| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 395774 | A. Building<br>B. Wing | 06/30/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Lancaster Nursing and Rehabilitation Center | 900 East King Street<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate foot care.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of policies and clinical records and staff interviews, it was determined that the facility failed to ensure that foot care needs were provided timely for one of three residents reviewed (Resident 4).Based on review of policies and clinical records and staff interviews, it was determined that the facility failed to ensure that foot care needs were provided timely for one of three residents reviewed (Resident 4).Findings Include:Review of facility policy Podiatry Service Policy states The facility shall provide access to Podiatry services for residents based on physician or authorized practitioner orders, resident needs and applicable federal and state regulations.Review of Resident 4 quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4, dated May 14 2026, indicated that the resident was alert and oriented, dependent on staff for daily care needs, and had a diagnosis of diabetes (disease that interferes with blood sugar control).Progress note May 7, 2026 at 2:12 p.m. nursing note stated Resident has excessive dry, flaking skin on BLE. Toenails very thick. Spoke with resident and will email for podiatry consult.Review of email correspondence on May 8, 2026, revealed facility reached out to podiatry office to add Resident 4 on to podiatry list.Progress note of May 14, 2026 at 11:20 a.m. nursing note stated Resident has dry, flaking skin on BLE. Podiatry consult was sent and awaiting date for service in house. Provider has new order for ammonium lactate 12% apply to BLE BID.Progress note of May 21, 2026 at 3:57 p.m. nursing note stated Patient is requesting to be seen by the podiatrist. Patient placed on doctor board.Progress note of May 21, 2026 at 5:14 p.m. nursing note Dr. [NAME] gave podiatry referral. POA is aware.Review of email correspondence on June 26, 2026, revealed facility reached out to podiatry office to add Resident 4 on to podiatry list.Progress note of June 29, 2026 at 1:17 p.m. social service note stated Social Worker completed Bhims and PHQ9 with Resident 4. Resident 4 is cognitively intact, scoring a 15/15 and a 5 in PHQ9 assessment. During assessment, (Resident 4) complained that her toenails have not be clipped. Social Worker noticed overgrown toenails. (Resident 4) states that 4 orders have been placed. Social Worker reviewed orders, noting 1 order placed 5/22 for consult. Social Worker will follow-up.Review of Resident 4 clinical records revealed no evidence of follow up by facility between May 21,2026 to June 26, 2026.The facility failed to ensure Resident 4 was provided with foot care. Interview with Nursing Home Administrator on June 30, 2026, at 1:45pm confirmed the above findings.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 |
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