STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. Based on facility policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure that residents receive necessary treatment and services, consistent with professional standards of practice for three of 38 residents reviewed (Residents 2, 23, and 163).Findings include: Review of the facility policy, titled Medication Administration - General Guidelines last reviewed March 2026, stated, The client (resident) is always observed after administration to ensure that the dose was completely ingested. Review of facility policy, titled Procedure: Wound Dressings: Aseptic, last reviewed March 2026, read, in part, Document: Treatment on Treatment Administration Record (TAR). Review of Resident 2's clinical record revealed diagnoses that included dementia (a condition characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) and need for assistance with personal care. Review of Resident 2's physician orders revealed the following: Order 1: Vashe Wound External Solution 0.033 % (Wound Cleansers), apply to right lateral thigh topically every day shift every Tue, Thu, Sat for wound, with a start date of October 12, 2024. Order 2: Treatment: Right lateral thigh, right lower shin: cleanse with Vashe, apply skin prep to periwound, apply Lidocaine Gel to wound bed and cover with dry dressing, every day shift and as needed, with a start date of December 8, 2025. Order 3: Treatment: right lower extremity: cleanse with soap and water, pat dry, apply Xeroform to open areas, apply single layer UNNA boot, wrap with Kerlex and secure with coban, as needed and every day shift every Tue, Fri, with a start date of January 19, 2026. Review of Resident 2's TAR failed to reveal documentation for:Order 1 on May 2, 2026; Order 2 on December 31, 2025; March 29, 2026; April 13, 27, 29, and 30, 2026; and May 1 and 2, 2026; and Order 3 on May 1, 2026. An interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on May 7, 2026 at 10:38 AM, revealed that the nurse assigned to Resident 2 on the aforementioned dates failed to document Resident 2's wound treatments. The nurse was a new licensed practical nurse (LPN) and needed additional education. The facility has a performance improvement plan in place for the LPN. Review of Resident 23's clinical record revealed diagnoses that included dementia (a condition characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) and need for assistance with personal care. Review of Resident 23's physician orders revealed an order for Treatment: Bilateral heels: float heels utilizing a heelz up device while in bed as resident accepts, every shift with a start date of October 28, 2025. Review of Resident 23's care plan revealed a focus area At risk for alteration in skin integrity last revised July 20, 2023, with an intervention for float heels while in bed utilizing heelz up device as resident accepts, created on October 28, 2025. Observations of Resident 23 throughout the day on May 4, 2026, between 11:01 AM and 1:47 PM, revealed she was in bed and her heelz up device was across the room next to her television. Observations of Resident 23 throughout the day on May 5, 2026, between 9:33 AM and 1:30 PM, revealed she was in bed and her heelz up device was across the room next to her television. Observations of Resident 23 throughout the day on May 6, 2026, between 10:32 AM and 1:39 PM, revealed she was in bed and her heelz up device was across the room next to her television. Review of Resident 23's TAR revealed the heelz up device was signed as being in place during day shift on May 4, 5, and 6, 2026. Review of Resident 23's clinical record failed to reveal (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	any documentation to indicate Resident 23 refused the heelz up device. Further review of Resident 23's clinical record revealed Employee 2 (LPN) had signed that the heelz up device was in place on May 6, 2026. During an interview with Employee 3 (LPN) on May 6, 2026, the surveyor questioned the TAR that was signed that the heelz up device was in place as it was not. Employee 3 revealed Employee 2 just left the building for the day but she should not have signed that the heelz up device was in place as it was not. Employee 3 then placed the heelz up device underneath Resident 23's heels. During an interview with the NHA and the DON on May 7, 2026, at 10:36 AM, the surveyor revealed the concern that Resident 23's heelz up device was not in place on May 4, 5, and 6, 2026, despite documentation on her TAR that it was in place. The DON revealed her expectation that devices to prevent pressure ulcer development should be