





# Certified End Page

**WEST READING SKILLED NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 902202**

**SURVEY EXIT DATE: 12/11/2024**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395351</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/11/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>WEST READING SKILLED NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>425 BUTTONWOOD STREET WEST READING, PA 19611</b>		
STATE LICENSE NUMBER: <b>902202</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
K 0000	INITIAL COMMENT  Facility ID #902202 Component #01 Main Building  Based on a Medicare/Medicaid Recertification Survey completed on December 11, 2024, it was determined West Reading Skilled Nursing and Rehabilitation Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).  This is a four-story, Type II (222), fire resistive structure, without a basement, which is fully sprinklered.	K 0000		
K 0211 SS=E		K 0211		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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K 0211  SS=E	Continued from page 1  NFPA 101 Means of Egress - General  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1  This REQUIREMENT is not met as evidenced by:	K 0211	Various items such as chairs, linen carts, bed tables and containers greater than 32 gallons throughout the corridors on each floor were removed and placed in appropriate locations. Maintenance Director or Designee will re-educate employees on the expectation of keeping areas of exit free of all obstructions to full use in case of emergency. Maintenance Director or Designee will do random monthly audits x 12 months of all floors to ensure aisles, passageways, corridors, and exits are free of all obstructions. Maintenance Director or Designee will present findings at the QAPI meetings for review and/or recommendations x 12 months.	Completion Date: <b>02/01/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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K 0211  SS=E	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain exit access corridors, to be clear and unobstructed, on three of four floors within the component.  Findings include:  1. Observation on December 11, 2024, between 12:30 PM and 1:30 PM, revealed various items were stored in the egress corridor, at the following locations:  a. 12:30 PM, 4th floor, throughout the corridor of side chairs, linen carts and bed tables; b. 12:40 PM, 3rd floor, throughout the corridor of side chairs, linen carts and bed tables and a shredder container, outside the Lounge/Dining Room; c. 1:30 PM, 2nd floor, 2 containers, greater than 32 gallon each, at the smoke doors by the Central Bath.  Interview with the Director of Maintenance on	K 0211		

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K 0211  SS=E	Continued from page 3  December 11, 2024, at 1:30 PM, confirmed the facility failed to maintain the corridor, to be clear and unobstructed.	K 0211		
K 0225  SS=E		K 0225		

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K 0225  SS=E	Continued from page 4  NFPA 101 Stairways and Smokeproof Enclosures  Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2  This REQUIREMENT is not met as evidenced by:	K 0225	The Maintenance Director will repair the 4th floor hallway 2D stair tower door so there is no gap greater than 3/16 inch. The Maintenance Director will secure a contractor to replace the 4th floor hallway 1D stair tower door. The facility is requesting a Time-Limited Waiver for 1D replacement to be completed no later than 5/10/2025.  The Maintenance Director or Designee will audit all stair tower doors to ensure that there are no gaps greater than 3/16 inch. The Maintenance Director or Designee will audit all stair tower doors to ensure that the hardware is functioning properly.  The Maintenance Director or Designee will do random monthly audits every 90 days of all stair tower doors to ensure that there are no gaps greater than 3/16 inch and that the hardware is functioning properly.  The Maintenance Director or Designee will present findings at the QAPI meetings for review and/or recommendations.	Completion Date: <b>02/01/2025</b> Status: <b>APPROVED</b> Date: <b>01/13/2025</b>

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K 0225  SS=E	<p>Continued from page 5</p> <p>Based on observation and interview, it was determined the facility failed to maintain stairtower doors, to be opened and within the allowed gap margins, on one of four floors within the component.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on December 11, 2024, at 12:00 PM, revealed the 4th floor 2D Stairtower door had gaps, greater than 3/16 inch.</li> </ol> <p>Interview with the Director of Maintenance on December 11, 2024, at 12:00 PM, confirmed the stairtower door exceeded the allowed gap margins.</p> <ol style="list-style-type: none"> <li>2. Observation on December 11, 2024, at 12:10 PM, revealed the 4th floor 1D Stairtower door had the panic hardware broken, the door patched and could not be opened. It was held closed with a 2 x 4, on the stairtower side.</li> </ol> <p>Interview with the Director of Maintenance on December 11, 2024, at 12:10 PM, confirmed the 1D Stairtower door could not be opened.</p>	K 0225		

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K 0225  SS=E	Continued from page 6	K 0225		
K 0324  SS=C	<p>NFPA 101 Cooking Facilities</p> <p>Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> <li>* residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</li> <li>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</li> <li>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</li> </ul> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0324	<p>Maintenance Director or Designee will schedule a kitchen suppression inspection with the designated company.</p> <p>Senior Maintenance Director will add the semi-annual testing of kitchen cooking facilities suppression system on the TELS maintenance system in order to monitor completion and compliance.</p> <p>Maintenance Director and Dietary Director will be re-educated on the regulation and timeframe of inspection of the suppression system.</p> <p>Maintenance Director or Designee will audit 2x year the inspection reports for compliance.</p> <p>Maintenance Director or Designee will present findings at the QAPI meetings for review and/or recommendations.</p>	<p>Completion Date: <b>02/01/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>12/30/2024</b></p>

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K 0324  SS=C	Continued from page 7  Based on document review, observation and interview, it was determined the facility failed to provide semi-annual testing of Kitchen cooking facilities, on one of four floors within the component.  Findings include:  1. Review of documentation and observation on December 11, 2024, between 10:30 AM and 11:30 AM, revealed the Kitchen Suppression System was not being maintained and inspected, on a semi-annual basis. The inspection was conducted for the suppression system on March 20, 2024, only.  Interview with the Director of Maintenance on December 11, 2024, at 11:30 AM, confirmed the facility failed to have the Kitchen extinguishing system inspection conducted.	K 0324		
K 0754  SS=E		K 0754		

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K 0754  SS=E	Continued from page 8  NFPA 101 Soiled Linen and Trash Containers  Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7  This REQUIREMENT is not met as evidenced by:	K 0754	Maintenance removed all observed accumulated trash and soiled linen containers in the 3rd floor central bath. Maintenance Director or Designee will re-educate employees on the importance of not placing containers greater than 32 gallons in a 64-square foot area. Maintenance Director or Designee will complete weekly random audits of the bath areas to ensure there are no trash or solid linen containers in this area. Maintenance Director or Designee will present findings at the QAPI meetings for review and/or recommendations.	Completion Date: <b>02/01/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b>

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K 0754  SS=E	Continued from page 9  Based on observation and interview, it was determined the facility failed to monitor the amount of trash and soiled-linen containers, outside a protected area, to be less than 32 gallons, in a 64-square foot area, on one of four floors within the component.  Findings include:  1. Observation on December 11, 2024, at 12:45 PM, revealed accumulated trash and soiled-linen containers, of 32 gallons in a 64-square foot area, in the 3rd floor Central Bath, by Resident Room 307.  Interview with the Director of Maintenance on December 11, 2024, at 12:45 PM, confirmed the facility failed to monitor the amount of accumulated trash and soiled-linen containers, outside of a protected area.	K 0754		



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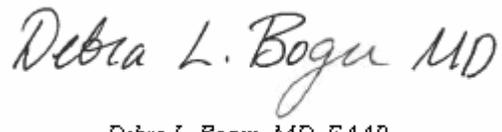
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