

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 04/03/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, and observation, it was determined that the facility failed to provide timely assistance with care in a manner that maintained dignity for two of five sampled residents. (Residents 2, 5) Findings include: Clinical record review revealed that Resident 2 had diagnoses that included cervical disc disorder with myelopathy (a condition where the spinal cord compression in the neck leads to brain deficits) and cervicgia (neck pain). Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had no cognitive impairment and was dependent on staff for toileting. According to the care plan, the resident was at risk for falls with an intervention for staff to encourage the resident to use the call bell for assistance and that the resident needed prompt response to all requests for assistance. During an interview on April 3, 2026, at 9:48 a.m., the resident stated he needed assistance with incontinence care. He activated his call bell at that time. Between 9:48 and 10:02 a.m., the call light remained on, and Nurse Aide (NA) 1 walked by the room without assisting the resident. At 10:02 a.m., a staff member turned off the call light and left the room without assisting the resident. At 10:11 a.m., Resident 2 reactivated the call bell. At 10:12 a.m., NA 1 answered the call bell, stated to the resident, What is it now? and turned off the call bell without providing assistance to the resident. At 10:41 a.m., Resident 2 activated the call bell again. Resident 2 was not provided assistance with toileting until 11:00 a.m., over one hour after the resident first activated the call bell for assistance. Clinical record review revealed that Resident 5 had diagnoses that included congestive heart failure and diabetes. Review of the MDS assessment dated [DATE], revealed Resident 5 was dependent on staff for toileting. According to the care plan, the resident had a self care deficit and bladder incontinence with interventions for staff to keep the call bell within reach and answer promptly. On April 3, 2026, at 10:00 a.m., the resident was observed in bed with the call bell in the drawer of the bedside table, out of reach. At 10:45 a.m., Resident 5 yelled out I'm peeing, please help me, along with her room number, and I had to go to the bathroom and I soon might have to again. At 10:58 a.m., the resident stated, I don't have my things and can't get to them. Resident 5 continued to yell out requesting various items, including the bathroom, water, and food. Resident 5's call bell remained out of reach and staff did not respond to her requests for assistance. 28 Pa. Code 201.14(a) Responsibility of licensee. 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and resident interview, it was determined that the facility failed to provide services to maintain adequate hygiene for one of five sampled residents. (Resident 2) Findings include: Clinical record review revealed that Resident 2 had diagnoses that included cervical disc disorder with myelopathy (a condition where the spinal cord compression in the neck leads to brain deficits) and cervicgia (neck pain). Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed the resident had no cognitive impairment and was dependent on staff for toileting. According to the care plan, the resident was at risk for falls with an intervention for staff to encourage the resident to use the call bell for assistance and that the resident needed prompt response to all requests for assistance. The care plan also indicated that Resident 2 had a self care deficit and staff were to assist the resident with activities of daily living since the resident could not complete them independently. During an interview on April 3, 2026, at 9:48 a.m., the resident stated he needed assistance with incontinence care. He activated his call bell at that time. Between 9:48 and 10:02 a.m., the call light remained on, and Nurse Aide (NA) 1 walked by the room without assisting the resident. At 10:02 a.m., a staff member turned off the call light and left the room without assisting the resident. At 10:11 a.m., Resident 2 reactivated the call bell. At 10:12 a.m., NA 1 answered the call bell, stated to the resident, What is it now? and turned off the call bell without providing assistance to the resident. At this time, NA 1 stated that she refused to provide care to Resident 2 and walked away. At 10:41 a.m., Resident 2 activated the call bell again. Resident 2 was not provided assistance with incontinence care until 11:00 a.m., over one hour after the resident first activated the call bell for assistance. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		