

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Lebanon Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on clinical record review, observation, and resident and staff interviews, it was determined that the facility failed to ensure that a call bell was answered in a timely manner for one of 29 sampled residents. (Resident 16) In addition, the facility failed to provide services to enhance each resident's quality of life by offering showers as scheduled to one of 29 sampled residents. (Resident 47)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 16 had diagnoses that included chronic obstructive pulmonary disease, diabetes mellitus, and chronic pain. The Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident had no cognitive impairment, required assistance from staff with transfers and mobility, and was able to make his needs known. Review of Resident 16's care plan revealed that staff were to provide assistance with transfers and toileting. Observation on March 24, 2025, at 10:23 a.m., revealed the resident was observed out of bed sitting in the wheelchair with the call bell activated. In an interview at 10:48 a.m., Resident 16 stated he had been waiting to get his urinal emptied and no one answered his call bell. Resident 16 also stated at that time, that he often waits extended periods of time for someone to answer the call bell.</p> <p>In an interview on March 25, 2025, at 10:50 a.m., the Nursing Home Administrator stated that call bells were expected to be answered within 15 minutes.</p> <p>Clinical record review revealed that Resident 47 had diagnoses that included Parkinson's disease, depression, and anxiety. Review of the MDS assessment, dated December 29, 2024, revealed the Resident had no cognitive impairment. Review of Resident 47's care plan revealed it was important for him to choose how he preferred to bath, and that staff were to assist him with showering as needed. Review of the nurse aide task documentation, revealed that Resident 47 was scheduled for showers on Mondays and Thursdays. In an interview on March 24, 2025, at 10:35 a.m., Resident 47 stated he did not receive a shower per his preference on March 17, 2025. There was no documented evidence that Resident 47 received his shower per preference on March 17, 2025.</p> <p>CFR 483.10(a)(1) Resident Rights</p> <p>Previously Cited 8/21/2024, 4/12/2024</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395472
		If continuation sheet Page 1 of 18

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing services.

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<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on clinical record review, and resident and staff interview, it was determined that the facility failed to ensure that a resident received care from staff as she preferred in order to attend activities of her choice for one of 29 sampled residents. (Resident 4)</p> <p>Findings include:</p> <p>In an interview on March 24, 2025, at 10:40 a.m., Resident 4 expressed a concern that she was not able to attend her preferred morning group activities last Monday and Tuesday due to the staff not getting her up and ready in time to go to the activities held in the morning. She was concerned because staff had not helped her to get up and ready until after 11:00 a.m She further stated that she had told staff that she preferred to be up out of bed and dressed for breakfast and morning activities by 7:00 a.m She stated that did not like to miss the activities and interacting with her peers.</p> <p>Clinical record review revealed that Resident 4 had diagnoses that included congestive heart failure and osteoarthritis of the knee. The Minimum Data Set assessment dated [DATE], indicated that the resident was alert and oriented. The assessment also indicated that it was very important for her to choose her own bedtime, listen to preferred music, have contact with animals/pets, keep up with the news and do things with groups of people. It was also important for her to do favored activities. The resident utilized a wheelchair and was dependent on staff for care.</p> <p>Review of a recreation assessment dated [DATE], revealed that she enjoyed and attended many group activities such as games, musical entertainment and scheduled activities. The goal was for her to maintain her current level of participation in preferred leisure interests.</p> <p>A review of the care plan revealed an area for activities with an intervention for staff to encourage her participation in group activities.</p> <p>A nursing note dated March 24, 2025, revealed that she was alert, had clear speech and vision, and was understood and understands. The note further indicated that she utilized a wheelchair for mobility.</p> <p>Review of the March 2025, activities calendar revealed that on Monday March 17, 2024, the morning group activity scheduled was at 10:00 a.m., and was Movin and Groovin. On Tuesday March 18, 2025, the morning group activity scheduled was at 10:00 a.m., and was Sing Fit with [NAME]. In an interview on March 24, 2024, at 12:45 p.m., the Director of Activities stated that those two morning group activities were held on those two days as scheduled.