

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395927	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/27/2026
NAME OF PROVIDER OR SUPPLIER Stoneridge Poplar Run		STREET ADDRESS, CITY, STATE, ZIP CODE 450 East Lincoln Avenue Myerstown, PA 17067	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview it was determined that the facility failed to develop and/or implement a comprehensive care plan that addressed individual resident needs as identified in the comprehensive assessment for two of three sampled residents. (Residents 1, 2) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included metabolic encephalopathy, dementia, and depression. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated January 29, 2026, noted that Resident 1's dementia diagnosis, delirium, and behavioral symptoms were to be addressed in the care plan. Review of the nurses' notes dated July 3, 6, 12, 16, 17, 20, 24, and 26, 2026, revealed that Resident 2 displayed restlessness, agitation, and exit seeking behaviors. The resident was redirected with a baby doll, taken outside accompanied by staff, and administered as needed anti-anxiety medication (lorazepam). In addition, a review of the elopement (unauthorized departure from the facility) assessment dated [DATE], revealed that the resident wandered and was at risk for elopement. A physician's order dated April 28, 2026, instructed staff to apply an alert bracelet to the resident. There was no documented evidence that the facility included interventions on the care plan to monitor the resident's exit seeking behavior and the use of this device. There was no documented evidence that dementia, delirium, behavioral symptoms, or exit seeking behaviors were care planned for Resident 1. Clinical record review revealed that Resident 2 had diagnosis that included dementia. The MDS CAA summary dated November 14, 2025, noted that Resident 2's dementia diagnosis and behavioral symptoms were to be addressed in the care plan. Review of nurses' notes dated July 7, 16, 17, 21, and 22, 2026, revealed that Resident 2 displayed agitation and having conversations with herself on a nonworking telephone. There was no documented evidence that dementia or behavioral symptoms were care planned for Resident 2. In an interview on July 27, 2026, at 12:44 p.m., the Administrator confirmed there was no documented evidence that the care plans addressed Resident 1's dementia diagnosis, delirium, behavioral symptoms, and exit seeking behavior and Resident 2's dementia diagnosis and behavioral symptoms. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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