

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/26/2026
NAME OF PROVIDER OR SUPPLIER  Lakewood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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 a review of clinical records, select facility policy, and staff interviews, it was determined the facility failed to implement procedures to ensure the timely acquisition and administration of a prescribed medication to one of four sampled residents (Resident CR1). Findings include: A review of the facility policy titled Unavailable Medication, last reviewed by the facility on December 8, 2025, revealed it is the facility policy that, in conjunction with the contracted pharmacy, the facility will make every effort to ensure that a medication ordered for the resident is available to meet their needs. Upon receipt of information from the pharmacy regarding a medication that is unavailable, nursing staff shall notify the physician, obtain a new order and discontinue the prior order, or obtain a hold order for the unavailable medication. A clinical record review revealed resident CR1 was admitted to the facility on [DATE], with diagnoses that included cellulitis of the right lower limb (a skin infection affecting the deep dermis and subcutaneous tissues, characterized by swelling, redness, pain, and warmth). A physician's order for Vancomycin Intravenous (IV) Solution 1000 mg/200 ml (an antibiotic medication) with directions to administer 1000 mg intravenously every 12 hours for Methicillin-resistant Staphylococcus aureus (MRSA, a bacterium that is resistant to many common antibiotics) was initiated on March 20, 2026. A review of an admission progress note dated March 20, 2026, at 4:16 PM revealed resident CR1 was admitted to the facility with an abscess (a swollen lump filled with pus that forms under the skin) on her right foot and MRSA. The note indicated the resident's physician orders were reviewed and no clinically significant order issues were identified. A review of Resident CR1's medication administration record dated March 2026 revealed Resident 1 was not administered Vancomycin Intravenous (IV) Solution 1000 mg/200 ml on March 20, 2026, at 9:00 PM or on March 21, 2026, at 9:00 AM as ordered by the physician. A clinical record review revealed no documented evidence facility staff notified the physician that Vancomycin Intravenous (IV) Solution 1000 mg/200 ml was not available to be administered to Resident CR1. During an interview on March 26, 2026, at 1:45 PM, the nursing home administrator (NHA) and director of nursing (DON) confirmed Resident CR1 did not receive Vancomycin Intravenous (IV) Solution 1000 mg/200 ml in accordance with the physician's orders. The DON and NHA indicated the medication was not available for administration on March 20, 2026, at 9:00 PM or on March 21, 2026, at 9:00 AM. The NHA and DON were unable to provide documented evidence the physician was notified that Resident CR1's antibiotic medication was not available for administration. The facility failed to ensure the timely acquisition and administration of a prescribed antibiotic medication for resident CR1, resulting in two missed administrations. 28 Pa. Code 211.9 (a)(1)(d) Pharmacy services. 28 Pa. Code 211.10 (c) Resident care policies. 28 Pa. Code 211.12 (d)(1)(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