STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395224	A. Building B. Wing	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hamilton Arms Center	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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 35913 Based on review of documentation and staff interview, it was determined the facility failed to ensure residents were provided a Notification of Medicare Non-coverage (NOMNC) for one resident and failed to provide Advanced Beneficiary Notice of Non-coverage (ABN) for three of three residents reviewed (Resident 18, Resident 191, Resident 192). Findings include: Review of facility documentation for three residents revealed a Notification of Medicare Non-Coverage (NOMNC) was not provided to Resident 192. Review of facility documentation for three residents revealed Advanced Beneficiary Notice of Non-Coverage (ABN) was not provided to Resident 18, Resident 191, and Resident 192. Interview with the Nursing Home Administrator on September 6, 2024, at 9:00 a.m. confirmed that Resident 192 did not receive a NOMNC and Resident 18, Resident 191 and Resident 192 did not receive ABN notification. 28 Pa. Code 201.18(a)(b)(1) Management

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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 35913 Based on clinical record review and interview, it was determined the facility failed to report an allegation of abuse for one of 18 residents reviewed (Resident 13). Findings include: Review of Resident 13's clinical progress notes dated July 31, 2024, revealed SSD [social services department] and PT [physical therapy] met with resident for a 48 hour meeting. Resident states he ambulates with a cane and rollator at home. There are 10 steps to enter the apartment building and 13 steps to enter his room. Resident does not have any family that can assist with care, only a significant other that he stays with but isn't involved with providing care. Resident would like to return home with [Home Health] services when the time comes to return home. Resident stated the care could be better as the nursing staff can be grouchy at times. Resident states CNAs are rough when repositioning him and he would like a slower transfer to alleviate pain and anxiousness. SSD contacted resident's daughter to relay all the information discussed during the meeting. [daughter] requested she be emergency contact #1 instead of resident's significant other/roommate. SSD made the change per [daughter's] request. Interview with the Nursing Home Administrator on September 5, 2024, at 9:00 a.m. revealed that a grievance form was completed by Social Services regarding Resident 13's allegation but no abuse investigation was conducted. The interview further revealed the allegation of abuse was also not reported to the State Agency. Interview with the Nursing Home Administrator on September 6, 2024, at 9:30 a.m. confirmed an abuse investigation should have been conducted and the abuse allegation should have been reported to the State Agency. 28 Pa. Code 201.18(a)(b)(1)(2)(3) Management

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 35913 Based on clinical record review and interviews, it was determined the facility failed to investigate an allegation of abuse for one of 18 residents reviewed (Resident 13). Findings include: Review of Resident 13's clinical progress notes dated July 31, 2024, revealed SSD [social services department] and PT [physical therapy] met with resident for a 48 hour meeting. Resident states he ambulates with a cane and rollator at home. There are 10 steps to enter the apartment building and 13 steps to enter his room. Resident does not have any family that can assist with care, only a significant other that he stays with but isn't involved with providing care. Resident would like to return home with [Home Health] services when the time comes to return home. Resident stated the care could be better as the nursing staff can be grouchy at times. Resident states CNAs are rough when repositioning him and he would like a slower transfer to alleviate pain and anxiousness. SSD contacted resident's daughter to relay all the information discussed during the meeting. [daughter] requested she be emergency contact #1 instead of resident's significant other/roommate. SSD made the change per [daughter's] request. Interview with the Nursing Home Administrator on September 5, 2024, at 9:00 a.m. revealed a grievance form was completed by Social Services regarding Resident 13's allegation but no abuse investigation was conducted. Interview with the Nursing Home Administrator on September 6, 2024, at 9:30 a.m. confirmed an abuse investigation should have been conducted and the abuse allegation should have been reported to the State Agency. 28 Pa. Code 201.18(a)(b)(1)(2)(3) Management

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37789 Based on clinical record review and staff interviews it was determined the facility failed to accurately complete Minimum Data Set (MDS) assessments for two of 18 residents reviewed (Resident 13 and Resident 57). Findings include: Review of Resident 13's Admission Nutrition Evaluation dated July 31, 2024, revealed Resident 13 does have h/o [history of] wt [weight] loss, 6 percent in 4 months. Review of Resident 13's admission Minimum Data Set (MDS - periodic assessment of resident needs) dated August 3, 2024, indicated Resident 13 had a significant weight loss of 5 percent or more in the last month or loss of 10 percent or more in last 6 months. Review of Resident 13's clinical record indicated Resident 13 had a history of weight loss prior to admission; however, it was not a significant weight loss as described in the MDS. Interview with the Nursing Home Administrator on September 6, 2024, at 10:00 a.m. confirmed Resident 13 did not have a significant weight loss prior to admission and therefore should not have been identified on the MDS with a significant weight loss. Review of Resident 57's clinical record revealed a physician's order dated October 23, 2023, for hospice (end of life care). Review of Resident 57's quarterly MDS dated [DATE], revealed under Section O - Special Treatments, Procedures, Programs, that the resident was not marked as receiving hospice services. Interview with the Nursing Home Administrator and Director of Nursing on September 6, 2024, at 1:05 p.m. confirmed Resident 57's MDS assessment should have indicated the resident was receiving hospice services. 28 Pa. Code 211.5(a)(b)(f) Clinical Records

