STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395298	A. Building B. Wing	12/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakewood Rehabilitation & Healthcare Center	147 Old Newport Street Nanticoke, PA 18634

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 26142 Based on clinical record reviews and staff interviews, it was determined the facility failed to ensure provision of a written notice for a facility-initiated transfer to the hospital. Specifically, the facility failed to provide a written notice regarding the reason for the transfer to the resident and the resident's representative in a language and manner easily understood, for one resident out of 6 residents sampled (Resident 2). Findings include: A review of the clinical record revealed that Resident 2 was transferred to the hospital on December 29, 2024, due to a change in mental status and had not returned to the facility as of the conclusion of the survey on December 30, 2024. Documentation related to the transfer indicated that the transfer was facility-initiated; however, there was no evidence that a written notice was provided to the resident or the resident's representative explaining the reason for the transfer in a language and manner that was easily understood. During an interview with the Nursing Home Administrator (NHA) on December 30, 2024, at approximately 2:00 PM, the NHA confirmed that no written notice was provided to the resident or the resident's representative regarding the facility-initiated transfer on December 29, 2024. This failure to provide the required written notice deprived the resident and their representative of critical information and the opportunity to understand and respond to the facility-initiated transfer to the hospital. 28 Pa. Code 201.14(a) Responsibility of license. 28 Pa. Code 201.29 (a) Resident Rights.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395298	A. Building B. Wing	12/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakewood Rehabilitation & Healthcare Center	147 Old Newport Street Nanticoke, PA 18634

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142 Based on a review of clinical records, the facility's bed-hold policy, and staff and family interviews, it was determined the facility failed to provide written notice of the specifics of the facility's bed-hold policy, including the duration and reserve bed payment policy, to a resident's representative upon the resident's transfer to the hospital for one of six sampled residents (Resident 2). Findings include: A review Resident 2's clinical record revealed admission to the facility on [DATE]. The resident was cognitively intact with a BIMS score of 15 (brief interview for mental status, a tool to assess the resident's attention, orientation, and ability to register and recall new information a score of 13-15 equates to being cognitively intact) and a diagnosed intellectual disability. Resident 2 was transferred to the hospital on December 29, 2024. Interview with the resident's representative on December 30, 2024, revealed that while a copy of the facility's bed-hold policy was provided at admission, no written notification or explanation of the bed-hold policy, including the duration, reserve bed payment requirements, or procedures for the resident's return, was provided at the time of the hospital transfer. There was no documented evidence that the facility provided the resident or the representative of the resident written information about the facility's bed-hold policy (an agreement for the facility to hold a bed for an agreed upon rate during a hospitalization) at the time of transfer, or within 24 hours, detailing the duration of bed-hold, if any, and the reserve bed payment policy and addressing permitting the return of residents to the next available bed. The Business Office Manager (BOM), interviewed on December 30, 2024, at 2:15 PM, stated that she provides written bed-hold notifications to residents or their representatives during business hours. She indicated that nursing staff is responsible for providing the notifications when she is unavailable. However, she acknowledged no documentation existed to confirm this process was completed for Resident 2. The Nursing Home Administrator (NHA), interviewed on December 30, 2024, at approximately 3:00 PM, confirmed the facility failed to provide the required written notice of the bed-hold policy to Resident 2 or the resident's representative upon transfer to the hospital. The NHA stated it is the facility's standard practice to send a copy of the bed-hold policy with the resident during transfers but admitted this practice was not documented in this instance. The failure had the potential to affect the resident's right to understand the bed-hold process, secure their bed during hospitalization , and plan for their return to the facility, potentially compromising the resident's rights and ability to plan for continuity of care. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa Code 201.29 (a)Resident rights

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395298	A. Building B. Wing	12/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakewood Rehabilitation & Healthcare Center	147 Old Newport Street Nanticoke, PA 18634

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142 Based on clinical record review and staff interview, it was determined the facility failed to ensure timely completion of prescribed laboratory services for one resident out of six sampled (Resident 1). This failure resulted in a delay in the monitoring and management of the resident's elevated potassium levels as ordered by the prescribing practitioner. Findings included: Clinical record revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses to include diabetes, heart failure and morbid obesity. The resident's potassium levels (K+ normal range: 3.5-5.1 mmol/L Potassium is a mineral found in the foods you eat. It ' s also an electrolyte. Electrolytes conduct electrical impulses throughout the body. They assist in a range of essential body functions, including blood pressure, normal water balance, muscle contractions, nerve impulses, digestion, and heart rhythm) were documented as follows: November 15, 2024: 5.4 mmol/L (elevated) November 19, 2024: 5.4 mmol/L (elevated) November 20, 2024: 5.5 mmol/L (elevated) On November 20, 2024, at 1:31 PM, nursing documentation revealed the facility's physician assistant reviewed the lab results and noted the elevated potassium level of 5.5 mmol/L. New orders were written for Kayexalate (a medication used to treat a high level of potassium in the blood) to treat hyperkalemia (high potassium) and to repeat a BMP (Basic Metabolic Panel a laboratory test that measures several important aspects of the blood, like electrolytes and blood sugar) on November 22, 2024. A review of Resident 1's clinical record revealed no evidence the ordered BMP was collected on November 22, 2024, as prescribed. During an interview on December 30, 2024, at 2:00 PM, the corporate nurse confirmed that she contacted the hospital lab and verified that the BMP lab test was not drawn. She was unable to provide an explanation as to why the nursing staff did not follow up to ensure the BMP was completed or why there was no notification to the prescribing practitioner regarding the missed laboratory study. There was no documented evidence that facility staff attempted to reobtain the BMP after the lab test was missed or that the prescribing practitioner was notified of the failure to complete the ordered diagnostic testing in a timely manner. The failure to monitor and address elevated potassium levels in a timely manner poses significant risks, including the potential for cardiac arrhythmias or other complications related to hyperkalemia. The facility failed to adhere to physician orders for prescribed laboratory testing and did not implement appropriate follow-up actions to ensure the resident's care needs were met. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395298	A. Building B. Wing	12/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakewood Rehabilitation & Healthcare Center	147 Old Newport Street Nanticoke, PA 18634

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12 (c)(d)(3)(5) Nursing services