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services