

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 01/09/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, staff interview, and facility documentation review revealed the facility failed to maintain a sanitary environment for 3 of 7 units. (4th, 5th, and 6th floors) Findings include: Observation on January 9, 2026 at 10:45 a.m. of the 6th floor west side shower room revealed 1 live roach in a supply cabinet, 5 dead roaches in the same supply cabinet, and 1 dead roach in the sink. 1 dying roach (approximately 3 inches in length) was observed in the 6th floor lobby in front of the elevators. Observation on January 9, 2026 at 11:30 a.m. of the 5th floor east side shower room revealed multiple dead roaches in the toilet and shower rooms and 1 live roach on the shower curtain. Observation on January 9, 2026 at 12:15 p.m. of the 4th floor west shower room revealed multiple dead roaches in the shower room and 1 live roach on the shower curtain. Interview with Resident 1 on January 9, 2026 at 1:30 p.m. revealed that he reported live roaches in his bed to the Maintenance department several weeks ago. A review of Service Inspection Reports from the exterminating company reveals service calls for roach activity in spa rooms, resident rooms, and staff areas on the following dates: 11/6/25, 11/13/25, 11/20/25, 11/23/25, 12/4/25, 12/11/25, 12/18/25 (Resident 1's room was treated during this service call), and 12/21/25. Interview with the Nursing Home Administrator and Director of Nursing on January 9th at 2:00 p.m. revealed that they have a contract with an exterminating company that comes out weekly and as necessary. All staff has access to the ticketing system and when staff puts in a ticket, the Maintenance Department contacts the exterminating company to let them know where they should treat. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management</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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