

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395616	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Lock Haven Rehabilitation and Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 22 Cree Drive Lock Haven, PA 17745	

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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation and resident and staff interview, it was determined that the facility failed to provide adequate housekeeping and maintenance services to ensure a clean, safe, and orderly environment on two of four nursing units (Unit 1 and Unit 4, Residents 5 and 10). Findings included: An interview with Resident 5 on November 19, 2025, at 11:20 AM revealed that she was very unhappy with the cleanliness of her bathroom, stating she keeps her own broom and a Swiffer mop, so she can clean the area herself, but she is unable to remove the dirt. Observation of the bathroom revealed there was a lot of brown and gray debris on the floor along all of the baseboards that appeared to be stuck to the floor. The threshold was noted to have a gray strip running the width of the doorway and along this strip on both sides was a layer of dust and debris that appeared to be stuck to the floor. These findings were reviewed during an interview with the Nursing Home Administrator and the Director of Nursing on November 19, 2025, at 3:35 PM. An interview with Resident 10 on November 19, 2025, at 1:23 PM revealed concerns with the cleanliness of the bathroom floor. Concurrent observation of Resident 10's bathroom revealed a gap the resident pointed out between areas of the wall and bathroom floor. Observation revealed a small gap, most noticeably between the floor and wall located behind the commode. Some areas of this gap contained unidentified debris. The above information for Resident 10 was reviewed in a meeting with the Nursing Home Administrator and Director of Nursing on November 19, 2025, at 3:30 PM. 483.10(i)(1)-(7) Safe/clean/comfortable/homelike Environment Previously cited deficiency 9/19/25 28 Pa. Code 201.18(b)(3)(e)(2.1) Management</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
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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observation, review of facility documents, and resident and staff interview, it was determined that the facility failed to provide sufficient staff to carry out the functions of the food and nutrition services in the main kitchen and on two of four nursing units (Unit 4, Residents 5). Findings include: An Interview with Resident 5 revealed that using plastic utensils to cut food on Styrofoam is awful, and this happens often, especially on the weekends. A review of the resident council meeting summary for October 2025, revealed that concerns regarding tray tickets and actual items on the tray are mismatched, and the Fall/Winter menus had not yet been updated or distributed, despite a launch date of October 1, 2025, as indicated on the September resident council meeting. During an interview with Employee 1, Food Services Director, on November 19, 2025, at 10:20 AM it was confirmed paper products (foam containers and plastic ware) were used to serve resident meals for dinner on Wednesday, November 12, due to not having enough food service staff to operate the dish machine to wash dishes and silverware and complete other duties. Employee 1 stated that this is done any time there is not enough staff to wash the dishes and prepare meals. Review of the food service staff schedule for November 2 to 11, 2025, with Employee 1, on November 19, 2025, at 10:20 AM revealed the following open positions for food service workers on the schedule required to meet the needs of the department: Sunday, November 2, 2025, two morning shifts Monday, November 3, 2025, three morning shifts Tuesday, November 4, 2025, one morning shift, one evening shift Wednesday, November 5, 2025, two morning shifts Thursday, November 6, 2025, three morning shifts Friday, November 7, 2025, one morning shift, one evening shift Saturday, November 8, 2025, three morning shifts and one evening shift Sunday, November 9, 2025, two morning shifts Monday, November 10, two morning shifts Tuesday, November 11, 2025, two morning shifts, and two evening shifts Wednesday, November 12, 2025, two morning shifts, and two evening shifts Thursday, November 13, 2025, two morning shifts, and one evening shift Friday, November 14, 2025, one morning shift, one evening shift Saturday, November 15, 2025, two morning shifts The above concerns regarding the timing of meals, and utilization of paper products due to staffing was reviewed with the Nursing Home Administrator on November 19, 2025, at 3:30 PM. 483. 60 (a) Sufficient Dietary Support Personnel Previously cited 9/19/25 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, facility document review, and resident and staff interview, it was determined that the facility failed to serve all meal ticket items for three of five residents observed (Residents 5, 6, and 7). Findings include: During an interview with Resident 5 on November 19, 2025, at 11:20 AM she stated that she often does not receive the items on her tray that she is supposed to. A review of the resident council meeting summary for October 2025, revealed that concerns regarding tray tickets and actual items on the tray are mismatched. Observation of the lunch meal service for unit 4 on November 19, 2025, at 12:15 PM revealed the following: Employee 2 NA (nurse aide), delivered meal trays to the residents and assisted Residents 6 and 7 in preparing their trays by removing the lids and placing them in front of the resident on a tray table. Review of Resident 5's lunch meal ticket (paper slip provided with tray that indicates diet, items to be received, as well as resident allergies and preferences) revealed that the resident had both bread and margarine listed on her ticket. No bread or margarine was observed on the resident's tray. Concurrent reviews and observations of Resident 6 and 7's lunch meal tickets revealed that Resident 6 should have received cottage cheese on her tray, and Resident 7 should have received a grilled cheese sandwich. These items were not present on either resident's tray. Partway through meal service at 12:30 PM, the surveyor notified Employee 2 of the residents missing lunch service items. At this time Employee 2 called down to the kitchen and requested these items be sent for these individuals. The surveyor discussed the above findings with the Nursing Home Administrator on November 20, 2025, at 3:35 PM. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management</p>