

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/17/2026
NAME OF PROVIDER OR SUPPLIER  Wyomissing Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 East Wyomissing Blvd Reading, PA 19611	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physician ordered medication was available from the pharmacy for two of seven sampled residents. (Residents 1, 7) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included neoplasm (tumor) related pain and pancreatic cancer. A review of the care plan revealed interventions for staff to administer medications as ordered by the physician. On February 7, 2026, a physician ordered for staff to administer oxycodone (a pain medication) every three hours as needed for severe pain. On February 9, 2026, a nurse noted that the resident complained of pain and that she was unable to administer the oxycodone medication because it was unavailable. Clinical record review revealed that Resident 7 was admitted to the facility on [DATE], with diagnoses that included polyneuropathy (damage to nerves caused by diabetes) and diabetes. On February 5, 2026, a physician ordered for staff to administer insulin glargine (medication to treat diabetes and maintain blood sugar levels) at bedtime, metoprolol tartrate (blood pressure medication) two times a day, metformin (medication to manage blood sugar levels) two times a day, and gabapentin (medication to treat nerve pain) two times a day. On February 5, 2026, a nurse documented that the medications were unavailable from pharmacy and therefore not administered. In an interview on February 17, 2026, at 12:30 p.m., the Director of Nursing confirmed that the medications had not been administered as ordered by the physician because they had not been available from the pharmacy, and that staff should have utilized the emergency supply. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(1)(3) Management. 28 Pa. Code 211.12(d)(3)(5) Nursing services.</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: 395237	If continuation sheet Page 1 of 1