

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  06/26/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on clinical records review and staff interviews, it was determined that the facility failed to follow physician orders regarding showers for 1 of 5 resident's reviewed (Resident 1).</p> <p>Findings include:</p> <p>Review of Resident 1's physician orders revealed the resident is scheduled for shower every Monday evening shift and PRN (as needed).</p> <p>Review of Resident 1's clinical records revealed a 30-day shower task form, dated from May 29, 2025, through June 16, 2025, documenting the resident received a shower on May 29, 2025, at 11:07 a.m., May 30, 2025, at 11:26 a.m., and June 3, 2025, at 8:55 p.m.</p> <p>Further review of the shower task form revealed documentation that the resident refused to shower on June 16, 2025, at 9:48 p.m.</p> <p>Interview with Licensed Practical Nurse Employee E14 and Registered Nurse Unit Manager Employee E15 on June 26, 2025, at 12:18 p.m., E14 stated the resident has received a shower since June 16, 2025. E15 confirmed no shower was documented on the resident's shower task form or clinical records since June 3, 2025.</p> <p>Interview conducted with Nursing Home Administrator (NHA) or Director of Nursing (DON) on June 26, 2025, at 2:15 p.m. when the above information was presented the DON confirmed there was no documentation to prove that the resident has had a shower since June 3, 2025.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1) 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
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