

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395351	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/27/2025
NAME OF PROVIDER OR SUPPLIER: WEST READING SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 425 BUTTONWOOD STREET WEST READING, PA 19611		
STATE LICENSE NUMBER: 902202				
(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
F 0000	INITIAL COMMENT	F 0000		
F 0761	Based on a Revisit survey completed on January 27, 2025, it was determined that West Reading Skilled Nursing and Rehabilitation Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0761		
SS=D				

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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F 0761 SS=D	Continued from page 1 483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761	Insulin pens in the 2nd floor medication cart have been discarded. Expired Plevnar solution in 3rd floor medication refrigerator has been discarded. Medication carts have been inspected to ensure Insulin pens are labeled/dated and are current. Medication refrigerators have been inspected to ensure expired medications are discarded. Licensed nursing staff have been re-educated on F761 and the medication storage policy with attention to storage of insulin pens and discarding expired medications. DON/designee will audit medication carts and refrigerators at least weekly x4weeks then monthly x2months to ensure expired medications are discarded. The results of the audits will be submitted to the QA Committee to determine if additional action is necessary.	Completion Date: 02/04/2025 Status: APPROVED Date: 01/30/2025

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F 0761 SS=D	Continued from page 2 Based on a review of facility policy, observation, and staff interview, it was determined that the facility failed to properly store medications on two of three nursing units. (Second Floor Nursing Unit, Third Floor Nursing Unit) Findings include: Review of the facility policy entitled, "Storage of Medication," last reviewed November 15, 2024, revealed that staff were to note the date on the label for insulin vials and pens when first opened. Outdated, contaminated, discontinued, or deteriorated medications were to be immediately removed from stock and disposed of according to procedures for medication disposal. Review of manufacturer instructions revealed that insulin pens were to be discarded 28 days after opening. Observation of a medication cart used for resident rooms 218 through 229 on January 27, 2025, revealed one insulin aspart pen that was opened and labeled December 16, 2024, one insulin	F 0761		

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F 0761 SS=D	Continued from page 3 glargine pen that was opened and labeled December 11, 2024, and one Semglee insulin pen that was opened and labeled December 12, 2024. In an interview, the licensed practical nurse 1 (LPN 1) stated that the insulin pens should have been discarded after 28 days. Observation of the medication storage room refrigerator on the third floor nursing unit on January 27, 2025, revealed six single-dose pre-filled syringes of Prevnar 20 with an expiration date of December 2024. In an interview, on January 27, 2025, at 2:00 p.m., the Director of Nursing stated that the staff was to label all medications with open and expiration dates and all expired or discontinued medication was to be removed from the medication cart and medication storage room refrigerator. 28 Pa. Code 211.12 (d)(1)(2)(5) Nursing services.	F 0761		

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P 5530	<p>Nursing services.</p> <p>(4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5530	<p>1&2. Nurse Scheduler re-educated on the LPN ratio requirements of 1 LPN to 25 residents on day shift, 1 LPN to 30 residents on evening shift, and 1 LPN to 40 residents on night shift..</p> <p>3. The facility is actively recruiting LPNs; utilizing Nurse Agency to supplement LPNs; and Mon-Fri staffing meetings conducted in attempts to maintain State Mandated ratios for LPNs.</p> <p>4. The DON and/or designee will randomly audit the staffing schedules to ensure the appropriate number of LPNs are scheduled to achieve compliance. The results of the audits will be submitted to the QA Committee to determine if additional action is necessary.</p>	<p>Completion Date: 02/08/2025</p> <p>Status: APPROVED</p> <p>Date: 01/30/2025</p>

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P 5530	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum licensed practical nurse (LPN) to resident ratios for one of four days reviewed. Findings include: Review of nursing schedules for four days from January 23 through 26, 2025, revealed the following: The facility failed to meet the minimum LPN to resident ratio of one LPN for 25 residents on day shift (7:00 a.m. to 3:00 p.m.) on January 25, 2025.	P 5530		



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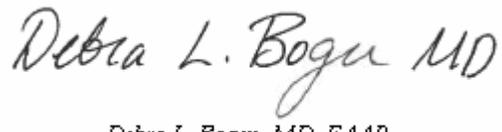
WEST READING SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 902202

SURVEY EXIT DATE: 01/27/2025

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