

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395343	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Myerstown Nursing and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7 West Park Avenue Myerstown, PA 17067	

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>Based on clinical record review, resident interview, and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included cervical disc disorder with myelopathy (spinal cord compressed in the neck), chronic pain, constipation, and muscle weakness. In an interview on June 5, 2025, at 10:50 a.m., Resident 1 stated that he did not receive his simethicone medication (medication to relieve bloating, pressure, and fullness; commonly referred to as gas) for the past four days and that he had severe gas pain. A physician's order dated January 24, 2025, directed staff to administer simethicone twice a day. Nursing documentation dated June 3, 2025, at 10:07 a.m., revealed the pharmacy did not have simethicone available. Further documentation on that date revealed that the physician was made aware that the medication was not available at 5:57 p.m. At that time, the physician ordered the simethicone to be administered twice a day as needed. Review of Resident 1's Medication Administration Record revealed that staff did not administer the simethicone on June 1 through June 4, 2025.</p> <p>In an interview on June 5, 2025, at 1:45 p.m., the Director of Nursing confirmed the medication was not available and administered as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(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
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