

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2025
NAME OF PROVIDER OR SUPPLIER  Camp Hill Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  1700 Market Street Camp Hill, PA 17011	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on observation, facility policy review, medical record review, and staff interviews, it was determined that the facility failed to provide appropriate care and services to residents receiving tube feedings for one of three residents reviewed (Resident 8). Findings include: Review of facility policy, NSG213 Enteral Management, revised July 22, 2025, failed to reveal any expectation that tube feeding solution would be labeled with the name of the solution and date/time that the tube feeding was initiated. Review of Resident 8's clinical record revealed diagnoses that included Acute kidney failure (a sudden and often temporary loss of kidney function) and diabetes (a disease that affects how the body manages blood sugar). Observation of Resident on October 6, 2025, at 1:45 PM, revealed a bottle of beige liquid hanging at Resident 8's bedside in an open tube feeding set-up (bottle and tubing used to administer tube feedings). The bottle was not labeled with what tube feeding was contained inside, the initials of the individual who hung it, or the date and time that it was hung for use. Review of current physician orders for Resident 8 revealed an order for Glucerna 1.5 (kind of tube feeding solution) to be administered at 66 milliliters per hour for 22 hours daily, starting September 20, 2025. Review of Resident 8's plan of care revealed a focus area of Resident has an enteral feeding tube to meet nutritional needs, with a revision date of September 18, 2025. Interview with Employee 1 (Licensed Practical Nurse) on October 6, 2025, at 1:45 PM, revealed that she did not hang the tube feeding solution at Resident 8's bedside and that it was already there when she arrived at 6:30 AM that morning. She also stated that she did not know when it was put there and that, although she assumed that it was Glucerna 1.5 as per physician order, she had no way of knowing. Interview with the Nursing Home Administrator on October 6, 2025, at 2:15 PM, revealed that he would expect the tube feeding solution to be labeled with the contents and time/date that it was hung. 28 Pa. Code 211.12(d)(1)(3)(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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observations, facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure staff implement infection control policies to prevent the spread of infection for one of eight residents on transmission-based precautions reviewed (Residents 7). Findings Include: Review of facility policy, IC308 Enhanced Barrier Precautions (EBP), revised December 6, 2024, revealed that residents with a wound or indwelling medical device will be placed on EBP if they do not meet criteria to require contact precautions. Review of Resident 7's clinical record revealed diagnoses that included pressure ulcer of left heel (an injury to the skin and/or underlying tissue caused by prolonged pressure) and chronic kidney disease (gradual loss of kidney function). Review of Resident 7's care plan revealed a current care plan for skin breakdown related to impaired mobility, Pressure ulcer left heel stage 2, with a revision date of August 20, 2025. Observation of Resident 7's room on October 6, 2025, at 12:30 PM, revealed no sign on Resident 7's door indicating that the Resident was on EBP. Further observation of Resident 7 at that time revealed her lying in bed while Employee 2 (Licensed Practical Nurse) completed a dressing change on her left heel. Employee 2 only wore gloves for personal protective equipment and no gown, as is required for high contact resident activities such as a dressing change. Interview with Employee 2 October 6, 2025, at 12:30 PM, revealed that Resident 7 was not on EBP at that time. Review of Resident 7's current physician orders failed to reveal a physician's order for EBP. Interview with the Director of Nursing on October 6, 2025, at 2:15 PM, revealed that Resident 7 should be on EBP and she will ensure EBP will be initiated moving forward. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>