

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 12/03/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, staff interview, and resident interview it was determined the facility failed to maintain a clean, comfortable, and homelike environment in four of four resident bathrooms. (Apple, Rosemont, [NAME] and Rehab units) Findings Include: Observation of the Apple unit bathroom on October 17, 2025 at 11:15 a.m. revealed the floor of the shower was missing approximately 8 tiles and the corner of the wall separating the bathtub and the shower had broken and missing tiles. Observations of the Rosemont unit bathroom on October 17, 2025 at 11:20 a.m. revealed a soiled Band-Aid lying on the floor of the shower. The wall of the entrance to the shower was broken at the floor with missing tiles and the metal covering bent and sticking out. The wall next to the entrance to the bathroom was missing tiles and had broken tiles. Observations of the [NAME] unit bathroom on October 17, 2025 at 11:25 a.m. revealed a plastic light cover was broken and lying on the floor by the entrance door of the bathroom. Observation of the Rehab unit bathroom on October 17, 2025 at 11:30 a.m. revealed on the bottom of the wall separating the two showers were broken and missing tiles. Interview with the Nursing Home Administrator at the time of all the above observations confirmed each area needed repair and the facility was currently planning the repairs. Interview with Resident 1 on October 17, 2025 at 11:50 a.m. revealed the bathrooms have had broken tiles for a while now and there have been instances when they were taken to the bathroom for a shower and the floor was soiled with bandages and dirty wash rags. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) (e)(3) Management. 28 Pa. Code 207.2(a) Administrator's responsibility</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395205
		If continuation sheet Page 1 of 1