STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395774	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lancaster Nursing and Rehabilitation Center	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical records review and staff interview, it was determined that the facility failed to follow physician's wound care order for one of two residents reviewed (Resident CL1).Findings include:A review of Resident CL1's clinical records revealed resident was admitted to the facility on [DATE], with an Unstageable Pressure Ulcer (Obscured full-thickness and tissue loss) to both heels.A review of the physician's order dated August 12, 2025, revealed a wound care order to cleanse bilateral heels with mild soap and water, rinse well and pat dry, apply Santyl (A topical medication used for removing damaged or burned skin to allow for wound healing and growth of a healthy skin) at nickel thickness to wounds careful to minimize the amount of Santyl on surrounding skin. Cover with Alginate (material used in wound to absorb fluid) then cover with abdominal dressing and wrap with Kling (gauze wrap) every day shift.A review of September 2025, Treatment Administration Record (TAR) revealed Resident CL1's wound treatment to both heels were not done on September 21, 2025. A review of the nursing progress notes dated September 21, 2025, at 3:56 p.m., revealed Resident in stable condition, treatment not admin (administered) r/t (related to) workflow.An interview with the Nursing Home Administrator (NHA) conducted on October 10, 2025, at 2:00 p.m. confirmed Resident CL1's bilateral heels wound treatment was not done on September 21, 2025, due to workflow .The facility failed to ensure Resident CL1's wound care treatment to both heels were followed.28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services28 Pa Code 211.5(f) Clinical Records

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395774	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lancaster Nursing and Rehabilitation Center	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)
F 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. Based on observation, clinical record review and staff interviews, it was determined the facility failed to provide toenail care for one of three residents reviewed (Resident 1). Findings include: A review of Resident 1's Minimum Data Set (MDS-a standardized assessment tool that measures health status in long-term care residents), dated August 2, 2025, revealed that the resident has severe cognitive impairment. The same MDS indicated that the resident required partial/moderate assistance with personal hygiene. An observation conducted on October 10, 2025, at 11 a.m. in the presence of an unlicensed Employee E3 revealed that the resident's big toenails of the right and left foot were thick, long and curled inward. Additional observation revealed the right and left second, and third toenails were also long. An interview with Licensed Nursing Employee E3 on October 10, 2025, at 11:03 am was conducted and Licensed Nursing Employee E3 was unable to determine the last time foot care was provided to Resident 1. A review of Resident 1's clinical record failed to reveal toenail care was provided. An interview conducted with the Nursing Home Administrator on October 10, 2025, at 12:15 pm revealed that the resident had not been seen by the podiatrist (a doctor who treats the foot, ankle, and related structures of the leg) for toenail care. A permission form for podiatrist care was sent to the resident's guardian by mail in the year 2023, but no follow up was made. The Nursing Home Administrator confirmed the resident was not provided with podiatry nail care since admission to the facility.The facility failed to ensure Resident 1 was provided with a foot care.28 Pa. Code 211.12 (c)(d)(1)(5) Nursing services28 Pa Code 211.5(f) Clinical Records