

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395878	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2025
NAME OF PROVIDER OR SUPPLIER  Orwigsburg Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Orwigsburg Manor Dr Orwigsburg, PA 17961	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on facility policy review, clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to protect the residents' right to privacy and confidentiality through the use of photography for one of six sampled residents. (Resident 1) Findings include: Review of the facility policy entitled, Compliance Risks - Privacy, Security, and Breach Notifications, last reviewed January 2025, revealed that the facility complies with the laws governing privacy and security to ensure resident privacy and confidentiality. Clinical record review revealed that Resident 1 had diagnoses that included multiple sclerosis. Review of the Minimum Data Set assessment, dated August 2, 2025, revealed the resident had no cognitive impairment. Further review of the clinical record revealed that Resident 1 had declined authorization and consent for the production and use of any images taken on behalf of Orwigsburg Center or its agent on January 4, 2023. Review of facility documentation dated November 1, 2025 revealed that Nurse Aide 1 (NA 1) stated that Nurse Aide 2 (NA 2) showed her a photograph of the resulting waste products of Resident 1's personal care. NA 1 further stated that NA 2 had shown her similar photographs in the past. In a witness statement dated, November 3, 2025, NA 2 admitted to taking a photograph of the items. In an interview on November 12, 2025, at 8:47 a.m., the Nursing Home Administrator stated that the photographs were against policy. 28 Pa. Code 201.14 (b) Responsibility of licensee. 28 Pa. Code 201.18 (b)(2) Management. 28 Pa. Code 201.29 (a) Resident rights. 28 Pa. Code 211.12 (d)(1) 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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