STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395205	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neffsville Nursing and Rehabilitation	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, record review, and staff interviews, it was determined the facility failed to ensure the environment was free from accident hazards and failed to provide adequate supervision and assistive devices to prevent accidents. Specifically, the facility utilized radiant space heaters in resident rooms and in a hallway of the rehabilitation unit following loss of heat, placing residents, including residents with cognitive impairment, at risk for serious injury or death. This failure constituted Immediate Jeopardy for the 22 residents on the Rehab unit.Findings include:During an interview conducted with the Nursing Home Administrator (NHA) on February 3, 2026, at approximately 8:20 a.m., the NHA reported one hallway in the rehabilitation unit lost heat on the evening of January 31, 2026. In response, the facility placed three radiant space heaters in resident rooms and two radiant space heaters in the rehabilitation unit hallway.Observations conducted February 3, 2026, at 8:24 a.m., during the survey revealed radiant space heaters actively in use in resident rooms and in a hallway accessible to residents. The heaters were positioned in locations where residents could come into direct contact with hot surfaces and electrical components.The Maintenance Director was contacted on February 3, 2026, at 8:25 a.m., and the surveyor accompanied the Maintenance Director while temperature readings of the space heaters were obtained.Temperature measurements of the space heaters located in resident rooms were as follows:Space Heater #2 located in Resident R1's and R2's room measured 138.5 FSpace Heater #3 located in Resident R3's room measured 153 FSpace Heater #4 located in Resident R4's and R5's room measured 123 FTemperature measurements of the space heaters located in the affected hallway were as follows:Space Heater #1 located at the entrance of the hallway measured 139 FSpace Heater #5 located at the end of the hallway measured 136 FInterview conducted with the Maintenance Director and the NHA on February 3, 2026, at approximately 8:42 a.m., NHA confirmed the facility was aware of the temperatures of the radiant space heaters located in resident rooms and the hallway. The NHA reported that space heaters were placed in the rooms of Residents R1, R2, R4, and R5 because those residents were dependent on staff for transfers. The NHA further indicated a space heater was placed in Resident R3's room because the resident had a BIMS score of 15, indicating intact cognition. The Maintenance Director reported placing orange caution cones around the space heaters located in the hallway to prevent residents from walking into them.Observations conducted in the affected hallway at approximately 8:58 a.m. revealed a resident in a wheelchair independently ambulating using handrails to pull themselves forward. The resident maneuvered around Space Heater #5 by moving to the opposite side of the hallway and continued down the hallway until reaching Space Heater #1, where the resident again had to maneuver around the heater to continue ambulation.Review of Resident R1's Minimum Data Set (MDS) revealed the resident was independent with chair-to-bed and bed-to-chair transfers and able to ambulate independently. The MDS further revealed a BIMS score of 12, indicating moderate cognitive impairment.Review of Resident R2's MDS assessment revealed the resident was dependent on staff for transfers and ambulation and had a BIMS score (continued on next page)

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	of 12, indicating moderate cognitive impairment.Review of Resident R3's MDS assessment revealed the resident was independent with transfers and ambulation and had a BIMS score of 15, indicating intact cognition.Review of Resident R4's MDS assessment revealed the resident was dependent on staff for transfers and ambulation and had a BIMS score of 3, indicating severe cognitive impairment.Review of Resident R5's MDS assessment revealed the resident was dependent on staff for transfers and ambulation and had a BIMS score of 14.Interview conducted with the NHA on February 3, 2026, at approximately 9:20 a.m., the NHA reported the facility did not have any policies or procedures providing guidance for the use of radiant space heaters in resident care areas.Interviews conducted with Certified Nursing Assistants (CNA) Employees E1, E2, and E3 revealed inconsistent understanding of the risks associated with radiant space heaters, including risks of burns, fire, and electrical hazards.An Immediate Jeopardy situation was identified and communicated to the Nursing Home Administrator on February 3, 2026, at 2:21 p.m., and an immediate action plan was requested. The Immediate