STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395440	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camp Hill Skilled Nursing and Rehabilitation Ctr	1700 Market Street Camp Hill, PA 17011

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on facility policy, staff interview, and clinical record review, it was determined that the facility failed to provide an explanation of the risks and benefits of psychotropic medications use and obtain consent prior to administering psychotropic medications for one of five residents reviewed for psychotropic medication use (Resident 4). Findings included: Review of facility provided policy, titled NSG206 Behaviors; Management of Symptoms, revised September 25, 2025, revealed, When medication is ordered for behavioral symptoms: Obtain consent. Review of Resident 4's clinical record revealed diagnoses that included major depressive disorder (a serious, common mood disorder characterized by persistent sadness, loss of interest, and fatigue, lasting at least two weeks and impairing daily life) and dementia (a general term for severe mental function loss). Review of Resident 4's physician orders revealed an order for Zoloft (medication used to treat depression) 25 mg, given by mouth at bedtime for depression, starting on January 29, 2026. Further review revealed an order for Olanzapine (antipsychotic medication) 5 mg at bedtime for psychotic behaviors, starting on December 21, 2025. Review of Resident 9's Care plan revealed a focus of: Resident 4 is at risk for complications related to the use of psychotropic drugs, created on December 22, 2025. Review of Resident 9's medical record failed to reveal an explanation for the risks and benefits of psychotropic medications and consent for use of those medications by Resident 4 or their Representative. Interview with the Director of Nursing on February 25, 2026, at 1:45 PM, revealed that Resident 4 did not have the appropriate notifications made prior to starting psychotropic medications. 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

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on clinical record review, document review, and staff interview, it was determined that the facility failed to ensure residents are informed of the items and services that are included in nursing facility services for which the resident may not be charged and those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services for three of three residents no longer eligible for Medicare A benefits coverage reviewed (Residents 120, 121, and 122).Findings Include: Review of Resident 120's clinical record revealed an admission date to the facility on November 25, 2025. Review of Resident 120's census information revealed the most recent date of Medicare A coverage that began on December 22, 2025, and ended on December 23, 2025. Review of Resident 120's Skilled Nursing Facility Beneficiary Notification Review form revealed the Resident had not been provided with the required Skilled Nursing Facility-Advance Beneficiary Notice of Non-Coverage form (SNF-ABN) to be informed of the cost of the items and services no longer covered under Medicare A and the cost of those items and services. Review of Resident 121's clinical record revealed an admission date to the facility on December 17, 2025. Review of Resident 121's census information revealed the most recent date of Medicare A coverage that began on January 1, 2026, and ended on January 16, 2026, when the Resident was discharged home from the facility. Review of Resident 121's Skilled Nursing Facility Beneficiary Notification Review form revealed the Resident had not been provided with the required Notice of Medicare Non- Coverage (NOMNC) form to indicate that her stay was no longer covered under Medicare A. Review of Resident 122's clinical record revealed an admission date to the facility on August 8, 2025. Review of Resident 122's census information revealed the most recent date of Medicare A coverage that began on September 21, 2025, and ended on October 26, 2025. Review of Resident 122's Skilled Nursing Facility Beneficiary Notification Review form revealed the Resident had not been provided with the required SNF-ABN form to be informed of the cost of the items and services no longer covered under Medicare A and the cost of those items and services. An interview with the Nursing Home Administrator on February 24, 2026, at 12:15 PM, confirmed the facility had not provided those residents with the required notices. 28 Pa. Code 201.14 (a) Responsibility of licensee

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on facility policy review, observations, and staff interview, it was determined that the facility failed to maintain a safe, clean, comfortable and home-like environment in one of three nursing units observed. Findings include: Review of facility policy, titled Safe and Homelike Environment last reviewed January 5, 2026, read, in part, The resident/patient has the right to a safe, clean, comfortable, and homelike environment that de-emphasizes the institutional character of the setting. The center must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Observations in Resident 22's room on February 24, 2026, at 10:30 AM and at 2:12 PM, revealed the wall was damaged in a corner of the room, the baseboard was coming away from the wall, four of the ceiling tiles in her room had brown stains on them, and there were holes in the wall above her bed. Observation in Resident 22's room on February 25, 2026, at 9:51 AM, revealed the wall was damaged in a corner of the room, the baseboard was coming away from the wall, four of the ceiling tiles in her room had brown stains on them, and there were holes in the wall above her bed, consistent as the day before. Observations in Resident 26's room on February 24, 2026, at 10:30 AM and at 2:11 PM, revealed her tray table was dirty with a spilled liquid, and the floor around her bed was dirty. Observation in Resident 26's room on February 25, 2026, at 9:50 AM, revealed her tray table was dirty with a spilled liquid, and the floor around her bed was dirty, consistent as the day before. Observations in Resident 30's room on February 24, 2026, at 10:25 AM and at 2:11 PM, revealed the table on the side of her bed was dirty with several rings from beverage cups, and the floor underneath the table was dirty. Observation in Resident 30's room on February 25, 2026, at 9:49 AM, revealed the table on the side of her bed was dirty with several rings from beverage cups, and the floor underneath the table was dirty, consistent as the day before. Observations in Resident 84's room on February 24, 2026, at 12:27 PM and at 2:13 PM, revealed the baseboard was coming away from the wall and the wall was damaged. Observation in Resident 84's room on February 25, 2026, at 9:52 AM, revealed the baseboard was coming away from the wall and the wall was damaged, consistent as the day before. During an interview with the Nursing Home Administrator (NHA) on February 25, 2026, at 2:04 PM, the surveyor communicated the environmental concerns in Resident 22's, 26's, 30's, and 84's rooms, the NHA revealed the concerns would be addressed immediately, and he would expect the facility to provide housekeeping and maintenance services necessary to maintain a safe, clean, comfortable and home-like environment.28 Pa. Code 201.18(e)(2.1) Management

