

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 07/11/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on resident and staff interviews, it was determined that the facility failed to protect and facilitate the resident's right to receive unopened mail for two of two residents interviewed (Resident 16 and Resident 17). Findings include: Review of Resident 16 comprehensive annual Minimum Data Set (MDS- assessment of a resident's abilities and care needs) dated February 8, 2025, revealed a score of 15 out of 15 on the BIMS (Brief Interview of Mental Status) which places the resident as cognitively intact. During an interview with Resident 16 on July 11, 2025 at approximately 12:15 p.m., resident stated that they received mail that was opened against their wishes. Review of Resident 17 comprehensive annual Minimum Data Set (MDS- assessment of a resident's abilities and care needs) dated June 28, 2025, revealed a score of 15 out of 15 on the BIMS (Brief Interview of Mental Status) which places the resident as cognitively intact. During an interview with Resident 17 on July 11, 2025, at 12:30pm, resident stated that they received mail that was opened. Resident 17 revealed open mail was stamped with a date of 5/2/2025 and initial on the back of the envelope. An interview with the Nursing Home Administrator (NHA) on July 11, 2025, at 1:30 p.m. confirmed that Business Office had opened residents' mail. 28 Pa Code 201.29 (j) Resident rights</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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