

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/27/2026
NAME OF PROVIDER OR SUPPLIER Chambersburg Skilled Nursing and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 Stouffer Avenue Chambersburg, PA 17201	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on facility policy and procedure review, clinical record reviews, facility provided documentation reviews, and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards for one of two residents reviewed (Resident 4). Findings include: Review of facility policy, titled NSG 204 Neurological Evaluation, with a last revised date of January 15, 2026, revealed, in part, The evaluation shall include: Vital signs; General condition and appearance; Neurological evaluation for changes in: Physical functioning, Behavior, Cognition, Level of consciousness, Dizziness, Nausea, Irritability, Slurred speech or slow to answer questions, Changes in vision, hearing, or smelling. Review of facility procedure, titled Neurological Evaluation, with a last revised date of April 22, 2026, revealed, in part, 11. Document: 11.1 LOC, orientation, ability to follow commands, response to sensation and/or pain, pupil reaction, motor function, temperature, pulse, respiration, and blood pressure on Neurological Assessment Flow Sheet. Review of Resident 4's clinical record revealed diagnoses that included vascular dementia with mood disturbances (brain damage caused by multiple strokes, which causes memory loss in older adults), difficulty walking, and muscle weakness. Review of Resident 4's facility provided incident report dated January 11, 2026, revealed that Resident 4 had a fall at 1:05 PM, and was complaining of left leg pain and was noted to have a hematoma to the left side of forehead. Review of Resident 4's clinical record revealed that she had a fall on January 11, 2026, and was transferred to the hospital at 1:22 PM, and was admitted to the hospital for surgical repair of a hip fracture. She remained hospitalized until January 17, 2026. Review of Resident 4's neurological evaluation flow sheet revealed that her initial neurological status was documented as being evaluated post fall on January 11, 2026, at 1:15 PM. Further review of Resident 4's neurological evaluation flow sheet revealed that her neurological status was also documented as being evaluated on January 11, 2026, at 1:30 PM; 1:45 PM; 2:00 PM; 2:15 PM; 2:30 PM; 2:45 PM; 3:00 PM; 3:15 PM; 3:45 PM; 4:15 PM; 4:45 PM; 5:15 PM; 6:15 PM; 7:15 PM; 8:15 PM; 9:15 PM, and once on the 11-7 shift. Her neurological status was also documented as being evaluated on January 12 and 13, 2026, on the 7-3 shift, 3-11 shift, and 11-7 shift; and on January 14, 2026, on the 7-3 shift. Resident 4 was not present at the facility for any of these documented dates and times. Review of Resident 4's clinical record revealed that she had a fall on March 25, 2026, and was transferred to the hospital on March 26, 2026, at 9:59 AM, after changes were noted in her status. She remained hospitalized until March 28, 2026. Review of Resident 4's neurological evaluation flow sheet revealed that her neurological status was documented as being evaluated on March 26, 2026, on the 3-11 shift, although Resident 4 was not present at the facility. During a staff interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 27, 2026, at 2:10 PM, the DON indicated that the neurological flow sheets get placed on a clipboard for the nursing supervisors to complete during their shift. The NHA and DON confirmed that Resident 4 had neurological evaluations documented as being completed even though she was not present in the facility. They both also confirmed that they would expect documentation to be completed accurately. 28 Pa. Code 201.18(b)(1) Management. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing 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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