

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 08/21/2025
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>Based on clinical record review, observation, staff and resident interview, it was determined that the facility failed to ensure that a resident's call bell was answered in a timely manner for one of 16 sampled residents. (Resident 19) Findings include: Clinical record review revealed that Resident 19 had diagnoses that included right leg above the knee amputation, reduced mobility, and chronic pain syndrome. Review of the Minimum Data Set assessment, dated August 4, 2025, revealed that Resident 19 was able to communicate her needs, had no cognitive impairment, and required extensive assistance from staff with activities of daily living. Review of the care plan revealed that Resident 19 had physical limitations, was at risk for falls, and dependent on staff for toileting assistance. The interventions included that staff were to encourage use of the call bell for assistance and staff were to promptly respond to all requests from the resident for assistance. Observation of Resident 19's room on August 19, 2025, at 10:20 a.m., revealed the resident's call bell lights were flashing both above the door and behind the resident's bed. In an interview on August 19, 2025, at 10:20 a.m., Resident 19 stated that she had been waiting since 10:00 a.m. to get assistance to the bathroom and that they would miss an activity due to waiting to get assistance to the bathroom. At 10:49 a.m., Resident 19 was assisted by staff, 29 minutes later. In an interview on August 21, 2025, at 10:05 a.m., the Administrator stated that call bells were expected to be answered within 20 minutes. 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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<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, it was determined that the facility failed to provide a safe, clean, and comfortable environment on one of two nursing units. (Healthcare 1) Findings include: Observations on August 19, 2025, from 9:45 a.m. through 10:45 a.m. and August 20, 2025, from 12:35 p.m. through 12:43 p.m. revealed the following: The top left edge of the windowsills were damaged in rooms 100, 101, 107, 112, 116, and on the window by the television and the left and right windows by the patio door in the dining room. The chair rail under the television in the dining room was damaged. The wall in the dining room opposite the wall with the television was damaged under the wooden shelf. Debris and a black substance were observed on the floors in rooms 104, 110, 111, 112, 114, 115, 116, and in elevator 1.28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on staff interview, it was determined that the facility failed to employ a full-time qualified dietary services manager in the absence of a full-time qualified dietitian. Findings include: During an interview on August 19, 2025, at 10:45 a.m., the dietary manager stated the facility did not employ a qualified dietary manager. There was no evidence that the facility had a qualified dietary services manager or a full-time dietitian. In an interview conducted on August 20, 2025, at 1:50 p.m., the Administrator confirmed that there was not a full-time dietitian employed at the facility and that the facility did not employ a qualified dietary manager in the absence of a full-time dietitian. 28 Pa. Code 201.18(b)(3) Management.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, resident and staff interview, it was determined that the facility failed to accommodate resident food allergies one of 16 sampled residents. (Resident 28) Findings include: Clinical record review revealed that Resident 28 was admitted to the facility on [DATE], and had a diagnoses that included asthma. On May 10, 2025, it was noted in the resident's ongoing plan of care and admission documentation that he was allergic to peanuts. The Minimum Data Set assessment dated [DATE], revealed the resident had moderate cognitive impairment and required set-up assistance for feeding. Review of the resident's care plan revealed Resident 28 was at nutritional risk related to vision problems and alternate food items were to be offered as needed. The posted menu for August 19, 2025, listed a peanut butter bar for dessert. Observation on August 19, 2025, at 12:30 p.m., revealed the resident was seated in his chair next to his bed. Staff had served him his meal and there was a peanut butter bar on the tray. In an interview at that time, the resident stated that he had a peanut allergy. In an interview on August 20, 2025, at 1:45 p.m., the Director of Nursing confirmed Resident 28 did get the peanut butter bar as a dessert and should not have. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b) Management.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on facility policy review, observation, and staff interview, it was determined the facility failed to store food in a sanitary manner on two of two nursing units. (Health Care 1 and Health Care 2) Findings include: Review of the facility policy entitled, Use and Storage of Food Brought in by Family or Visitors, dated July 8, 2025, revealed that nursing staff were to label and date the resident food items foods that require refrigeration. Observation in Health Care 1 resident pantry on August 21, 2025, at 9:25 a.m., revealed that the refrigerator had a sign posted on the front saying, Resident Food Only. In the freezer, there was an opened container of ice cream that was not dated or labelled with a resident name. In the refrigerator, there were two cans of soda, one opened bottle of soda, two opened jars of salsa, and a piece of candy that were not dated and labeled with a resident name. There was a refrigerator shelf that had a layer of dusty food debris on it and another shelf with a strand of hair stuck to it. There was a long piece of plastic tape that had an accumulation of dust debris that was dangling from a shelf. Observation in Health Care 2 resident pantry on August 20, 2025, at 10:00 a.m., revealed that the refrigerator had a sign posted on the front saying, Resident Food Only. In the refrigerator, there was a container of chopped fresh fruit, a bag of cherries, an uncovered dish of wilted sliced tomatoes, and a container of oat milk that were not dated. There were opened bottles of apple cider vinegar, salad dressing, and oat milk that were not labelled with a date. None of the items were labelled with a resident name. Inside the refrigerator, there was a shelf that was covered with a layer of sticky food debris. The bottom area of the refrigerator had a sticky substance with a hair strand in it. In the freezer, there was a spicy breaded chicken sandwich, a container of ice cream, and one ice cream bar that were not labelled with a resident name. In an interview on August 21, 2025, at 12:15 p.m., the Administrator confirmed refrigerators are for resident food only and that the items were to be labelled with the resident name and dated by staff. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3)(e)(2.1) Management.</p>		