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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395199 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>04/10/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Abbeyville Skilled Nursing and Rehabilitation Cent |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>100 Abbeyville Road<br>Lancaster, PA 17603 |                                              |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37789</b></p> <p>Based on observation and interview, it was determined that the facility failed to have an effective pest control system on the facility's dementia unit (Arcadia).</p> <p>Findings include:</p> <p>Interview with Employee E4 on April 10, 2024, at 12:00 p.m. revealed mice were a big issue on the dementia unit, and that seeing mice running around day and night was a common occurrence.</p> <p>Tour of the Arcadia unit on April 10, 2024, at 12:00 p.m. revealed mouse droppings on the nightstand next to Resident 1's bed.</p> <p>Interview with Resident 2 on April 10, 2024, at approximately 12:15 p.m. revealed that the resident frequently sees mice running around the unit and the room, and the last time the resident saw a mouse was the prior night running around the resident's room.</p> <p>Review of pest control logs revealed the facility's pest control company last came to the facility on [DATE].</p> <p>Interview with the Nursing Home Administrator on April 10, 2024, at approximately 2:30 p.m. confirmed the facility was aware of an ongoing mice problem.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(a) Management</p> <p>28 Pa. Code 201.18(b)(3) Management</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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