

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 02/25/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and healthcare insurance documents and staff interviews, it was determined that the facility failed to ensure that the resident's appointed representative was notified of a healthcare insurance coverage change for one of three residents reviewed (Resident 1). Findings: Review of Resident 1's diagnosis list includes: Alzheimer's disease (an irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability), and Dementia (A term used to describe a group of symptoms affecting memory, thinking, and social abilities severely enough to interfere with daily life. Review of Resident 1's Profile Page, revealed that the resident's son [name of the son] was their financial and healthcare POA (A Power of Attorney is a legal document granting an agent authority to act on a principal's behalf regarding financial or medical matters). Review of Resident 1's POA documents signed on March 29, In 2022, confirmed that the residents' son [name] was their financial and care POA. Review of Resident 1's health insurance document, dated October 2025, revealed that the resident's insurance company sent the facility a notification indicating that the resident's current insurance plan is no longer offered. Interview with the Business Manager, Employee E3, was conducted on February 25, 2026, at 11:00 a.m. Employee E3 confirmed that the facility enrolled Resident 1 to new health insurance after a notification from the original insurance indicating that the plan the resident was enrolled in was no longer offered. Employee E3 was not certain of the date the change was made but the new insurance coverage for Resident 1 started on January 26, 2026. Employee E3 further reported that the residents' son, the POA, was notified by the insurance company of the change and questioned the facility why they were not notified. Employee E3 reported that the change was made to ensure that the residents will have coverage (insurance) but did not realize the mistake of not informing the POA first until after the residents' POA called their attention. The POA re-enrolled the residents back to their original insurance with a different plan. An interview with the Nursing Home Administrator on February 25, 2026, at 1:00 p.m., confirmed that the facility enrolled Resident 1 on a different health insurance plan without notifying their POA. The facility failed to ensure residents' appointed representatives were notified of insurance coverage changes. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395224
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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical records review and staff interview, it was determined that the facility failed to follow a physician's order for a cardiology (A specialized physician who diagnoses, treats, and prevents diseases of heart and blood vessels) consult for one of the three residents reviewed. (Resident CL1). Findings include: Review of Resident CL1's physician's progress notes dated November 7, 2025, revealed the resident with a chief complaint of Congestive Heart Failure (CHF- When the heart cannot pump enough blood into the body to meet the metabolic needs). The same note revealed a resident with elevated BNP (Brain Natriuretic Peptide - A test to measure hormone produced by the heart to detect or monitor CHF) up to 1000s (normal-generally less than 100 mg/ml). Assessment and plan revealed: BNP elevated, will add extra dose Furosemide (A medication to reduce extra fluid in the body caused by heart failure, liver, and kidney disease); Pt (patient) due for f/u (follow-up) with cardiology, last seen May 2025, placed referral for f/u, discussed with facility and scheduler. Review of Resident CL1's physician's order dated November 6, 2025, revealed an order for Cardiology follow-up. There was no documented evidence indicating that the Cardiology consultation ordered on November 16, 2026, was followed. Review of Resident CL1's nursing progress notes dated December 8, 2025, at 2:04 p.m., revealed: New order per NP (nurse practitioner) f/u Cardiology Dx (diagnosis) CHF. Review of Resident CL1's physician's order dated December 8, 2025, revealed an order for Cardiology follow-up. Review of Resident CL1's physician's progress notes dated December 10, 2025, revealed that the resident continues to complain of shortness of breath, using supplemental O2 (oxygen), and a new medication was ordered. Plan and assessment revealed: CHF. Ordered updated labs for monitoring, will repeat CXR (chest x-ray), last CXR was negative for fluid or acute process. Continue Lasix (Furosemide). Needs f/u with cardiology, discussed this with the facility, which will coordinate scheduling. Review of Resident CL1's nursing progress notes dated December 11, 2025, at 2:48 p.m., revealed that Cardiology has been called twice and messages were left for return call to schedule an appointment, awaiting return call at this time. There was no documented evidence indicating that the Cardiology consult ordered on December 11, 2025, was followed. An interview with the Director of Nursing was conducted on February 25, 2026, at 1:00 p.m. The DON reported that a cardiology consult was scheduled, but the residents could not go due to residents being sick. The DON was unable to provide documented evidence of the above incident. The facility failed to ensure Resident CL1's orders for a cardiology follow-up ordered on November 6, 2025, and December 8, 2025, were followed. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services 28 Pa Code 211.5(f) Clinical Records</p>		