STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395372	A. Building B. Wing	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Capitol Rehabilitation and Healthcare Center	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on clinical record review and staff interview, it was determined that the facility failed to provide care and services necessary for care dependent residents for two of five residents reviewed (Residents 1 and 2). Findings Include: Review of Resident 1's clinical record revealed diagnoses that included heart failure (a condition where the heart cannot pump blood effectively enough to meet the body's needs) and hypertension (high blood pressure). Review of Resident 1's comprehensive care plan under the focus section for Activities of Daily Living (ADL), revealed an intervention that Resident 1 required total assistance with eating and drinking, initiated on June 25, 2025. Further review of Resident 1's care plan, under the focus section for nutrition, revealed an intervention to provide feeding assistance at meals, initiated on April 18, 2024.Review of Resident 1's clinical record revealed an eating task with a 30 day look back from August 25, 2025, through September 22, 2025 revealed that Resident 1 did not receive the required assistance with eating on the following dates: August 27 for two meals, September 6 for one meal, September 8 for three meals, September 10 for one meal and September 16 and 17 for one meal.Review of Resident 2's clinical record revealed diagnoses that included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily lift) and atrial fibrillation (irregular heartbeat). Review of Resident 2's comprehensive care plan under the focus section for ADLs, revealed an intervention that Resident 2 required total assistance with eating and drinking, initiated on August 15, 2025. Further review of Resident 2's care plan under the focus section for nutrition revealed that the Resident was at risk for malnutrition related to dementia diagnosis, with an intervention to monitor and record intake at meals, initiated on August 20, 2025. Review of Resident 2's clinical record revealed an eating task with a 30 day look back from August 25, 2025, through September 22, 2025 revealed that Resident 2 did not receive the required assistance with eating on the following dates: August 26 for two meals, August 27 for one meal, September 6 for one meal, September 8 for three meals, September 12 for one meal, September 17 for two meals and September 18 for two meals. During an interview with the Nursing Home Administrator on September 23, 2025, at approximately 3:00 PM, it was revealed they would expect staff to be documenting if a resident received feeding assistance for every meal. 28 Pa Code 211.12(d)(1)(3)(5) Nursing services.

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
	395372	A. Building B. Wing	09/23/2025

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(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 clinical record review and staff interview, it was determined that the facility failed to ensure that residents receive necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection of a pressure ulcer for one of five residents reviewed (Resident 1). Findings Include: Review of Resident 1's clinical record revealed diagnoses that included heart failure (a condition where the heart cannot pump blood effectively enough to meet the body's needs) and hypertension (high blood pressure). Further review of Resident 1's clinical record revealed that the Resident had a stage 4 pressure ulcer on the sacral region. Review of Resident 1's Treatment Administration Record (TAR) for June 2025, revealed an order to change wound vac (Vacuum-assisted closure - a medical device that uses negative pressure to remove drainage from wounds and promote healing) three times a week, wash with normal saline, pack with black foam drape and set negative pressure to 125 mmHg (millimeters of mercury). Dust surrounding skin with over the counter (OTC) antifungal powder. Use skin prep prior to wound vac placement, every evening shift every Monday, Wednesday, and Friday for wound care, with a start date of April 18, 2025, and discontinue date of June 20, 2025. Further review of Resident 1's June 2025 TAR revealed that on June 2 and 5, it was marked 5, which is code for hold. Review of Resident 1's nursing progress notes revealed a medication administration note written on June 2, 2025, at 9:28 PM, in relation to the order above, that read, in part, wet to dry applied, wound nurse states she was going to do it but she never showed up. When writer attempted to do it, writer couldn't find a wound vac kit. Went to wound nurse's office door were locked. Called the supervisor no answer. Further review of Resident 1's nursing progress notes revealed a medication administration note written on June 3, 2025, at 11:48 AM, that the Resident's wound vac was not on at present time. On June 4, 2025, at 8:45 PM, there was a nursing progress note written Resident 1's wound vac was done PRN (as needed) on June 3, 2025. Review of Resident 1's June 2025 TAR revealed a PRN order to change wound vac three times a week, wash with normal saline, pack with black foam drape and set negative pressure to 125 mmHg. Dust surrounding skin with OTC antifungal powder. Use skin prep prior to wound vac placement as needed, with a start date of April 18, 2025, and a discontinue date of June 20, 2025. Further review of Resident 1's June 2025 TAR revealed that there was no documentation indicating a PRN wound vac change occurred on June 3, 2025. Review of Resident 1's June 2025 TAR revealed a PRN order that if wound vac not functioning, place a wet to dry dressing to site and notify medical director as needed, with a start date of April 18, 2025, and discontinue date of June 15, 2025. Further review of the June 2025 TAR failed to reveal any documentation indicating the Resident received wet to dry dressing during that time. Review of Resident 1's July 2025 TAR revealed an order for State IV left buttock: cleanse wound with vasche, apply triple mix ointment (1% hydrocortisone, zinc oxide, antifungal ointment mixed in equal parts) to skin surrounding wound, apply aquacel ag rope to wound opening, cover with silicone bordered super absorbent dressing twice a day and prn soilage every day and evening shift, with a start date of June 13, 2025. Further review of Resident 1's July 2025 TAR relating to the order above revealed that on July 3, 2025, during day shift, it was left blank, indicating the wound treatment did not occur. During a staff interview on September 23, 2025, at approximately 3:00 PM, the Nursing Home Administrator (NHA) revealed that she felt like Resident 1's wound treatment was completed on the dates listed above and felt it was a documentation error. NHA revealed she would expect staff to be documenting when any treatment or prn treatment was completed. 28 Pa. Code 211.12 Nursing services.