

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Capitol Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Linglestown Road Harrisburg, PA 17112	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33305</p> <p>Based on record review and staff interview, it was determined that the facility failed to document physician ordered medication administrations in the clinical record for one of seven residents reviewed (Resident 6).</p> <p>Findings include:</p> <p>A review of the clinical record for Resident 6 revealed diagnoses that included Type 2 Diabetes Mellitus (a form of diabetes that is characterized by high blood sugar, insulin resistance, and relative lack of insulin) and hypertension (elevated blood pressure).</p> <p>Further review of the clinical record revealed that Resident 6 was admitted to the facility on [DATE], post-hospitalization for sepsis (bacterial blood stream infection). The Resident was admitted with a PICC (peripherally inserted central catheter) to administer intravenous medications.</p> <p>The Medication Administration Record (MAR) for Resident 6 revealed the following intravenous (IV) flushes were not signed off as completed:</p> <p>Sodium Chloride 0.9%, use 10 milliliters (ml) to flush IV for PICC maintenance on December 28, 2024, evening shift</p> <p>Heparin Lock flush IV solution, use 10 units/ml, flush with 5 ml IV every shift for PICC maintenance on December 28, 2024, evening shift; January 8, 11, 12, 25, 26, 30, and 31, 2025, day shift; and January 20, 23, 28, and 30, 2025, night shift.</p> <p>Written statements from the staff revealed the Registered Nurses (RNs) performed these IV flushes due to the Licensed Practical Nurses not being permitted to flush PICC lines, and the RNs failed to sign off on the MAR.</p> <p>During an interview with the Director of Nursing (DON) on March 5, 2025, at 4:50 PM, the DON confirmed that documentation in the clinical record should be completed for care and services provided to residents.</p> <p>28 Pa. Code 211.12(d)(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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