implemented as ordered. Further Review of Resident 23's TAR revealed no documentation for the heelz up device on April 27, 29, and 30, 2026, on day shift; May 1 and 2, 2026, on day shift; and May 5, 2026, on evening shift. An interview with the NHA and DON on May 7, 2026 at 10:38 AM, revealed that the nurse assigned to Resident 23 on the aforementioned dates failed to document Resident 23's wound treatments. The nurse was a new LPN and needed additional education. The facility has a performance improvement plan in place for the LPN. Observation during screening of Resident 163 on May 5, 2026, at 8:55 AM, revealed a medication cup with 3 tablets on the bedside table. During an interview with Resident 163, she was unable to recall why the medications were there. Employee 1 (Registered Nurse), who was passing medications, was called into the room to observe the medications in the cup. Employee 1's response was, I thought she took them all. Employee 1 informed Resident 163 that she missed some of her medications and should take them now then gave the Resident the cup of water and medications. During an interview with the NHA on May 6, 2026, the NHA agreed that medications should never be left at the bedside and staff should observe that medications are ingested before leaving the room. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on review of the facility assessment, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure a member of the Food and Nutrition Services staff participates on the interdisciplinary team as required for two of 38 residents reviewed (Residents 7 and 105). Findings include: Review of the Facility Assessment (a comprehensive evaluation that determines the resources and capabilities needed to provide quality care to residents, ensuring compliance with regulatory standards), read, in part, Nutrition/Hydration: Dining: Discuss dining to ensure systems are in place to provide an enjoyable, dignified, and sanitary dining experience.Review of Resident 7's clinical record revealed diagnoses that included osteoarthritis (a condition where the protective cartilage that cushions the ends of the bones wears down over time) and need for assistance with personal care. During an interview with Resident 7 on May 6, 2026, at 2:14 PM, she revealed she didn't care for what she was served for breakfast that morning, and that she had concerns with the food. Review of Resident 7's comprehensive care plan revealed a focus area [Resident 7] is at nutritional risk, with an intervention for honor food preferences within meal plan, created on December 22, 2025. Review of Resident 7's Care Plan Meeting notes from July 2025 to present, failed to reveal a member of the Food and Nutrition Services staff had attended any of the meetings. Review of Resident 7's Nutritional Assessment notes and Nutrition progress notes from July 2025 to present, failed to reveal notation that her food preferences were updated. Review of Resident 105's clinical record revealed diagnoses that included depression (a mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems) and muscle wasting and atrophy (wasting or thinning of your muscle mass). During an interview with Resident 105 on May 4, 2026, at 10:57 AM, she revealed her food preferences were not being honored and needed to be updated, and that she had concerns with the food and dietary services and would like to meet with a member of the foodservice staff. Review of Resident 105's comprehensive care plan revealed a focus area [Resident 105] is at nutritional risk, with an intervention for honor food preferences within meal plan, created on February 11, 2026. Review of Resident 105's Care Plan Meeting notes from September 2025 to present, failed to reveal a member of the Food and Nutrition Services staff had attended any of the meetings. Review of Resident 105's Nutritional Assessment notes and Nutrition progress notes from August 2025 to present, failed to reveal notation that her food preferences were updated. During an interview with Employee 4 (Dietary Manager) on May 6, 2026, at 9:33 AM, she revealed she was unable to attend quarterly care plan meetings due to being short staffed in the dietary department, and the dietitian does not attend because she typically only comes onsite to the facility on weekends. During an interview with Employee 5 (Social Worker) on May 6, 2026, at 1:42 PM, she revealed care plan meetings are typically held on Tuesdays and Wednesdays starting at 1:00 PM, and it is her understanding Employee 4 was unable to attend the care plan meetings because she was too busy to attend. Follow-up interview with Employee 4 on May 7, 2026, at 11:26 AM, she revealed she would need an extra dietary aide or food preparation designee to be able to attend care plan meetings as she was busy filling those roles at the time. During an email correspondence with the Nursing Home Administrator on May 7, 2026, at 1:13 PM, the surveyor revealed the concern that a member of the food and nutrition services staff is not attending care plan meetings or routinely updating resident preferences/addressing dietary concerns. No further information was provided. 