

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: 07/26/2025
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NAME OF PROVIDER OR SUPPLIER: WEST READING SKILLED NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 902202	STREET ADDRESS, CITY, STATE, ZIP CODE: 425 BUTTONWOOD STREET WEST READING, PA 19611
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F 0000	INITIAL COMMENT <p>Based on an Abbreviated survey in response to a complaint completed on July 26, 2025, at West Reading Skilled Nursing and Rehabilitation Center, it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care; however, the facility was not in compliance with the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	F 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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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>1&2. Nurse Scheduler re-educated on the NA ratio requirements of 1 NA to 10 residents on day shift, 1 NA to 11 residents on evening shift, and 1 NA to 15 residents on night shift.</p> <p>3. The facility is actively recruiting NAs; utilizing Nurse Agency to supplement NAs; and Mon-Fri staffing meetings conducted in attempts to maintain State Mandated ratios for NAs.</p> <p>4. The DON and/or designee will randomly audit the staffing schedules to ensure the appropriate number of NAs 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: 08/15/2025 Status: APPROVED Date: 08/18/2025</p>

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Pennsylvania Department of Health

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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for five of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from July 5 to 25, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for 11 residents on evening shift (3:00 p.m. to 11:00 p.m.) on July 9 and 15, 2025. The facility failed to meet the minimum NA to resident ratio of one NA for 15 residents on night shift (11:00 p.m. to 7:00 a.m.) on July 5, 6 and 8, 2025.	P 5520		

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P 5530	Nursing services. (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. This REGULATION is not met as evidenced by:	P 5530	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. 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. 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.	Completion Date: 08/15/2025 Status: APPROVED Date: 08/18/2025

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P 5530	<p>Continued from page 3</p> <p>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 eight of 21 days reviewed.</p> <p>Findings include:</p> <p>Review of nursing schedules for 21 days from July 5 to 25, 2025, revealed the following:</p> <p>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 July 5, 2025.</p> <p>The facility failed to meet the minimum LPN to resident ratio of one LPN for 30 residents on evening shift (3:00 p.m. to 11:00 p.m.) on July 9 and 11, 2025.</p> <p>The facility failed to meet the minimum LPN to resident ratio of one LPN for 40 residents on night shift (11:00 p.m. to 7:00 a.m.) on July 5, 6, 7, 8, 12 and 13, 2025.</p>	P 5530		

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P 5530	Continued from page 4	P 5530		
P 5640	<p>Nursing services.</p> <p>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>1&2. Nurse Scheduler re-educated on the PPD requirements of 3.2 hours of direct care for each resident.</p> <p>3. The facility is actively recruiting Nursing staff; utilizing Nurse Agency to supplement Nursing Staff; and Mon-Fri staffing meetings conducted in attempts to maintain State Mandated PPD of 3.2 hours of direct care for each resident.</p> <p>4. The DON and/or designee will randomly audit the staffing schedules to ensure the appropriate number of Nursing Staff 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: 08/15/2025 Status: APPROVED Date: 08/18/2025</p>

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P 5640	Continued from page 5 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for five of 21 days reviewed. Findings include: Review of nursing schedules for 21 days from July 5 to 25, 2025, revealed the following total nursing care hours below minimum requirements: Saturday, July 5, 2025: 3.07 care hours per resident. Sunday, July 7, 2025: 2.91 care hours per resident. Wednesday, July 9, 2025: 3.03 care hours per resident. Friday, July 11, 2025: 3.11 care hours per resident. Saturday, July 12, 2025: 2.98 care hours per resident.	P 5640		



Certified End Page

WEST READING SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 902202

SURVEY EXIT DATE: 07/26/2025

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