

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/04/2026
NAME OF PROVIDER OR SUPPLIER  Emerald Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  320 South Market Street Elizabethtown, PA 17022	
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 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide and implement an infection prevention and control program.  Based on facility policy review, observations and staff interviews it was determined the facility failed to provide PPE and signage for residents who require enhanced barrier precautions for one of six residents reviewed. (Resident 1) Findings Include: Review of facility policy titled Enhanced Barrier Precautions, effective March 2024, revealed EPB (enhanced barrier precautions) are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO (multi-drug resistant organism) colonization. Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE (personal protective equipment) required. PPE is available outside of the resident rooms. Observation of Resident 1 on February 4, 2026 at approximately 12:05PM revealed the resident had an indwelling urinary catheter (a flexible tube inserted into the bladder to continuously drain urine into an external bag). Further observations revealed there was no PPE in the room and there was no sign for EBP. Two Licensed Practical Nurses E2 and E3 confirmed the lack of signage on February 4, 2026, at approximately 2:45PM. These findings were relayed to the Nursing Home Administrator and the Director of Nursing on February 4, 2026, at 3:30 p.m. 28 Pa. Code 211.12(c)(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
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