

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 02/12/2026
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on clinical record review and staff interview it was determined the facility failed to provide enteral nutrition (feeding delivered through a feeding tube) as ordered by the physician for one of four residents reviewed. (Resident 1) Findings include: Review of Resident 1's clinical record Face Sheet revealed the resident admitted into the facility from the hospital on September 16, 2025, with medical diagnoses that include Anoxic Brain Damage (brain is completely deprived of oxygen for four minutes or longer, causing widespread cell death and potential permanent damage), Osteomyelitis (infection of the bone), Acute and Chronic respiratory Failure (long-term condition where the lungs cannot adequately exchange oxygen and carbon dioxide), Mild Protein Calorie Malnutrition and Tracheostomy Status (surgical procedure creating an opening (stoma) in the neck into the trachea, often with a tube inserted to bypass upper airway obstructions, facilitate long-term mechanical ventilation, or clear secretions). Review of Resident 1's physician orders revealed an order dated January 19, 2026, for enteral feed (a method of delivering nutrition directly into the gastrointestinal tract through a feeding tube) every shift, Glucerna 1.5 (a nutritional drink) via peg tube, continuous feeding, 60 ml (milliliters) per hour, tv (total volume) = 1320 ml. Further review of Resident 1's physician orders revealed an order dated January 19, 2026, for enteral feed order every shift hydration flush 40ml of H2O (water) every hour. Document ml in POC enteral flush task. Review of Resident 1's February 2026 Medication Administration Record (MAR), on February 12, 2026, at 11:00 a.m. revealed no documentation of the resident receiving enteral feeding or medications for the dayshift. Observations made of Resident 1's enteral feeding machine on Thursday February 12, 2026, at 11:20 a.m., revealed an empty bottle of Glucerna hanging with the feeding pump beeping. Observations were made of Registered Nurse Employee E3 entering Resident 1's room at 11:25 a.m., administering the resident's medications, and hanging a new bottle of Glucerna and Hydration fluids on the tube feeding machine. When questioned, Employee E3 verified that Resident 1's enteral feeding should have been continuous. Observations made of Resident 1's enteral feed settings following Employee E3's set up revealed settings of 60 ml with total feed volume of 1667 ml, as opposed to the total feed volume of 1320 ml as prescribed in the resident's orders. Review of Resident 1's Medication Administration Record (MAR) for the months of January and February 2026 failed to reveal documentation that the resident received a total volume of 1320 ml per day as ordered by the physician. Review of Resident 1's task forms revealed no enteral flush task documenting the resident's hydration amounts as prescribed by the physician. Interview with the Nursing Home Administrator and Director of Nursing on August 14, 2024, at 9:45 a.m. confirmed there was no documented evidence Resident 1 had received the amount of Glucerna or water that was ordered by the physician. 28 Pa Code: 211.5(f) Clinical records 28 Pa code: 211.12(d)(1)(3)(5) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395774
		If continuation sheet Page 1 of 1