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure its residents receive treatment and care in accordance with professional standards of practice for one of the 24 residents reviewed (Resident 5).Findings Include: Review of the facility's policy, titled Person-Centered Care Plan, recently reviewed January 5, 2026, defined professional standards of Quality as care and all services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting. Review of Resident 5's clinical record revealed diagnoses that included cirrhosis of the liver (a condition in which the liver is scarred and permanently damaged), chronic kidney disease (a long-term, progressive condition where the kidneys are damaged and gradually lose their ability to filter waste and excess fluid from the blood), and dementia (a loss of thinking, remembering, and reasoning skills). Review of Resident 5's census information revealed multiple hospital transfers and included a hospital transfer date of October 26, 2025, with a return and readmission to the facility on November 2, 2025. Review of the facility's document titled Consultant Pharmacist's Progress Note, dated November 4, 2025, revealed the following documented as Transcription Errors: Hospital d/c [discharge order] Lactulose 10 gm/15 m/-Give 30 ml TID [three times per day]. Current order: Lactulose 10 gm/15ml-Give 30 ml QD [once per day]. Upon review by the Certified Registered Nurse Practitioner (CRNP) (Employee 2), it was revealed that an agreement to change the lactulose order to the recommended dosage made on the hospital discharge summary. Review of the pharmacist's progress notes also revealed Hospital d/c order-Tamsulosin 0.4 QD. Current order - Tamsulosin 0.4 mg-Give 2 capsules (0.8mg). Upon review by Employee 2, an agreement was documented to change to 0.4 mg 1 cap at HS [hour of sleep- bedtime]. Review of the pharmacist's progress notes revealed Hospital d/c order-Bumetanide 1 mg BID [twice per day]. Current order- Bumetanide 0.5 mg BID. Upon review by Employee 2, an agreement was documented to change the medication order to Bumetanide 1 mg BID. Continued review of Resident 5's monthly consultant pharmacy recommendation for the Resident's physician to address, dated November 20, 2025, read Per DC [discharge summary] resident was ordered levothyroxine 37.5 mg po [by mouth] ONCE DAILY. On 11/3/2025, it was ordered twice daily; this med [medication] typically dosed once daily. Upon review of the pharmacy recommendation, Employee 2 agreed with the recommendation and documented Please change to 37.5 mcg ONCE daily. An interview with the Director of Nursing on February 26, 2026, at 10:15 AM, revealed that the Registered Nurse (Employee 1) did not have possession of Resident 5's hospital discharge record and used the prior medication list to review with the physician at Resident 5's readmission to the facility. The interview revealed that Employee 1 should have used the hospital discharge medication order recommendations to review with the physician and add to Resident 5's clinical record instead of Resident 5's medications listed before the hospitalization. 28 PA. Code 211.12 (d) (1) (2) (5) Nursing services

