

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395577	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/05/2025
NAME OF PROVIDER OR SUPPLIER: PREMIER WASHINGTON REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 36 OLD HICKORY RIDGE ROAD WASHINGTON, PA 15301		
STATE LICENSE NUMBER: 751102				
(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 Based on an Abbreviated Survey in response to two complaints, completed on March 5, 2025, at Premier Washing and Rehabilitation and Nursing 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 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	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 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.Facility did not meet minimum required PPD for the dates of (12/23/24, 12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24, 1/12/25,1/13/25,1/15/25,1/16/25,1/17/25,1/18/25,2/17/25,2/19/25 and 2/21/25).</p> <p>2.Review of PA Code 211.12 completed by NHA and DON. Education then provided to scheduler by DON.</p> <p>3.Facility contracts with multiple staffing agencies. Additionally the facility also has an active recruitment and retention committee in an attempt to retain staff. There are also consistent advertisements on both Apploi and Indeed and often has a running ad in local paper. The facility currently offers sign on bonus, referral bonus for recruiting new staff, extra shift bonuses when we are projecting low, flexible scheduling, and nursing management staff rotate extra shifts.</p> <p>4.NHA, DON, and facility Staff Scheduler will review projected current day's PPD, weekly projection as able, and previous day actual PPD 5 x week for 4 weeks</p>	<p>Completion Date: 04/14/2025</p> <p>Status: APPROVED</p> <p>Date: 03/17/2025</p>

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P 5640	Continued from page 1 Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on 15 of 21 days (12/23/24,12/24/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24, 1/12/25, 1/13/25, 1/15/25, 1/16/25, 1/17/25, 1/18/25, 2/17/25, 2/19/25, 2/21/25). Findings include: Review of the facility provided nursing schedules and census information, received 3/6/25, at 9:59 a.m., for 12/22/24-12/28/24, 1/12/25-1/18/25, and 2/16/25-2/22/25, revealed that the facility failed to maintain 3.20 hours of general nursing care to each resident in a 24-hour period on the following dates: -12/23/24, Census 257. PPD 3.19. -12/24/24, Census 253. PPD 3.12. -12/25/24, Census 253. PPD 3.16. -12/26/24, Census 253. PPD 3.08.	P 5640		

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P 5640	Continued from page 2 -12/27/24, Census 253. PPD 3.12. -12/28/24, Census 259. PPD 3.13. -1/12/25, Census 265. PPD 3.14. -1/13/25, Census 263. PPD 3.09. -1/15/25, Census 261. PPD 3.09. -1/16/25, Census 268. PPD 3.07. -1/17/25, Census 255. PPD 3.16. -1/18/25, Census 256. PPD 3.18. -2/17/25, Census 247. PPD 3.15. -2/19/25, Census 246. PPD 3.19. -2/21/25, Census 240. PPD 3.13. During an electronic communication on 3/6/25, at 9:59 a.m. the Nursing Home Administrator confirmed that the facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on 15 of 21 days.	P 5640		



Certified End Page

PREMIER WASHINGTON REHABILITATION AND NURSING CENTER

STATE LICENSE NUMBER: 751102

SURVEY EXIT DATE: 03/05/2025

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