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. 37789 Based on resident and staff interviews and clinical record review, it was determined that the facility failed to clarify and implement physician's orders for one of 18 residents reviewed (Resident 14). Findings include: Interview conducted with Resident 14 on September 4, 2024, at 9:40 a.m. revealed the resident had issues with frequent constipation. Review of Resident 14's active physician ' s orders as of September 6, 2024, revealed the following orders: A physician's order dated August 8, 2024, for Colace 100 milligrams (mg) every 24 hours as needed for constipation. A physician's order dated February 24, 2024, for Dulcolax suppository for no bowel movement for 24 hours after administration of Milk of Magnesia. A physician's order dated August 8, 2024, for Polyethylene Glycol Powder - Give 17 grams by mouth every 24 hours as needed for constipation. A physician's order dated August 9, 2024, for Senna Plus 8.6-50 mg - Give 1 tablet by mouth as needed for constipation at bedtime. Further review of Resident 14's physician orders failed to reveal an order for Milk of Magnesia or clarification as to when each of the other medications should be administered for the resident's constipation. Review of Resident 14's clinical record revealed a GI (gastrointestinal) consult dated August 20, 2024, with recommendations including Senna 8.6 mg daily as needed for constipation if no bowel movement in 2-3 days and to take the Dulcolax suppository as needed if no results from the Senna. Review of Resident 14's progress notes revealed a nurse's note dated August 21, 2024, acknowledging the recommendations from the GI consult. Further review of Resident 14's clinical record failed to reveal the resident's attending physician was made aware of the recommendations. Interview with the Nursing Home Administrator and Director of Nursing on September 6, 2024, at 2:05 p.m. confirmed the facility failed to clarify Resident 14's physician's orders and implement recommendations from the GI consult. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.5(f) Clinical records

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F 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. 22502 Based on resident interview, clinical record review and staff interview, it was determined that the facility failed to ensure dental services were timely provided for one of 18 residents reviewed (Resident 44). Findings include: Interview with Resident 44 on September 4, 2024, at 2:00 p.m. revealed that the resident is missing fillings and would like to have teeth pulled. Resident also indicated that food gets stuck in the holes in teeth. Review of Resident 44's clinical record revealed that the resident's responsible party had authorized Direct Mobile Dental Services (contracted dental provider at the facility) on May 17, 2023, to perform an annual dental exam, necessary x-rays, and cleanings. Further review of the clinical record revealed no evidence the resident was seen for an annual exam or to address the resident's dental concerns. Interview with the Director of Nursing on September 6, 2024, at 2:00 p.m. confirmed that there was no evidence that a dental exam had been completed. 28 Pa. Code: 211.15(a) Dental services

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 35913 Based on observations and staff interviews, it was determined the facility failed to establish effective Enhanced Barrier Precautions on two of two nursing floors observed. (First Floor and Second Floor) Findings include: Observation conducted of a resident room on the second-floor nursing unit revealed signage indicating the resident was on Enhanced Barrier Precautions (EBP). Further observation of the resident room failed to reveal evidence of Personal Protective Equipment (PPE) availability. Interview with Employee E3 on September 4, 2024, at 10:10 a.m. revealed Employee E3 was unaware of what PPE should have been utilized in the care of residents on Enhanced Barrier Precautions and further was unaware of where to obtain PPE. Observation of a resident room on the first-floor nursing unit revealed signage indicating the resident was on Enhanced Barrier Precautions. Further observation of the resident room failed to reveal evidence of Personal Protective Equipment (PPE) availability. Interview conducted with Licensed Employee E4 on September 4, 2024, at 10:20 a.m. revealed Licensed Employee E4 was unaware of what PPE should have been utilized in the care of residents on Enhanced Barrier Precautions and further was unaware of where to obtain PPE. Interview conducted with Infection Preventionist Licensed Employee E5 on September 4, 2024, at 11:00 a.m. revealed staff was educated on the use of PPE for EBP residents. Interview conducted with the Nursing Home Administrator on September 6, 2024, at 11:00 a.m. confirmed staff should be aware of the location and use of PPE for EBP residents. 28 Pa. Code 211.12(a)(b)(c)(d)(1)(2)(3)(5) Nursing Services