

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395770	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/22/2025
NAME OF PROVIDER OR SUPPLIER Cedar Haven Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 590 South Fifth Avenue 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the resident or responsible party of physician ordered changes for one of five sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included congestive heart failure and end stage renal disease. Review of the clinical record revealed that on December 11, 2025, the physician ordered for staff to administer Bumex (a diuretic medication) two milligrams twice a day. On December 12, 2025, the physician ordered for staff to obtain a chest x-ray, and on December 15, 2025, the physician ordered for the resident to receive double-portion protein at meals. There was no documented evidence that Resident 1 or their responsible party was notified of the change in treatment related to physician orders for Bumex, a chest x-ray, and double-portion protein with meals. In an interview on December 22, 2025, at 2:42 p.m., the Director of Nursing confirmed there was no documented evidence that the resident or the resident's responsible party was notified of the changes. 28 Pa. Code 211.12(d)(1)(5) Nursing 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
---	-------	-----------