

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2026
NAME OF PROVIDER OR SUPPLIER  Jewel Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  535 North 17th Street Allentown, PA 18104	

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 - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations during environmental tour, it was determined that the facility failed to maintain resident environment in a clean and homelike manner one two of three nursing units. (Second and Third floor nursing units) Findings include Observations made during an environmental tour of the second floor nursing unit on February 2, 2026, at 11:15 a.m., revealed the following: The walls in resident rooms 203, 210, 212, 218, and 220 were marred and scratched. Outside of room [ROOM NUMBER], the wall below the handrail was marred and scratched. The handrail was also marred with deep scratches. The wall paper was peeling off of the wall between rooms [ROOM NUMBERS]. There was a piece of wall paper missing near the elevator by the control panel. In room [ROOM NUMBER], there was a large section of the wall behind the bed by the door that was damaged and was missing drywall and paint. The wall paper was peeling off of the wall in the hallway near room [ROOM NUMBER]. There was a large piece of wall paper peeling off of the wall in the hallway near room 219. The middle privacy curtain in room [ROOM NUMBER] was stained. Observations made during an environmental tour of the third floor nursing unit on February 2, 2026, at 12:00 p.m., revealed the following: There was a large crack in the ceiling over the bed by the door in room [ROOM NUMBER]. There was a ceiling tile missing outside of room [ROOM NUMBER] exposing the wires in the ceiling.</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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