28 Pa. Code 201.14(a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observations, and staff interviews, it was determined that the facility failed to monitor freezer temperatures in four of four (Station 1, Station 2, Station 3, and Arcadia) nourishment pantries; failed to maintain clean refrigerators in four nourishment pantries (Station 1, Station 2, Station 3, and Arcadia); and failed to discard food items brought in for residents in one of four nourishment areas (Station 3).Findings include: Review of facility policy, titled FNS402 Refrigeration/Freezer Temperature Standards, last reviewed March 2026, revealed, The Director of Dining Services/Director of Culinary Services or designee observes and records the temperatures of refrigerators and freezers on a daily basis using the Refrigerator/Freezer Temperature Log. Temperatures are not taken during the defrost cycle. Review of Station 1, Station 2, Station 3, and Arcadia Refrigerator/Freezer logs on May 4, 2026, from 10:27 AM to 10:45 AM, with Employee 4 (Dietary Manager), failed to reveal that any freezer temperatures had been checked or recorded for the month of May. Further review of Refrigerator/Freezer logs from February 2026 to April 2026 failed to reveal that any freezer temperatures had been checked or recorded in those months. Interview with Employee 4 on May 4, 2026, at 10:45 AM, revealed that the facility had no temperatures documented for the freezers during the February 2026 through May 2026 timeframe. Interview with the Nursing Home Administrator (NHA) on May 7, 2026, at 10:58 AM, revealed that she would expect that the facility policy would be followed and that freezer temperatures would be taken and recorded. Observation of Station 1, Station 2, Station 3, and Arcadia pantries on May 4, 2026, with Employee 4, from 10:27 AM to 10:45 AM, revealed debris and dried substances in all pantry refrigerators and three of four (Station 1, Station 2, and Arcadia) pantry microwaves. Interview with Employee 4 (Dietary Manager), at that time, revealed that Housekeeping cleans these areas. Review of the Routine Refrigerator Cleaning Log revealed the refrigerators were last cleaned on April 2, 2026. Review of the refrigerator cleaning log, dated 2026, revealed that refrigerators are cleaned monthly and failed to reveal any provision of PRN (as needed) cleaning between monthly cleanings. Interview with NHA and Director of Nursing (DON) on May 7, 2026, at 10:58 AM, revealed that they would expect that the refrigerators and microwaves would be cleaned monthly, as scheduled, and more often if needed. Review of facility policy, titled FNS413 Food Brought in for Patients/Residents, last reviewed March 2026, revealed 1.5 Food will be held in refrigerator for three (3) days following date on label and will be discarded by staff upon notification to the resident. Observation of Station 3 pantry refrigerator on May 4, 2026, at 10:35 AM, revealed a food container with a resident's name on it, dated April 29, 2026. Interview with the NHA on May 7, 2026, at 10:58 AM, revealed that she would expect that the facility policy would be followed and that the food would have been discarded after 3 days. 28 Pa. Code 211.6(f) Dietary services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
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** Based on clinical record review and resident and staff interviews, it was determined that the facility failed to ensure the resident assessment accurately reflected the resident status for three of 38 residents reviewed (Residents 7, 15, and 18). Findings include: Review of Resident 7's clinical record revealed diagnoses that included osteoarthritis (a condition where the protective cartilage that cushions the ends of the bones wears down over time) and need for assistance with personal care. During an interview with Resident 7 on May 5, 2026, at 10:15 AM, she revealed her right foot was impaired and she was unable to walk on it. Review of Resident 7's Physical Therapy Evaluation from March 26, 2026, noted that her right lower extremity was impaired at her ankle. Review of Resident 7's