

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 06/05/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review facility policy clinical records, as well as staff interviews, it was determined that the facility failed to follow the physician's orders for blood sugar checks for two of 8 residents reviewed (Residents 8,9), and failed to follow physician's orders for blood pressure checks for one of 8 residents reviewed (Resident 7).</p> <p>Findings include:</p> <p>A facility policy for hypoglycemia (low blood sugar) &lt;70 mg/dL dated, January 2, 2025, revealed that the resident is to be provided with a rapidly absorbed glucose (sugar), the provider notified, stay with the resident and recheck blood sugar in 15 minutes.</p> <p>An Annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs), for Resident 8, dated March 10, 2025, revealed that he was cognitively impaired and had diagnoses that included end stage kidney disease and diabetes mellitus.</p> <p>Physician's orders for Resident 8 dated April 18, 2025, revealed the resident was to receive 40 units of Insulin glargine solution 100 units/milliliter solution subcutaneously in the morning, and the physician was to be notified if the resident's blood sugar was &lt;70 mg/dL or &gt;400 mg/dL. The medication was to be held if the resident's blood sugar &lt;80 mg/dL.</p> <p>A review of the Medication Administration Record (MAR) for Resident 8 for May revealed that on May 10, 2025, the resident's blood sugar was 65 mg/dL, May 15, 2025, the resident's blood sugar was 63 mg/dL, and May 30, 2025, the resident's blood sugar was 59 mg/dL.</p> <p>There was no documented evidence that the physician was notified of Resident 8's blood sugar per physician's order on the above dates, and no documented evidence that the resident was offered a quick absorbing glucose and blood sugar rechecked on the above dates.</p> <p>An admission MDS for Resident 9 dated, April 29, 2025, revealed that the resident was cognitively intact, was understood and understood others and had medical diagnosis of end stage kidney disease and diabetes mellitus.</p> <p>Physician's orders for Resident 9 revealed the resident was to receive blood sugar checks four times a day and notify the physician if blood sugar was &gt;400 or &lt;70 and to initiate hypoglycemic (low blood sugar) protocol.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the MAR for Resident 9 for May revealed that at 9:00 a.m. on May 9, 2025, the resident's blood sugar was 69, 9:00 a.m. on May 11, 2025, the blood sugar was 59, at 9:00 p.m. on May 12, and 2025 the blood sugar was 67.</p> <p>A nurses note for Resident 9 on May 12, 2025, at 10:13 p.m. revealed that the resident's blood sugar was 67 mg/dL the resident was offered a milk shake and graham crackers and would be reassessed in 30 minutes.</p> <p>A nurses note for Resident 9 on May 12, 2025, at 11:11 p.m. revealed the resident's blood sugar was rechecked at this time and was 157 mg/dL.</p> <p>There was no documented evidence that the physician was notified of Resident 9's blood sugar per physician's orders, and no documented evidence the resident was offered a quick absorbing glucose and reassessed after 15 minutes on the above dates and times.</p> <p>Interview with the Director of Nursing on June 6, 2025, at 2:30 p.m. confirmed that the resident's were not provided with a quick absorbing glucose reassessed in 15 minutes, and the physician was not notified of the resident's blood sugars and should have been.</p> <p>An Annual MDS assessment for Resident 7 dated May 3, 2025, revealed that the resident was cognitively intact, was understood, and could understand others, and had a medical diagnosis of stroke, coronary artery disease, heart failure, hypertension (high blood pressure), diabetes mellitus, and high cholesterol.</p> <p>Physician's orders for Resident 7 dated August 7, 2024, revealed the resident was to have his blood pressure taken twice a day in the morning and in the evening.</p> <p>A review of the MAR for Resident 7 for May 2025 revealed that there was no documented evidence of a blood pressure taken for resident 7 in the morning on May 7 and 21, 2025, and in the evening on May 23, 2025.</p> <p>Interview with the Director of Nursing on June 5, 2023, at 2:14 p.m. that there were no blood pressures taken for Resident 7 on the above dates and times per physician's orders and there should have been.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.5(f) Clinical records</p>		