</p> <p>28 Pa. Code 211.29(a) Resident rights.</p> <p>28 Pa. Code 211.12(d)(3) Nursing services.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan that addressed individual resident needs as identified in the comprehensive assessment for two of 29 sampled residents. (Residents 51 and 141)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 51 was admitted to the facility on [DATE], and had diagnoses that included dementia. The Minimum Data Set (MDS) Care Area Assessment summary dated December 11, 2024, noted that the resident's cognitive decline/dementia was to be addressed in the care plan. There was no evidence that interventions to address Resident 51's cognitive decline/dementia were included in the current care plan.</p> <p>Clinical record review revealed that Resident 141 had diagnoses that included a deep tissue injury on her right heel. Review of the MDS assessment dated [DATE], indicated that the resident had an injury on her foot. The MDS Care Assessment Area dated March 6, 2025, noted that the resident's pressure ulcer/injury was to be addressed in the care plan. There was no evidence that interventions to address Resident 141's pressure area/injury were included in the current care plan.</p> <p>In an interview on March 26, 2024, at 9:25 a.m., the Director of Nursing confirmed there was no documented evidence that the identified care areas were addressed in Residents 51's and 141's current care plans.</p> <p>CFR 483.21(b)(1) Develop/Implement Comprehensive Care Plan</p> <p>Previously cited 4/12/24</p> <p>28 Pa.Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on clinical record review and resident and staff interview, it was determined that the facility failed to provide a restorative ambulation program as recommended by physical therapy for one of one sampled resident who was recommended for a restorative ambulation program. (Resident 94)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 94 had diagnoses that included chronic obstructive pulmonary disease, stroke, and abnormal gait and mobility. The Minimum Data Set assessment dated [DATE], indicated that the resident was alert and oriented and had limited range of motion on one side of her upper and lower extremities. A review of the care plan revealed that the resident required assistance with activities of daily living related to having impaired balance. On February 19, 2025, there was an intervention for staff to implement and deliver restorative nursing programs as indicated which included ambulation with a walker.</p> <p>Review of an physical therapy discharge summary dated February 17, 2025, revealed that upon discharge the resident was walking 25 feet with the walker and caregiver assistance/supervision. At this time, therapy recommended for staff to provide assistance with a restorative ambulation program.</p> <p>In an interview on March 23, 2025, at 12:30 p.m., the resident stated, that she did not receive assistance from staff with walking as much as she would like to. She further stated that she wanted to walk more often then she had been doing with staff.</p> <p>Review of nursing documentation for the last 30 days, revealed that there was no consistent documented evidence that staff were providing the restorative ambulation program and assisting resident to walk on a regular basis as recommended by physical therapy.</p> <p>In an interview on March 26, 2025, at 9:55 a.m., the Director of Nursing stated that there had been no actual restorative ambulation program implemented as recommended by physical therapy.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on facility policy review, clinical record review, observation, and resident and staff interviews, it was determined that the facility failed to implement physician's orders for five of 29 sampled residents. (Residents 37, 51, 119, 141, 355) In addition, the facility failed to obtain a physician order for a compression stocking and a compression wrap for one of one sampled resident. (Resident 355)</p> <p>Findings include:</p> <p>Review of the policy entitled, Medication Administration, last reviewed February 24, 2025, revealed that staff were to administer medications in accordance with the written orders of the physician. Vital signs were to be entered into the Medication Administration Record (MAR) as indicated.</p> <p>Clinical record review revealed that Resident 37 was admitted on [DATE], and had diagnoses that included heart failure. On February 2, 2025, a physician ordered that staff obtain a daily weight for the resident. A review of Resident 37's record revealed that there was no documented evidence to support a weight was obtained on February 19, 21, 23, 28, 2025, and on March 6, 9, 15, 18, 19, and 24, 2025.