

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 06/17/2025
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 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 clinical record review 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 10 residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>Review of Resident 2's clinical record revealed diagnoses that included anxiety disorder (excessive fear or apprehension about real or perceived threats) and depression (persistent feelings of sadness, loss of interest in activities, and a range of emotional, physical and cognitive symptoms).</p> <p>Review of Resident 2's clinical record revealed she was ordered Lorazepam 0.5 milligrams (mg) one time daily for anxiety for six months, with a start date of November 4, 2024 and Lorazepam 0.5 mg every 12 hours as needed (PRN).</p> <p>Review of Resident 2's May 2025 medication administration record (MAR) revealed Resident 2's daily Lorazepam order stopped on May 3, 2025 and a new order did not start until May 13, 2025.</p> <p>Review of the controlled drug record for the Resident 2's Lorazepam revealed Employee 1 continued to sign out the medication for six days after the daily order stopped (May 4 - 9, 2025).</p> <p>Further review of Resident 2's May 2025 MAR revealed no doses of the PRN Lorazepam had been documented as administered during May 4 - 9, 2025.</p> <p>An interview on June 17, 2025 at 2:00 PM, with the Director of Nursing (DON), revealed that the issue was brought to her attention around May 10, 2025 and an investigation was conducted. The investigation found that Resident 2 had a routine Lorazepam order that had fallen off the MAR. Employee 1 continued to administer the medication for several days before it was discovered that there was no order for the daily Lorazepam. Employee 1 continued to sign off the Lorazepam on the narcotic count sheet and Resident 2 did have a prn order for the Lorazepam, but Employee 1 did not document the administration under the prn order. The physician was notified and provided a new order for the daily Lorazepam. A QAPI review of the incident was completed and a plan of correction was put into place. An initial audit of all narcotics was done with a follow up audit one month later, no additional issues were found. Education and a medication administration competency was provided for all nursing staff. The DON stated it was the expectation of the facility that medication be administered and documented properly.</p> <p>(continued on next page)</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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Due to the facility completing a plan of correction on May 28, 2025, the deficient practice was found to be past non-compliance.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 211.12 (d)(1)(5) Nursing services</p>		