

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Rosewood Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 401 University Drive Schuylkill Haven, PA 17972	

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 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>Based on resident and staff interviews and review of facility documentation, it was determined that the facility failed to employ a full-time social worker. Findings include: During an interview on January 20, 2026, at 1:13 p.m., Resident 1 stated that the facility has not had a full-time social worker since the end of last year. During the group interview with residents on January 21, 2026, at 10:30 a.m., Resident 32 also stated that there hasn't been a full-time social worker since December 2025. At that time, Resident 113 stated that she needed social services related to a legal matter. Review of the facility employee files revealed that one of the facility's two social workers (SW 2) left the facility on December 23, 2025, and the other (SW 3) left on December 31, 2025. When interviewed on January 23, 2026, at 10:50 a.m., the facility's current social worker (SW 1) stated that she began working at the facility on January 7, 2026, had only worked four full days since starting employment, and was not full-time when interviewed. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.16 (a) Social 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