

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/02/2025
NAME OF PROVIDER OR SUPPLIER  Neffsville Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2829 Lititz Pike Lancaster, PA 17601	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41765</p> <p>Based on a clinical records review and staff interview, it was determined that the facility failed to ensure that the wound care order was consistently followed for one of the three residents reviewed (Resident CL1).</p> <p>Findings include:</p> <p>A review of Resident CL1's diagnosis list includes Cerebrovascular Disease (an interruption in the flow of blood to cells in the brain) and Dementia (a term used to describe a group of symptoms affecting memory, thinking, and social abilities severely enough to interfere with daily life).</p> <p>A review of the physician's wound consult dated November 11, 2024, revealed Resident CL1 had a worsening Unstageable Pressure Ulcer (Obscured full-thickness skin and tissue loss) to the right gluteus (buttock) measuring 10.0 x 9.0 x 0.3 cm. with 40% slough (A non-viable yellow, tan, gray, green or brown tissue; usually moist, can be soft, stringy and mucinous in texture that may be adherent to the base of the wound or present in clumps throughout the wound bed) and 50% eschar (Is dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan, and may appear scab-like).</p> <p>A review of the physician's order dated November 17, 2024, revealed a wound care order to cleanse the wound with normal saline solution, apply Santyl (a topical medication used to remove damaged or burned skin to allow for wound healing and growth of healthy skin), and cover with bordered gauze two times a day and as needed.</p> <p>A review of the November 2024, Treatment Administration Record revealed that from November 18, 2024, until November 22, 2024, wound treatment was not provided in the morning of the following dates: November 19, 20, and 22, 2024.</p> <p>An interview with the Director of Nursing on January 2, 2024, at 11:00 a.m., revealed no explanation as to why ordered wound treatment were not provided on the above dates.</p> <p>The facility failed to consistently follow the physician's wound care treatment for a worsening wound of Resident CL1.</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> <p>(continued on next page)</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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F 0686  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa. Code 211.10(c) Resident Care Policies  28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services