Quarterly MDS assessment (Minimum Data Set - an assessment tool to review all care areas specific to the resident such as a resident's physical, mental or psychosocial needs) with ARD (assessment reference date- last day of the assessment period) of March 31, 2026, revealed that Section GG- Functional Abilities, Subsection GG0115 Functional Limitation in Range of Motion, box B was coded no impairment, and should have been coded impairment on one side. Review of Resident 7's Quarterly MDS assessment with ARD of April 12, 2026, revealed that Section GG- Functional Abilities, Subsection GG0115 Functional Limitation in Range of Motion, box B was coded no impairment, and should have been coded impairment on one side. During an interview with the Nursing Home Administrator (NHA) on May 7, 2026, at 11:38 AM, she revealed Resident 7's aforementioned MDS assessments were marked in error and they were being modified. Review of the clinical record for Resident 15 revealed diagnoses that included right leg above the knee amputation, left leg below the knee amputation, and type 2 diabetes mellitus with hyperglycemia (chronic condition where blood glucose levels are consistently elevated due to insulin resistance or inadequate insulin production). Review of Resident 15's clinical record revealed that he was admitted to the facility on [DATE], with bilateral amputation of lower extremities. Review of Resident 15's Quarterly MDS's dated August 5, 2025, and September 9, 2025, revealed that Section GG- Functional Abilities, Subsection GG0115 Functional Limitation in Range of Motion, box B was coded a 1, indicating only one lower extremity was impaired and should have been coded a 2, indicating bilateral impairment. Review of Resident 15's Quarterly MDS dated [DATE], revealed that Section GG- Functional Abilities, Subsection GG0115 Functional Limitation in Range of Motion, box B was coded a 0 indicating no lower extremity impairment and should have been coded a 2, indicating bilateral impairment. Review of Resident 15's Annual MDS dated [DATE], revealed that Section GG- Functional Abilities, Subsection GG0115 Functional Limitation in Range of Motion, box B was coded a 1, indicating only one lower extremity was impaired and should have been coded a 2, indicating bilateral impairment. During an interview with the NHA on May 7, 2026, at approximately 11:30 AM, the NHA confirmed that Resident 15's Quarterly and Annual MDS's since last August 2025 were marked in error. Review of Resident 18's clinical record revealed diagnoses that included major depressive disorder (a mental health condition characterized by persistent feelings of sadness, loss of interest in activities, and various emotional and physical problems) and dementia (a condition characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities). Review of Resident 18's clinical record revealed a psychiatry note with an effective date of January 28, 2026, that read, in part, No psychotropic medications are deemed necessary at this time, as the patients behavior patterns are within normal limits. The patient has a diagnosis of schizophrenia listed. Will not make this diagnosis active as of today. It is unlikely, but not impossible for patient to be diagnosed with schizophrenia in her late 60's or early 70's. The patient is also not on any medications for schizophrenia. Review of Resident 18's Quarterly MDS assessment with ARD of February 16, 2026, revealed under Section I Active Diagnoses, it was marked yes to indicate that Resident 18 had an active diagnosis of schizophrenia. During an interview with the NHA on May 7, 2026, at 11:38 AM, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she confirmed that Resident 18's Quarterly MDS with ARD of February 16, 2026, was marked in error. 28 Pa. Code 211.5 (f) Medical Records28 Pa. Code 211.11(d)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on facility policy review, clinical record review, observations, and staff interviews, it was determined that the facility failed to ensure that residents receive necessary treatment and services, consistent with professional standards of practice, and do not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and to promote healing and prevent infection of a pressure ulcer for two of five residents reviewed for pressure ulcers (Residents 17 and 23).Findings Include: Review of facility policy, titled Procedure: Wound Dressings: Aseptic, last reviewed March 2026, read, in part, Document: Treatment on Treatment Administration Record (TAR). Review of Resident 17's clinical record revealed diagnoses that included chronic kidney disease stage 3B (moderate to