

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395832	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Lebanon Valley Home The		STREET ADDRESS, CITY, STATE, ZIP CODE 550 East Main Street Annville, PA 17003	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>45840</p> <p>Based on clinical record review and observation, it was determined that the facility failed to provide assistance with dining in a manner that promoted and maintained dignity for one of 13 residents in one of two dining rooms (Main Dining Room). (Resident 8)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 8 had diagnoses that included vascular dementia, anemia, and chronic fatigue. Review of the Minimum Data Set (MDS) assessment, dated July 2, 2024, revealed that the resident had cognitive impairment. Review of Resident 8's care plan revealed that staff was to encourage oral intake and assist with dining. On October 1, 2024, from 11:55 a.m. until 12:18 p.m., Nurse Aide (NA) 1 was observed standing to assist Resident 8 eat lunch while the resident was seated in the wheelchair.</p> <p>28 Pa. Code 211.12(d)(1)(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
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