STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395264	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jewel Healthcare and Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations it was determined that the facility failed to maintain a clean and sanitary environment on two of three nursing units. (First and Second floor) Findings include: During an environmental tour of the first and second floor nursing units on April 9, 2026, from 12:15 p.m. until 1:30 p.m., the following was observed: Inside the residents' shared bathroom in room [ROOM NUMBER], the roll of toilet paper was too large to fit inside the toilet roller. Toilet paper was observed on top of the toilet. Inside the residents' shared bathroom in room [ROOM NUMBER], there were no paper towels inside the paper towel dispenser and no toilet paper. Inside the residents' shared bathroom in room [ROOM NUMBER], there were no paper towels inside the paper towel dispenser, no toilet paper, and the toilet was clogged. Inside the residents' shared bathroom in room [ROOM NUMBER], the paper towel dispenser was empty. A roll of paper towels was observed on the floor. Inside the residents' shared bathroom in room [ROOM NUMBER], the paper towel dispenser was empty. A roll of paper towels was observed on top of the toilet. Inside the residents' shared bathroom in room [ROOM NUMBER], there was no toilet paper. Inside the residents' shared bathroom in room [ROOM NUMBER], there were no paper towels inside the dispenser and no toilet paper. CFR 483.10(i)(2) Safe EnvironmentPreviously cited 2/2/26 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management.

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