

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395406	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/14/2026
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NAME OF PROVIDER OR SUPPLIER: LUTHER ACRES MANOR STATE LICENSE NUMBER: 122402	STREET ADDRESS, CITY, STATE, ZIP CODE: 400 ST LUKE DR LITITZ, PA 17543
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0558 SS=D	Findings of an Abbreviated Complaint Survey completed on April 14, 2026, at Luther Acres Manor, identified deficient practice, related to the reported complaint allegations, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey process.	F 0558		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0558 SS=D	Continued from page 1 483.10(e)(3) Reasonable Accommodations Needs/Preferences §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by:	F 0558	R1's call bell was responded to and incontinence care was provided on 4/14/2026. Facility wide education will be completed regarding call bell response expectations. DON/Designee will complete random facility wide call bell response time audits daily x30 days then 3 times per week for 4 weeks. DON/Designee will report findings to QA Committee for review/recommendation.	Completion Date: 05/20/2026 Status: APPROVED Date: 05/12/2026

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F 0558 SS=D	<p>Continued from page 2</p> <p>Based on clinical record review, facility policy review, observations and staff and resident interviews, it was determined that the facility failed to ensure that call bells were answered in a timely manner for one resident observed (Resident 1).</p> <p>Findings include:</p> <p>During interview conducted with Resident 1 on April 14, 2026, at 11:12 a.m., the resident stated he/she had concerns with the length of time it takes for staff to respond to his/her call bell.</p> <p>Resident 1 stated that he/she required assistance with incontinence care and had initiated his/her call bell at approximately 11:00 a.m.</p> <p>A staff member, who Resident 1 later identified as dietary staff, knocked on the resident's door at 11:17 a.m. to inquire if Resident 1 needed assistance because his/her call bell was on. Resident 1 stated he/she needed assistance with incontinence care, the staff member stated he/she would inform</p>	F 0558		

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F 0558 SS=D	Continued from page 3 the nurse aide. At 11:35 a.m. when this Surveyor left the resident's room no staff had come to assist the resident. Observations made from the unit's nurses station until 12:03 p.m. revealed no staff responding to Resident 1's call bell. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 14, 2026, at 12:05 p.m., when the above information was presented, the DON was asked what was considered a long wait time for call bell responses, the DON responded 15 minutes was to long. This Surveyor then informed the DON that Resident 1 had been waiting for over an hour. The NHA called the unit to have staff assist the resident immediately. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1) Management	F 0558		

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F 0558 SS=D	Continued from page 4 28 Pa. Code 211.12(d)(1)(5) Nursing Services	F 0558		
F 0677 SS=D	483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 0677	Resident 1's call bell was responded to and incontinence care was provided on 4/14/2026. Facility wide audit of all residents who are dependent for toileting will be completed. Nursing staff will be educated on ASL policy. DON/Designee will complete ADL care audits daily x30 days then three times per week for 4 weeks to ensure proper ADL care is being provided. DON/Designee will report findings to QA Committee for review and recommendations.	Completion Date: 05/20/2026 Status: APPROVED Date: 05/12/2026

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F 0677 SS=D	Continued from page 5 Based on clinical record review, facility policy review, observations and staff and resident interviews, it was determined that the facility failed to ensure that activities of daily living were performed in a timely manner for one resident observed (Resident 1) Findings include: Facility policy titled Activities of Daily Living (ADL), Supporting, last revised April 2025, documents residents are provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living (adls). Residents who are unable to carry out adls independently receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Review of Resident 1's Quarterly Minimum Data Set (MDS) dated March 4, 2026, under the section for Activities of Daily Living (ADLs), revealed the	F 0677		

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F 0677 SS=D	Continued from page 6 resident requires a Hoyer lift and is dependent on staff assistance with showering/bathing, and toileting. During interview conducted with Resident 1 on April 14, 2026, at 11:12 a.m., Resident 1 stated that he/she required assistance with incontinence care and had initiated his/her call bell at approximately 11:00 a.m. Observations were made at 11:17 a.m., of a staff member, asking Resident 1 if he/she needed assistance because his/her call bell was on. Resident 1 stated he/she needed assistance with incontinence care, the staff member stated he/she would inform the nurse aide. At 11:35 a.m. when the interview concluded, no staff had come to assist the resident. Observations made from the unit's nurses station from 11:35 a.m. until 12:03 p.m. revealed no staff responded to Resident 1's call for assistance with incontinence care. Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing	F 0677		

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F 0677 SS=D	Continued from page 7 (DON) on April 14, 2026, at 12:05 p.m., when the above information was presented, the DON was asked what was considered a long wait time for call bell responses, the DON stated 15 minutes was too long. The NHA and DON was informed that Resident 1 had been waiting for over an hour for incontinence care. The NHA called the unit to have staff assist the resident immediately. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing Services	F 0677		



Certified End Page

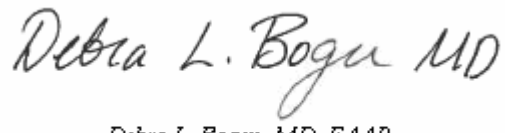
LUTHER ACRES MANOR

STATE LICENSE NUMBER: 122402

SURVEY EXIT DATE: 04/14/2026

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY