

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  12/18/2025
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 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>Based on policy review, interviews and records reviews it was determined that the facility failed to employ an Activity Director with the appropriate certification and/or qualifications for the position. Findings include: Review of facility policy titled Activities Staffing dated March 2015, revealed a statement noting the activity program is staffed with qualified personnel to meet the needs of residents. Per the policy the department is under the direction of a qualified Therapeutic Recreational Specialist (TRS) or an Activities Professional (AP) who is eligible or certified as a TRS or AP by a recognized accrediting body on or after October 1, 1990 or has two years of experience in a social or recreational program within the last five years, one of which was full-time in a resident activities program in a health care setting. Review of facility records revealed upon acceptance of the position on March 19, 2023, the Activity Director Employee E3 signed an agreement of understanding documenting E3 would be registering for classes to become a Certified Activity Director. E3's goal was to enroll in an Activity Certification program by May 15, 2023. Further review of the agreement documents the Occupational Therapist Employee E4 agreed to temporarily oversee the Activity Department. Per the agreement E4 would continue this oversight while E3 is enrolled in a certification program. E3 and E4 agreed to meet weekly to review activity calendars, one on one resident room visits, therapeutic recreation programming and schooling hours oversight, providing weekly updates to the Nursing Home Administrator. During interview with E3 on December 18, 2025, at 2:16 p.m., E3 confirmed that they were not certified, E3 stated they had taken a few random online classes and has received some credits but was not able to state exactly how many credits. E3 stated they intended to eventually take the state test but did not have a date when this would occur. E3 stated they still meet with E4 sporadically but not as often as initially. E3 stated there was no documentation for the meetings. During interview with E4 on December 18, 2025, at 2:05 p.m., E4 confirmed their agreement to oversee the Activity Department in 2023. E4 stated for at least the past year they had not met with E3 concerning activities. E4 denied knowledge that they were still supposed to be overseeing the activity department. Interview conducted with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on December 18, 2025, at 2:30 p.m., when the above information was presented, the NHA confirmed that Employee E3 was not currently certified but referred to the facility policy that noted the Activity Director needed to be certified or have two years of experience in a social or recreational program which the E3 now has since E3 has been in the position since 2023. 28 PA Code 201.29 (j) Resident Rights 28 PA Code 211.5 (f) (h) Clinical Records 28 PA Code 211.10 (d) Resident Care Policies</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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