</p> <p>Clinical record review revealed that Resident 51 had diagnoses that included hypertension (high blood pressure). On December 29, 2024, the physician ordered staff to administer a blood pressure medication (isosorbide dinitrate) three times a day. Staff were not to administer the medication if the resident's systolic blood pressure (the first measurement of blood pressure when the heart beats and the pressure is at its highest) was less than 100 millimeters of mercury (mm Hg). Review of Resident 51's March 2025 MAR revealed that staff administered the medication 11 times with no documentation that the blood pressure was assessed prior to medication administration per physician's order.</p> <p>Clinical record review revealed that Resident 119 was admitted on [DATE], and had diagnoses that included chronic kidney disease and heart failure. On November 26, 2024, a physician ordered that staff obtain a daily weight for the resident. A review of Resident 119's record revealed that there was no documented evidence to support a weight was obtained on February 22 and 23, 2025, and March 12 and 22, 2025.</p> <p>In an interview on March 26, 2025, at 9:50 a.m., the Director of Nursing confirmed there was no documented evidence that the blood pressure was taken prior to medication administration per physician's order for Resident 51, and confirmed there was no documentation to support that weights were obtained by staff or refused by the residents on the previously mentioned dates for Residents 37 and 119.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Clinical record review revealed that Resident 141 had diagnoses that included sepsis (infection), osteoarthritis, a deep tissue injury on her right heel and weakness. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident had an injury on her foot and had applications of dressings with or without topical medications. Review of a skin assessment dated [DATE], revealed that the resident had a deep tissue injury on her right heel. On March 6, 2025, a physician had ordered for staff to provide a treatment to the right heel on a daily basis. Review of the Treatment Assessment Record (TAR) for March 2025, revealed that there were blanks for the treatment to her right heel on March 7, 11, 14, and 21, 2025. There was no documented evidence that the treatment had been done by staff on those dates as ordered by the physician.</p> <p>In an interview on March 26, 2025, at 10:15 a.m., the Director of Nursing stated that the resident continued to receive wound care on her right heel and that there was no documented evidence that the treatments had been done to her right heel on the aforementioned dates.</p> <p>Clinical record review revealed that Resident 355 was admitted to the facility on [DATE], with diagnoses that included myocardial infarction (a condition where the blood flow to the heart is reduced or stopped), congestive heart failure (a condition in which the heart doesn't pump blood as well as it should), and cellulitis (bacterial skin infection). Review of the MDS assessment dated [DATE], indicated that Resident 355 had no cognitive impairment and was able to make his needs known. A physician's order dated March 11, 2025, directed staff to weigh the resident daily. A review of the Medication Administration Record (MAR) for March 2025, revealed that there was no documented evidence that staff weighed Resident 355 as ordered on March 16 and 17, 2025. On March 23, 2025, at 10:18 a.m., Resident 355 was observed sitting in the wheelchair with a compression stocking covered by a compression wrap on the left leg. On March 24, 2025, at 10:58 a.m., Resident 355 was observed sitting in the wheelchair with a compression stocking covered by a compression wrap on the left leg. In an interview at that time, Resident 355 stated that no one had taken off the compression stocking or the compression wrap since his admission to the facility. Review of the March physician's orders revealed no order for the compression stocking, or the compression wrap to the left leg.</p> <p>In an interview on March 26, 2025, at 9:50 a.m., the Director of Nursing confirmed there was no documented evidence that the weights were done as ordered and there was no physician's order for the compression stocking or compression wrap.</p> <p>CFR Quality of Care</p> <p>Previously cited 1/29/25, 4/12/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on clinical record review and observation, it was determined that the facility failed to implement interventions to prevent further decline and/or improve range of motion for one of five sampled residents at risk for limited range of motion. (Resident 101)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 101 had diagnoses that included dementia, a right knee contracture, and muscle weakness. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident had cognitive impairment and was dependent on staff for personal hygiene and dressing. On June 1, 2023, the physician ordered for staff to apply a splint to Resident 101's right lower extremity in the morning. Review of the care plan revealed that the resident was at risk for loss of range of motion related to contractures with an intervention for staff to apply the right lower extremity splint in the morning. Observations on March 23, 2025, at 11:50 a.m., and 1:50 p.m., March 24, 2025, at 9:09 a.m., and 10:49 a.m., and March 25, 2025, at 8:38 a.m., and 9:44 a.m., revealed that the resident was in bed with no right lower extremity splint applied.