severe loss of kidney function) and protein-calorie malnutrition (inadequate intake of protein and calories, leading to reduced body weight, muscle atrophy, and impaired function). Review of Resident 17's physician orders revealed the following orders, bilateral buttocks: cleanse with soap and water, pat dry, apply hydraguard every day and evening shift; left heel: skin prep and leave open to air every day and evening shift; heelz up device while resident is in bed as he accepts every shift. Review of Resident 17's TAR for April 2026 revealed no documentation for the aforementioned orders on evening shift April 13, 2026, and day shift April 29 and 30, 2026. Review of Resident 17's TAR for May 2026 revealed no documentation for the aforementioned orders on day shift May 1 and 2, 2026. An interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on May 7, 2026, at 10:38 AM, revealed that the nurse assigned to Resident 17 on the aforementioned dates failed to document Resident 17's wound treatments. The nurse was a new licensed practical nurse (LPN) and needed additional education. The facility has a performance improvement plan in place for the LPN. Review of Resident 23's clinical record revealed diagnoses that included dementia and need for assistance with personal care. Review of Resident 23's physician orders revealed an order for Treatment: Bilateral heels: float heels utilizing a heelz up device while in bed as resident accepts, every shift with a start date of October 28, 2025. Review of Resident 23's care plan revealed a focus area At risk for alteration in skin integrity last revised July 20, 2023, with an intervention for float heels while in bed utilizing heelz up device as resident accepts, created on October 28, 2025. Review of Resident 23's TAR revealed no documentation for the heelz up device on April 27, 29, and 30, 2026, on day shift; May 1 and 2, 2026, on day shift; and May 5 on evening shift. An interview with the NHA and DON, on May 7, 2026 at 10:38 AM, revealed that the nurse assigned to Resident 23 on the aforementioned dates failed to document Resident 23's wound treatments. The nurse is a new LPN and needs additional education. The facility has a performance improvement plan in place for the LPN. 28 Pa. Code 201.18(b)(1) Management28 Pa. Code 211.12 (d)(1)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395348	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambersburg Skilled Nursing and Rehabilitation Ce	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, policy review, and staff interview, it was determined the facility failed to maintain a safe and sanitary environment that supports infection prevention and control during the medication administration for one of five residents observed (Resident 186).Findings include: Review of the facility policy, titled Hand Hygiene last reviewed March 2026, it stated, Perform hand hygiene: Before patient/resident (hereinafter 'patient') care and after contact with the patient's environment. Review of the facility policy, titled Medication Administration - General Guidelines last reviewed March 2026, stated, Hands are washed with soap and water and gloves applied before administration of topical (skin), ophthalmic (eye), otic (ear), parenteral (intravenous, intramuscular, subcutaneous, intradermal), enteral (by mouth, nasogastric or gastric tube), rectal, and vaginal medications. Hands are washed with soap and water again after administration with any client (resident) contact. Antimicrobial sanitizer may be used in place of soap and water as allowed per state nursing regulations and center policy. Observation on May 5, 2026, at 8:47 AM, revealed Employee 1 (Registered Nurse) preparing medications for Resident 186 without using hand sanitizer or hand washing after disposing of the previous resident's medication cup. Observation on May 5, 2026, at 8:55 AM. revealed Employee 1 preparing medications for Resident 186 by pouring Tylenol tablet (pain medication) from the stock bottle onto her bare hand, then placed Tylenol tablet in the medication cup. Employee 1 was observed removing six additional pills onto her bare hand for Resident 186. No hand hygiene was performed during the preparation of medications. After administration of medications to Resident 186, Employee 1 failed to perform hand hygiene. During an interview with the Nursing Home Administrator and the Director of Nursing on May 7, 2026, at 11:00 AM, both confirmed they would expect for nursing staff to perform hand hygiene appropriately and not place pills onto bare hands prior to placing in medication cup. 28 Pa. Code 211.12(d)(1)(5) Nursing services.