

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  01/23/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>Based on observation and resident and staff interviews, it was determined that the facility failed to maintain the resident environment in a clean and homelike manner for three of three nursing units (first, second and third floor nursing units) and for one of six sampled residents. (Resident 1) Findings include: In an interview on January 23, 2026, at 10:00 a.m., Resident 1 was in bed dressed in a hospital gown. He stated that he had been in the same gown as the day before because there was a lack of clean hospital gowns on the nursing unit. In an additional interview at 11:15 a.m., on the second floor nursing unit, Nurse Aid (NA) 1 stated that there were no hospital gowns available on the linen carts in the hallways. The linen carts were used to store linens needed to complete overall care for the residents. Observations on January 23, 2026, on the second floor nursing unit at 10:15 a.m., revealed that there were no clean resident gowns available on either of the two linen carts located on the unit in the hallways. Further observation of the clean linen room on the second floor nursing unit revealed that there were only two clean resident gowns, and there were no sheets on the shelves in the room. The floor of this room was dirty with debris, plastic cups, and dirt. Observations on January 23, 2026, on the third floor nursing unit at 10:30 a.m., revealed that the linen cart located on the unit had few gowns, sheets, and towels. Further observation of the third floor clean linen room, at 10:30 a.m., revealed that there were few clean resident gowns and sheets. There was debris on the floor and two bags of clean linens that were opened and directly on the floor. Observation on January 23, 2026, at 10:35 a.m., of the clean linen room on the first floor nursing unit revealed that there were no sheets, few clean resident gowns, and no wash cloths. In addition, outside the clean utility room on the first floor, there were three bins of soiled linens that were full and odorous in the hallway of this area. Further observation revealed that on January 23, 2026, at 11:30 a.m., the above-mentioned linen carts and clean linen rooms had not been replenished and were still either sparse or empty. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3)(e)(2.1) Management.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395343
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