STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395406	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Luther Acres Manor	400 Saint Luke Dr Lititz, PA 17543

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on clincal record review, faciltiy policy review, observations and staff and resident interviews, it was determined that the facility failed to ensure that call bells were answered in a timely manner for one resident observed (Resident 1).Findings include: During interview conducted with Resident 1 on April 14, 2026, at 11:12 a.m., the resident stated he/she had concerns with the length of time it takes for staff to respond to his/her call bell. Resident 1 stated that he/she required assistance with incontinence care and had initiated his/her call bell at approximately 11:00 a.m. A staff member, who Resident 1 later identified as dietary staff, knocked on the resident's door at 11:17 a.m. to inquire if Resident 1 needed assistance because his/her call bell was on. Resident 1 stated he/she needed assistance with incontinence care, the staff member stated he/she would inform the nurse aide. At 11:35 a.m. when this Surveyor left the resident's room no staff had come to assist the resident. Observations made from the unit's nurses station until 12:03 p.m. revealed no staff responding to Resident 1's call bell.Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 14, 2026, at 12:05 p.m., when the above information was presented, the DON was asked what was considered a long wait time for call bell responses, the DON responded 15 minutes was to long. This Surveyor then informed the DON that Resident 1 had been waiting for over an hour. The NHA called the unit to have staff assist the resident immediately. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1) Management 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, faciltiy policy review, observations and staff and resident interviews, it was determined that the facility failed to ensure that activities of daily living were performed in a timely manner for one resident observed (Resident 1)Findings include: Facility policy titled Activities of Daily Living (ADL), Supporting, last revised April 2025, documents residents are provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (adls). Residents who are unable to carry out adls independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Review of Resident 1's Quarterly Minimum Data Set (MDS) dated [DATE], under the section for Activities of Daily Living (ADLs), revealed the resident requires a Hoyer lift and is dependent on staff assistance with showering/bathing, and toileting.During interview conducted with Resident 1 on April 14, 2026, at 11:12 a.m., Resident 1 stated that he/she required assistance with incontinence care and had initiated his/her call bell at approximately 11:00 a.m. Observations were made at 11:17 a.m., of a staff member, asking Resident 1 if he/she needed assistance because his/her call bell was on. Resident 1 stated he/she needed assistance with incontinence care, the staff member stated he/she would inform the nurse aide. At 11:35 a.m. when the interview concluded, no staff had come to assist the resident. Observations made from the unit's nurses station from 11:35 a.m. until 12:03 p.m. revealed no staff responded to Resident 1's call for assistance with incontinence care.Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 14, 2026, at 12:05 p.m., when the above information was presented, the DON was asked what was considered a long wait time for call bell responses, the DON stated 15 minutes was to long. The NHA and DON was informed that Resident 1 had been waiting for over an hour for incontinence care. The NHA called the unit to have staff assist the resident immediately. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing Services