

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Hamilton Arms Center		STREET ADDRESS, CITY, STATE, ZIP CODE 336 South West End Avenue Lancaster, PA 17603	

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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38419</p> <p>Based on clinical record review, staff and resident interviews it was determined that [NAME] Arms Center failed to provide appropriate preparation of the resident prior to transfer and discharge for one of one resident reviewed (Resident R3).</p> <p>Findings include:</p> <p>Interview conducted on July 12, 2024 at approximately 5:20 p.m. with Resident R3 revealed concern and frustration with lack of details regarding anticipated discharge to home on July 13, 2024. Resident expressed frustration with lack of knowledge regarding durable medical equipment needed to be able to function in home such as wheelchair, bedside commode and hospital bed.</p> <p>Review of Resident R3's clinical record revealed resident was admitted on [DATE] with diagnoses including but not limited to following: Diabetes Mellitus (the body has high sugar levels for prolonged periods of time); Surgical amputation of leg, Hypertension (high blood pressure), Chronic Kidney Disease, and Atrial Fibrillation (rapid and irregular beating of the atrial chambers of the heart).</p> <p>Review of Resident R3's clinical record included a Medicare cut letter indicated skilled nursing services paid by Humana (contractor for Medicare) would terminate on July 12, 2024.</p> <p>Review of Resident R3's clinical record revealed a discharge planning summary assessment dated [DATE]. Further review of the discharge summary failed to reveal appointment or contact information for primary care physician. Additional review of same document failed to reveal home health agency or durable equipment agency name and contact information.</p> <p>Review of Resident R3's clinical record including progress notes failed to reveal discharge planning details of follow up appointments with primary care physician, home health agency contacted and providing follow up care, or durable medical equipment requested and delivery information for the scheduled discharge of Resident R3.</p> <p>Interview with Director of Nursing on July 12, 2024 at approximately 6:30 p.m. when the above information was conveyed.</p> <p>The facility failed to ensure appropriate transfer and discharge preparation for Resident R3.</p> <p>28 Pa Code 211.16(a) Social 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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