Jeopardy template was provided to the facility.On February 3, 2026, at 4:25 p.m., the facility submitted an acceptable Immediate Jeopardy action plan, which included:Space heaters in use were taken out of the rooms and in the hallways.Room temperatures remained at 71 degrees and above.Residents in affected rooms were interviewed to ensure they are warm enough, extra blankets offered.Residents continued to be monitored q15 minutes.Vendor was contacted to provide p-tac units that will be used to provide heat in the residents' rooms as the facility waits for vendor to repair heat source.Space heaters will be removed from the facility.Maintenance staff will be educated by the NHA/Designee to ensure no space heaters are in use in resident rooms and hallwaysHourly audits of resident rooms temps and hallway temps in the affected area will be completed until the heat source is repaired.The audits will also include observation of the affected areas to ensure no space heaters in use with results to QAPI committee for further action and recommendations.During an interview conducted with the NHA on February 4, 2026, at approximately 8:15 a.m., the NHA reported the vendor provided 12 PTAC (self-contained heating and cooling unit) units, six of which were actively in use with six maintained as backups.Observations conducted of the Rehabilitation unit on February 4, 2026, at approximately 8:20 a.m., revealed all radiant space heaters had been removed.Review of facility temperature logs revealed room temperature checks were conducted and documented every 15 minutes. Temperature readings obtained with the NHA at approximately 8:22 a.m. revealed all rooms were within acceptable temperature ranges.Interviews conducted with Licensed Practical Nurses Employees E4, E5, and E6 and Certified Nursing Assistants Employees E7 through E11 confirmed staff education regarding prohibition of space heater use and required temperature monitoring.Interviews conducted with Residents R1, R2, R3, and R5 confirmed their rooms were warm and staff frequently checked on them and offered blankets.Immediate Jeopardy began on the evening of January 31, 2026, when the facility lost heat in the Rehabilitation unit and implemented the use of radiant space heaters in resident rooms and hallways, and continued until February 4, 2026, at 9:20 a.m., when the facility removed all space heaters, implemented alternative heating measures, and demonstrated corrective actions were sufficient to remove the Immediate Jeopardy. 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1) Management28 Pa. Code 201.18(e)(1) Management28 Pa. Code 211.10(d) Resident care policies28 Pa. Code 211.12(d)(1)(5) Nursing services28 Pa. Code 211.12(d)(2) Nursing services

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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on review of employee job descriptions, as well as observations, record review, and staff interviews, it was determined that the facility's administration, including the Nursing Home Administrator and Director of Nursing, failed to effectively utilize available resources to promote resident safety and maintain the highest practicable physical well-being of residents. Specifically, the facility failed to ensure the environment was free from accident hazards by permitting the use of radiant space heaters in resident rooms and hallways, including areas accessible to residents with cognitive impairment. This failure placed residents at risk for serious injury or death and resulted in an Immediate Jeopardy situation.Findings include: The job description for the Nursing Home Administrator (NHA), dated October 06, 2025, indicated the NHA's primary purpose is to manage the facility in accordance with current applicable federal, state, and local standards, guidelines, and regulations that govern long-term care facilities. To follow all facility policies and apply them uniformly to all employees. To ensure the highest degree of quality care is provided to our residents at all times.The position description for the Director of Nursing (DON), dated august 11, 2022, revealed the DON is responsible to plan, organize, develop and direct the overall operation of the Nursing Service Department in accordance with current federal, state, and local standards, guidelines, and regulations that govern the facility, and as may be directed by the Medical Director, to ensure that the highest degree of quality care is maintained at all times.The deficiencies cited under the Code of Federal Regulatory Groups for Long-Term Care, 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices (F689) revealed that the NHA and DON failed to fulfill their essential job duties for ensuring that the residents' environment remained free of accident hazards. 28 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(e)(1) Management.28 Pa. Code 211.12(d)(1)(5) Nursing Services.