

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 01/27/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46166</p> <p>Based on observations, review of clinical records, and staff interview it was determined that the facility failed to provide reasonable accommodation of needs for one of five residents reviewed (Resident R1).</p> <p>Findings Include:</p> <p>Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], with the following diagnosis: acute respiratory failure with hypoxia (not enough oxygen in the blood due to a failure in oxygen exchange in the lungs), chronic obstructive pulmonary disease (a lung condition caused by damage to the airways that limit airflow in and out of the lungs), anxiety disorder (characterized by excessive, persistent and uncontrollable worry and fear about everyday situations), muscle wasting and atrophy (deterioration of ones muscles), and difficulty in walking.</p> <p>Review of Resident R1's clinical record revealed a progress note dated September 26, 2024, at 10:25 a.m. stating call placed to [power of attorney for care] who stated she requested 2 siderails [power of attorney for care] as informed this is considered a restraint educated on the risks of 2 siderails. [power of attorney for care] was updated on all fall interventions in place. [power of attorney for care] wants to talk to nursing administration stated she will be in.</p> <p>Additional review of Resident R1's clinical record revealed a Bed Side Rail Evaluation dated November 11, 2024, reporting the Resident R1 needed bed rails for positioning and/or rising from [lying down] to sitting. Further review of the evaluating revealed the from was not completed and Resident R1 did not receive bed rails.</p> <p>Subsequent review of Resident R1's clinical record revealed an additional Bed Side Rail Evaluation dated January 10, 2025, revealed the evaluation was entirely completed and Resident R1 received bed rails on January 10, 2025.</p> <p>An interview conducted with the Director of Nursing (DON) on January 27, 2025, at 12:45 p.m. revealed he was not aware of the incomplete Bed Side Rail Evaluation and confirmed that Resident R1 should've had bed rails installed on her bed on November 11, 2024.</p> <p>28 Pa. Code 201.29 (a) Resident Rights.</p> <p>28 Pa. Code 211.10 (d) Resident care policies.</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