

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 01/12/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a medication was available from the pharmacy for administration as ordered by the physician for one of three sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], at 11:51 a.m., and had diagnoses that included kidney failure, chronic obstructive pulmonary disease (COPD), respiratory failure, metabolic encephalopathy, and a urinary tract infection. The day of admission, at 12:06 p.m., the physician ordered that staff administer 0.25 milliliters (ml) of a morphine solution (20 milligrams (mg) per ml) every four hours. According to the Medication Administration Record, the resident did not receive the morphine on January 8 and 9, 2026, because it was not available from the pharmacy. In an interview on January 12, 2026, at 10:45 a.m., the Director of Nursing confirmed that the resident did not receive the medication as ordered until January 10, 2026, at 12:00 a.m. 28 Pa. Code 211.9(d) Pharmacy services. 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
---	-------	-----------