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure that adequate catheter care was provided for one of two sampled residents with an indwelling urinary catheter. (Resident 44) In addition, the facility failed to assess bladder incontinence and provide services to restore bladder function as much as possible for one of two sampled residents at risk for bladder function loss. (Resident 144)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Catheter: Indwelling Urinary - Care of, last reviewed February 24, 2025, revealed that staff would perform catheter care twice a day and as needed and document the care provided.</p> <p>Clinical record review revealed that Resident 44 had diagnoses that included dementia and urinary retention. On September 5, 2024, the physician ordered for the resident to have an indwelling catheter every shift. Observations on March 23, 2025, revealed Resident 44 in his wheelchair with his indwelling catheter in place. There was no documented evidence that staff provided catheter care twice a day per facility policy.</p> <p>Review of the facility policy entitled, Continence Management, last reviewed February 24, 2025, revealed that facility staff was to complete an incontinence assessment as part of the admission process by conducting a nursing assessment, address transient causes for incontinence, and review a three day bowel/bladder pattern record. After completion of the bladder/bowel incontinence assessment and the three day bowel/bladder pattern record, if urinary and/or fecal incontinence was not resolved, individualized interventions and plan of care were developed and documented on the care plan.</p> <p>Clinical record review revealed that Resident 144 was admitted to the facility on [DATE], with diagnoses that included benign prostatic hyperplasia (prostate gland enlargement that can cause difficulty with urination) and spinal stenosis (narrowing of one or more spaces within the spinal canal). According to the MDS assessment, dated February 18, 2025, the resident needed assistance from staff for toileting. The assessment further indicated that the resident was frequently incontinent of urine and was not on a toileting program. Review of the current care plan revealed that Resident 144's type of urinary incontinence was not identified and there were no specific interventions developed to address 144's urinary incontinence. There was no documented evidence that an incontinence risk assessment, an assessment to determine the type of incontinence, and an appropriate incontinence program were ever completed.</p> <p>In an interview on March 26, 2025, at 9:51 a.m., the Director of Nursing confirmed that there was no documented evidence that Resident 144's urinary incontinence had been assessed per facility policy.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on a review of facility policy and observation, it was determined that the facility failed to ensure that medications/biologicals were securely stored in a medication or treatment cart on one of six nursing units. ([NAME] nursing unit)</p> <p>Findings include:</p> <p>Review of the facility policy entitled Medication Storage, last reviewed February 24, 2025, revealed that the medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medication and that medication rooms, cabinets and supplies should remain locked when not in use or attended by persons with authorized access.</p> <p>Observations on March 24, 2025, on the [NAME] nursing unit, from 10:30 a.m. through 11:35 a.m., revealed the medication cart in the hallway with two tubes of medicated creams (Permetherin) on top, unattended and accessible to anyone in the vicinity. Observations from 11:55 a.m. through 12:28 p.m., revealed the treatment cart, with medicated creams (lidocaine), wound wash cleansers, and nail clippers inside, in the hallway unlocked, unattended and accessible to anyone in the vicinity.</p> <p>Observations on March 25, 2025, on the [NAME] nursing unit, from 8:30 a.m. through 8:38 a.m., revealed the treatment cart, with medicated creams (lidocaine), wound wash cleansers, and nail clippers inside, in the hallway unlocked, unattended and accessible to anyone in the vicinity.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</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>45125</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.</p> <p>Findings include:</p> <p>During an interview on March 23, 2025, at 10:30 a.m., the Dietary Manager stated the facility did not employ a certified dietary manager. In an interview conducted on March 25, 2025, at 12:05 p.m., the Administrator confirmed that there was not a full-time dietitian employed onsite at the facility and that the facility did not employ a qualified certified dietary manager in the absence of a full-time dietitian.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>

