

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 02/24/2026
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on clinical record review, and staff interview, it was determined that the facility failed to notify the resident or responsible party of physician ordered changes for two of five sampled residents. (Residents 1, 3) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included congestive heart failure and dementia. Further review of the clinical record revealed that on February 1, 2026, Resident 1 complained of pain to his sacrum and the physician ordered for staff to apply triad paste (wound dressing designed to maintain a moist healing environment). On February 4, 2026, the physician ordered for staff to apply calcium alginate (a specialized highly absorbent gel) to Resident 1's right heel wound. There was no documented evidence that Resident 1 or their responsible party was notified of the physician orders for triad paste or calcium alginate. Clinical record review revealed that Resident 3 had diagnoses that included dementia. On February 6, 2026, the physician ordered for staff to administer Mucinex (an expectorant medication) for five days for a productive cough, and hydrocortisone cream (cream for inflammation and/or itching) twice a day for a rash. There was no documented evidence that Resident 3 or their responsible party was notified of the physician orders for Mucinex or hydrocortisone cream. In an interview on February 24, 2026, at 1:04 p.m., the Administrator confirmed there was no documented evidence that the residents or the residents' responsible parties were notified of the changes. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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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