

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395774	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Lancaster Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 East King Street Lancaster, PA 17602	

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 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** 46166</p> <p>Based on clinical record review and staff interview, it was determined that [NAME] Nursing and Rehabilitation Center failed to ensure a resident was monitored for weight loss and follow physician orders for one of two residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record revealed diagnoses including but not limited to following: unspecified injury of head, Obesity, Depression (mood disorder that causes a persistent feeling of sadness and loss of interest in activities of daily living), Chronic pain, and Congenital Malformation of Corpus Callosum (brain defect where there is a complete or partial absence of the corpus callosum, a bundle of nerves connecting the right and left side of the brain).</p> <p>Review of Resident R1's clinical record revealed the resident had a recorded weight of 275.7 pounds on May 1, 2024.</p> <p>Further review of Resident R1's clinical record revealed a weight of 180 pounds on June 6, 2024.</p> <p>Additional review of Resident R1's clinical record revealed that the resident's attending physician or dietician were not informed until June 21, 2024, when dietician noted weight loss and requested weight monitoring weekly times four weeks.</p> <p>Review of Resident R1's physician orders revealed an order initiated on June 24, 2024, with instructions of weekly weights x4 every day shift every Mon (Monday) for 4 week.</p> <p>Review of Resident R1's clinical record including June and July 2024 Medication Administration Record (MARs) failed to reveal weekly weight monitoring. Weight was recorded on June 17, 2024, of 180 pounds.</p> <p>Further review of Resident R1's July 2024 MAR failed to reveal weights for the second and third week of July 2024. Additional review of July 2024 MAR revealed blank (not signed) entries for July 1, July 8, and July 15, 2024. A weight was record in Resident R1's vital section for July 3, 2024, of 186 pounds.</p> <p>Review of Resident R1's meal consumption documentation revealed, Resident R1 refused to eat any meals for July 5, July 6, and July 7, 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395774	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Lancaster Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 East King Street Lancaster, PA 17602	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Nursing Home Administrator on July 29, 2024, at 1:16 p.m. confirmed the weights of Resident R1 were not monitored and physician orders were not followed.</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> <p>Previously cited on 5/22/24 and 7/27/23</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services</p> <p>Previously cited on 5/22/24 and 7/27/23</p>		