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<p>F 0804</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on facility documentation, resident interview, results of a test tray audit, and staff interview, it was determined that the facility failed to provide food that was palatable and at an appetizing temperature on one of five nursing units. ([NAME] unit)</p> <p>Findings include:</p> <p>Review of Resident Council Minutes from October 17, 2024, November 14, , 2024, January 9, 2025, and February 13, 2025, revealed that residents had stated that their food was served cold and was not palatable. In a group interview on March 24, 2025, at 10:30 a.m., Residents 4, 47, 54, 55, and 100 reported that it was an ongoing problem that hot food was frequently served cold and food was not palatable.</p> <p>Review of facility documentation entitled, Food and Nutrition Services Test Tray Evaluation, the vegetable, starch, and coffee should be greater than 140 degrees Fahrenheit (F) at point of service to the resident.</p> <p>Results of a test tray audit conducted on March 24, 2025, at 12:06 p.m., after the last resident meal tray was served from the dining cart, revealed broccoli was served at a temperature of 131.6 degrees F, the hashbrown was served at a temperature of 132 degrees F, and the coffee at a temperature of 120 degrees F. The previously mentioned foods were noted to be below 140 degrees F and were not palatable to taste.</p> <p>On March 24, 2025, from 12:05 p.m. through 12:35 p.m., Residents 22, 94, and 118, were observed eating lunch in their rooms and stated that the hot foods were served cold and not palatable.</p> <p>In an interview on March 26, 2025, at 10:30 a.m, the Administrator confirmed the previously mentioned items did not meet the policy guidelines for hot foods to be served at 140 degrees F and should have been.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Lebanon Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 Tuck Street Lebanon, PA 17042	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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** 17709</p> <p>Based on clinical record review and observation, it was determined that the facility failed to ensure that residents were served preferred food items on their meal trays for three of 29 residents. (Residents 94, 96 and 118)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 94 had diagnoses that included diabetes and depression. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was alert and oriented. A review of a care plan revealed that the resident was at risk for altered nutrition due to her medical diagnoses. There was an intervention for staff to honor her food preferences within her meal plan.</p> <p>In an interview on March 23, 2025, at 12:25 p.m., Resident 94 stated that she often did not get certain preferred food and drink items that were listed on her tray card. At that time, she was served her lunch in her room. Review of the tray card revealed that she was to receive pickles with her sandwich. She did not receive pickles as listed on her tray card.</p> <p>Observation on March 24, 2025, at 12:15 p.m., revealed the resident had received her lunch in her room. Review of the tray card revealed that she was to receive diet gelatin. She did not receive the diet gelatin as listed on her tray card.</p> <p>Clinical record review revealed that Resident 96 had diagnoses that included diabetes, anxiety, and iron deficiency anemia. Review of the MDS assessment, dated February 11, 2025, revealed the resident had no cognitive impairment. Review of Resident 96's care plan revealed she was at risk of altered nutritional status with an intervention for staff to honor food preferences as able. In an interview on March 23, 2025, at 11:36 a. m., Resident 96 stated she never received the food items she preferred or what was on the menu. Observations on March 23, 2025, at 12:10 p.m., revealed Resident 96's lunch meal ticket included a pickle. No pickle was observed on Resident 96's lunch tray. At that time, Resident 96 stated she would have liked to receive the pickle that was stated on her meal ticket.</p> <p>Clinical record review revealed that Resident 118 had diagnosis of diabetes. The MDS assessment dated [DATE], indicated that the resident was alert and oriented. A review of the care plan revealed that the resident was at risk for altered nutrition due to diabetes. There was an intervention for staff to honor her food preferences within her meal plan.</p> <p>In an interview on March 23, 2025, at 12:29 p.m., the resident stated that she often did not get certain preferred food and drink items that were listed on her tray card. At this time, she was served her lunch in her room. Review of the tray card revealed that she was to receive pickles with her sandwich. She did not receive pickles as listed on her tray card.</p> <p>Observation on March 24, 2025, at 12:15 p.m., revealed the resident had been served her lunch in her room. Review of the tray card revealed that she was to receive Lactaid milk. She did not receive the Lactaid milk as listed on her tray card.</p> <p>(continued on next page)</p>		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b) Management.

