





# Certified End Page

**WEST READING SKILLED NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 902202**

**SURVEY EXIT DATE: 02/06/2025**

**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

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>02/06/2025</b>
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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	<p>INITIAL COMMENT</p> <p>Facility ID #902202 Component #01 Main Building</p> <p>Based on a Revisit to a Medicare/Medicaid Recertification Survey completed on December 11, 2024, it was determined that West Reading Skilled Nursing and Rehabilitation Center was not in compliance with the 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).</p> <p>This is a four-story, Type II (222), fire resistive structure, without a basement, which is fully sprinklered.</p>	K 0000		

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	<p>NFPA 101 Means of Egress - General</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0211	<p>Various items such as chairs, linen carts, bed tables, containers greater than 32 gallons, and the shredder container were removed from floors 2,3,4 and placed in appropriate locations.</p> <p>Maintenance Director or Designee will re-educate employees on the expectation of keeping areas of exit free of all obstructions such as chairs, linen carts, bed tables, containers greater than 32 gallons, and the shredder container to full use in case of emergency.</p> <p>Maintenance Director or Designee &amp; DON or Designee will do random monthly audits of all floors to ensure aisles, passageways, corridors, and exits are free of all obstructions.</p> <p>Maintenance Director or Designee will present findings at the QAPI meetings for review and/or recommendations.</p>	<p>Completion Date: <b>03/04/2025</b> Status: <b>APPROVED</b> Date: <b>02/25/2025</b></p>

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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.  *** **  Observation on February 7, 2025, between 10:15 AM, and 11:30 PM, determined items 1 b and 2 c were not corrected.  Interview with the Maintenance Man 1 on February 7, 2025, between 10:15 AM, and 11:30 PM, confirmed items 1 a and 1 b were not corrected.	K 0211		
K 0754  SS=E		K 0754		

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K 0754  SS=E	Continued from page 4  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 by resident room 307.  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 & DON 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>03/04/2025</b> Status: <b>APPROVED</b> Date: <b>02/24/2025</b>

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K 0754  SS=E	Continued from page 5  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.  *** **  Observation on February 7, 2025, between 10:15 AM, and 11:30 PM, determined item 1 was not corrected.	K 0754		

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K 0754  SS=E	Continued from page 6  Interview with the Maintenance Man 1 on February 7, 2025, between 10:15 AM, and 11:30 PM, confirmed item 1 was not corrected.	K 0754			



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