

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 03/19/2026
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and resident and staff interviews, it was determined that the facility failed to provide a properly working call bell system on three of three units. (1st floor, 2nd floor, 3rd floor) Findings include: Observations on March 19, 2026, at 9:20 a.m., 10:00 a.m., and 10:10 a.m., revealed call bells in rooms 103, 105, 203, and 316 with lights in the corridor, but no audible sound when activated. Clinical record review revealed that Resident 2 had diagnoses that included chronic pain and dysphagia (difficulty swallowing). The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was alert and oriented, and dependent on staff for toileting and dressing. Review of the care plan revealed Resident 2 was at risk for falls with an intervention for staff to ensure the call light was within reach and encourage it's use. In an interview on March 19, 2026, at 9:50 a.m., Resident 2 stated his call bell has not worked properly for two days. Observations at that time, revealed no sound when the call bell was activated. Clinical record review revealed that Resident 7 had diagnoses that included diabetes and insomnia (difficulty sleeping). The MDS assessment dated [DATE], indicated that the resident was alert and oriented. Review of the care plan revealed Resident 7 was at risk for falls with an intervention for staff to ensure the call light was within reach and encourage it's use. In an interview on March 19, 2026 at 10:20 a.m., Resident 7 stated his call bell sporadically did not work properly. In an interview on March 19, 2026, at 10:07 a.m., Nurse 1 stated the call bells were lighting up in the hallway, but not sounding when activated. In a confidential interview on March 19, 2026, at 10:15 a.m., an employee stated the call bells were lighting up in the hallway, but not sounding when activated. In an interview on March 19, 2026, at 10:38 a.m., the Administrator confirmed the call bell system had not been functioning properly and that the system was lighting up in the hallway but not sounding since the prior day. 28 Pa. Code 201.18(b)(3)(e)(2.1) Management. 28 Pa. Code 211.12(d)(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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