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>Based on facility policy review, observation, and staff interview, it was determined that the facility failed to store food in a sanitary manner in the dietary department.</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Food Handling, dated February 24, 2025, revealed that staff were to label food items with the date prepared or opened and then discard after seven days after opening an item or three days after a food was prepared.</p> <p>Observations during the kitchen tour on [DATE], at 9:30 a.m., revealed the following:</p> <p>In the walk-in cooler, there was an opened bag of shredded mozzarella that was dated [DATE], and a pan of ham salad that was dated [DATE]. There was a pan of egg salad, a bag of lettuce, and a pan of raw pork cubes that were not dated. In the freezer, there was an opened bag of 20 sausage patties that was not dated.</p> <p>In an interview on [DATE], at 11:00 a.m., the Dietary Manager confirmed that the previously mentioned items should have been dated and were not and the expired items should have been removed.</p> <p>CFR 483.60(i) Food Safety Requirement</p> <p>Previously cited [DATE]</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45244</p> <p>Based on a review of facility policy, review of facility documentation, and staff interview, it was determined that the facility failed to perform infection surveillance in accordance with facility policy.</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Infection Control Outcome and Process Surveillance and Reporting, last reviewed February 24, 2025, revealed that the Infection Preventionist would conduct regular surveillance related to infections.</p> <p>During the review of the facility infection control program on March 26, 2025, there was no documented evidence of any infection surveillance since January 2025.</p> <p>In an interview on March 26, 2025, at 10:54 a.m., the Director of Nursing confirmed that infection surveillance should be done monthly and was not done per facility policy since January 2025.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to consistently implement an antibiotic stewardship program and maintain a system to effectively monitor antibiotic usage for one of two residents receiving antibiotics. (Resident 355)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Antibiotic Stewardship, last reviewed February 24, 2025, revealed that medical providers were to document antibiotic orders containing dose, duration, and indication for use. Front-line nursing staff (RNs and LPNs) were to perform a time-out on all antibiotics when a resident was admitted to the center. The Consultant Pharmacist during the monthly medication regimen review would review antibiotic courses for appropriateness of administration and/or indication and monitor provider compliance with proper documentation of antibiotic orders-dose, duration, and indication. The Infection Preventionist would track antibiotic starts through the use of line listings and pharmacy reports.</p> <p>Clinical record review revealed that Resident 355 was admitted to the facility on [DATE], with diagnoses that included myocardial infarction (a condition where the blood flow to the heart is reduced or stopped), congestive heart failure (a condition in which the heart doesn't pump blood as well as it should), and cellulitis (bacterial skin infection). A physician's order dated March 11, 2025, directed staff to administer an antibiotic (doxycycline) two times a day for infection. On March 13, 2025, the pharmacist made a recommendation for the provider to include a stop date and to indicate the type of infection being treated. Review of Resident 355's March 2025 Medication Administration Record revealed the resident received 27 doses of the antibiotic without a stop date and the type of infection was not identified.</p> <p>In an interview on March 26, 2025, at 10:46 a.m., the Director of Nursing confirmed that the resident was receiving the antibiotic without a stop date or indication for use and the antibiotic stewardship policy was not being followed.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to offer pneumococcal disease vaccines in accordance with facility policy to five of 29 residents whose vaccines were reviewed. (Residents 41, 51, 56, 80, 137)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Pneumococcal Vaccination, last reviewed February 24, 2025, revealed that upon admission, the facility would assess each resident to determine if they had been previously vaccinated for pneumococcal disease and offer the vaccine if the resident had not received it. Staff were to document education, including benefit of vaccination, and whether resident received the vaccination or declined in the electronic medical record.</p> <p>Clinical record review revealed that Resident 41 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>Clinical record review revealed that Resident 51 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>Clinical record review revealed that Resident 56 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>Clinical record review revealed that Resident 80 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>Clinical record review revealed that Resident 137 was admitted to the facility on [DATE]. There was no documented evidence that the facility offered a pneumococcal disease vaccine or determined if the resident had received it prior to admission.</p> <p>In an interview on March 26, 2025, at 11:05 a.m., the Director of Nursing confirmed that there was no documentation related to pneumococcal disease vaccines for these residents according to the policy.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>