

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Rose City Nursing and Rehab at Lancaster		STREET ADDRESS, CITY, STATE, ZIP CODE 425 North Duke Street Lancaster, PA 17602	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to ensure the treating hospital received the medical records necessary to provide continuity of care and appropriate treatment for one of one resident reviewed (Resident R1). Findings include: A phone interview conducted with the complainant on November 12, 2025, at 9:18 a.m. revealed that the facility had not provided the hospital with the medical records required to initiate care for Resident R1. Review of Resident R1's clinical record did not contain documentation verifying that the facility faxed the medical records to the treating hospital. An interview conducted with the Director of Nursing (DON) and Nursing Home Administrator (NHA) on November 12, 2025, at 9:50 a.m. indicated that the Assistant Director of Nursing (ADON) faxed the necessary medical records to the hospital on November 6, 2025. Review of the facility's fax log revealed that the attempt to transmit the required medical records on November 6, 2025, was unsuccessful. A follow-up interview with the DON and NHA confirmed that the ADON did not wait for the fax confirmation sheet and that the facility did not contact the hospital to verify receipt of Resident R1's medical records. The facility failed to ensure Resident R1's medical records were successfully transmitted to the treating hospital, resulting in a delay of care. 28 Pa. Code 211.12(d)(1)(5) Nursing services</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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