STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395427	A. Building B. Wing	06/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lutheran Home at Hollidaysburg	916 Hickory Street Hollidaysburg, PA 16648

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record reviews, observations, and staff interviews, it was determined that the facility failed to ensure a safe environment for one of four residents reviewed (Resident 1). This deficiency is being cited as past non-compliance.Findings include: A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 1, dated May 5, 2026, revealed that the resident was cognitively impaired, was understood and understood others. A nursing note for Resident 1 dated June 14, 2026, at 11:40 a.m. revealed that the resident was seen propelling herself in her wheelchair down the hallway and that she had white chalky substance on her lips. A medicine cup of what was believed to be Calmoseptine paste was found on her bedside table with a spoon. An investigation into the resident found with white chalky substance for Resident 1, dated June 14, 2026, revealed that the resident was found with white chalky substance on her lips and it was believed to be Calmoseptine paste (an over-the-counter multi-purpose moisture barrier and medicated skin protectant). It was determined that staff had left the Calmoseptine Paste on the resident's bedside table. Interview with the Nursing Home Administrator on June 18, 2026, revealed that through their investigation it was determined that staff had left the calmoseptine paste on the resident's bedsite table, and that she had ingested it, and that the paste should not have been left on the resident's bedside table. Following the incident on June 14, 2026, the facility's corrective actions included: 1. On June 14, 2026, at 11:40 a.m. the resident was assessed, the Medical Director and the Resident Representative was notified. Poison control was called and it was determined that Calmoseptine Ointment was non-toxic and the resident's water intake was increased. Resident 1 continued to be observed for nausea, vomiting, and diarrhea. LPN 1 was educated on site for medication and treatment administration. 2. Education records, dated June 15, and 16, 2026, revealed that all of the facility's nursing staff received education regarding the resident's need for adaptive equipment. 3. The Director of Nursing or designee will audit treatments to ensure that treatments are completed per policy and protocol for five days a week for one week, and then three days a week for one week and then weekly for one month. Further audits will be completed as determined by the Quality Assurance Performance Improvement (QAPI) committee Review of the facility's corrective actions and interviews completed with staff regarding their re-education revealed that they were in compliance with F689 on June 18, 2026. 28 Pa. Code 211.12(d)(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