STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395472	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lebanon Skilled Nursing and Rehabilitation Center	900 Tuck Street Lebanon, PA 17042

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to report an alleged violation of potential neglect for one of six sampled residents. (Resident 1)Findings include: Review of the facility policy entitled, Abuse Prohibitions, last reviewed February 24, 2025, revealed that the facility prohibited abuse, mistreatment, neglect, and exploitation, for all residents. The facility was to implement abuse prohibition through the following, to include reporting of incidents, investigations, and the facility's response to the results of their investigations immediately upon receiving information concerning a report of suspected neglect or abuse. The designee was to report the allegations involving neglect to the appropriate state and local authorities. Clinical record review revealed that Resident 1 had diagnoses that included chronic respiratory failure with hypoxia, heart failure, and venous insufficiency (leg veins become damaged or weak preventing efficient blood return to the heart). The Minimum Data Set assessment dated [DATE], indicated that the resident had no cognitive impairment and was dependent for activities of daily living (ADL), including bed mobility, transfers, and toileting. A review of the care plan revealed that the resident had an ADL self-care deficit and was dependent for ADL care in bed mobility, transfers, locomotion, and toileting related to limited mobility and interventions included assistance of two to three staff and a bed pad for bed mobility. Review of facility documentation dated January 28, 2026, revealed that while providing care, Nurse Aide (NA) 1 observed a bruise on the resident's left forearm. Further investigation revealed that while providing care, NA 2 used the resident's left forearm to roll the resident towards him. There was a small bruise noted on the resident's left forearm. There was no evidence that a second staff member was present or bed pad was used to perform bed mobility, per the resident's care plan. There was no documented evidence that the facility reported the incident of alleged neglect to the appropriate state and local agencies as per facility policy. In an interview on February 4, 2025, at 3:30 p.m., the Director of Nursing stated that the facility failed to report the incident of alleged neglect to the appropriate state and local agencies. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 201.29(a) Resident rights.

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
	395472	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lebanon Skilled Nursing and Rehabilitation Center	900 Tuck Street Lebanon, PA 17042

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to implement a comprehensive care plan that addressed individual resident needs as identified in the comprehensive assessment for one of six sampled residents. (Resident 1)Findings include: Clinical record review revealed that Resident 1 had diagnoses that included chronic respiratory failure with hypoxia, heart failure, and venous insufficiency (leg veins become damaged or weak preventing efficient blood return to the heart). The Minimum Data Set assessment dated [DATE], indicated that the resident was able to communicate her needs clearly and was dependent for activities of daily living (ADL), including bed mobility, transfers, and toileting. A review of the care plan revealed that the resident had an ADL self-care deficit and was dependent for ADL care in bed mobility, transfers, locomotion, and toileting related to limited mobility and interventions included assistance of two to three staff and a bed pad for bed mobility. Review of facility documentation dated January 28, 2026, revealed that while providing care, Nurse Aide (NA) 1 observed a bruise on the resident's left forearm. Further investigation revealed that while providing care, NA 2 used the resident's left forearm to roll the resident towards him. There was a small bruise noted on the resident's left forearm. There was no evidence that a second staff member was present or bed pad was used to perform bed mobility, per the resident's care plan. In an interview on February 4, 2026, at 10:45 a.m., Resident 1 stated that she was able to reposition in bed with the assistance of one staff member and a bed pad. In an interview on February 4, 2026, at 3:30 p.m., the Director of Nursing confirmed that the bed pad was not used when NA 2 was providing care and that the care plan did not reflect the resident's current bed mobility status requiring the assistance of one staff with a bed pad. CFR 483.21(b)(1) Comprehensive Care PlansPreviously cited 3/26/25 28 Pa. Code 211.12(d)(1)(5) Nursing services.