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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, observation, and resident and staff interviews, it was determined that the facility failed to ensure a resident with pressure ulcers receives necessary treatment and services consistent with professional standards of practice to promote healing, prevent infection, and prevent new ulcers from developing for one of two residents reviewed (Resident 8).Findings include: Review of Resident 8's clinical record revealed diagnoses that included polyneuropathy (a nerve disease caused by damage to many nerves) and hypertension (high blood pressure). Observation conducted of Resident 8 on February 24, 2026, at 10:13 AM, revealed the Resident was lying in bed, not wearing a float heel, and did not have any pillows placed under their foot. Interview conducted with Resident 8 on February 25, 2026, at 11:58 AM, revealed that he hardly ever wears a right heel boot as staff do not place it on him. Resident 8 revealed his heel boot was in his closet. Observation conducted of Resident 8 on February 25, 2026, at 11:59 AM, revealed the Resident lying in bed, not wearing a float heel, and did not have any pillows placed under their foot. Observation conducted of Resident 8 on February 25, 2026, at 12:36 PM, revealed the Resident lying in bed, without a float heel on. Review of Resident 8's care plan revealed a focus area that the Resident is at risk for skin breakdown related to pressure ulcer to right heel, revised on January 23, 2026; with an intervention to wear a prevalon boot to right foot when in bed. Review of Resident 8's clinical record revealed the Resident had a wound assessment completed on January 15, 2026, for a pressure ulcer on their right heel, with a nutrition recommendation for a dietitian consultation, as well as a recommendation to place heel-float boots to bilateral feet while in bed to offload the heels. The facility was unable to provide documentation that a dietary consultation has been made or conducted per the wound assessment recommendation above for Resident 8. Review of Resident 8's clinical record revealed their most recent dietary consult was conducted on September 29, 2025. Review of Resident 8's clinical record revealed the Resident had a wound assessment completed on January 22, 2026, with the following treatment recommendations: primary dressing: 1. Santyl ointment; secondary dressing: 1. Vashe moistened gauze 2. Foam; this treatment will be done daily and as needed until discontinued. Review of Resident 8's January 2026 TAR (Treatment administration record) revealed an order for: Santyl External Ointment 250 unit/gram (Collagenase); apply to right heel topically every day shift for pressure ulcer, with a start date of January 23, 2026, and a discontinue date of January 31, 2026. The order failed to include the secondary dressing in the recommendation from the wound assessment above on January 22, 2026. Review of Resident 8's February 2026 TAR revealed an order for: Right heel boots on all the time except for care every shift for pressure ulcer prevention, with a start date of October 23, 2025. Further review of the TAR revealed that on February 24 and 25, 2026, during every shift, it was documented that Resident 8 was wearing a right heel boot. During an interview with the Nursing Home Administrator and Director of Nursing on February 26, 2026, at 10:05 AM, revealed they would expect Resident 8 to be wearing their heel boot as ordered and documented, would expect wound assessment recommendations to be completed, and for wound orders to be put in correctly. 28 Pa. Code 211.12(d)(1) Nursing services.28 Pa. Code 211.12(d)(3) Nursing services.28 Pa. Code 211.12(d)(5) Nursing services.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on clinical record review, observation, policy review, and staff interview, it was determined that the facility failed to provide respiratory services in accordance with professional standards of practice for one of 26 residents reviewed (Resident 97) for respiratory care. Findings include: Review of facility provided policy, titled Oxygen: Concentrator, revised August 7, 2023, revealed when implementing supplemental oxygen for a resident, step 1. Verify order. Review of Resident 97's clinical record revealed diagnoses that included chronic obstructive pulmonary disease (COPD - a progressive, incurable, but treatable lung disease) and obstructive sleep apnea (serious, common sleep disorder where throat muscles relax excessively, causing repeated airway collapse and breathing pauses [apnea] during sleep). Observation of Resident 97 on February 24, 2026, at 10:24 AM, revealed Resident 97 lying in bed. Resident 97 was wearing a nasal canula (oxygen delivery device) and receiving supplemental oxygen at 2 liters per minute. Review of Resident 97's care plan revealed a care plan of: Resident exhibits or is at risk for respiratory complications related to recent hospitalization, COPD, created on October 23, 2025. Review of current physician orders for Resident 97 failed to reveal a physician's order for supplemental oxygen. Interview with the Director of Nursing on February 26, 2026, at 10:15 AM, revealed that Resident 97 had an order for supplemental oxygen previously, but the order had not been renewed. 28 Pa. Code 211.12(d)(1) Nursing services.28 Pa. Code 211.12(d)(3) Nursing services.28 Pa. Code 211.12(d)(5) Nursing services.

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure pain management is provided in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences for one of 24 residents reviewed (Resident 86).Findings include: Review of the facility policy, titled Pain Management , last revised on March 24, 2025, revealed, staff will continually observe and monitor patients for comfort and presence of pain and will implement strategies in accordance with professional standards of practice, the patient-centered plan of care, and the patient's choices related to pain management. Review of Resident 86's clinical record revealed diagnoses that included hypothyroidism (when the thyroid gland doesn't make enough thyroid hormone) and dementia (a decline in the mental abilities you need for daily living). Review of Resident 86's care plan revealed a focus area that the Resident was at risk for alterations in comfort related to impaired mobility, diagnosis of multiple fractures on left side ribs, polyneuropathy, and pain, created on January 7, 2026, and revised on January 16, 2026. Further review of the care plan revealed an intervention to medicate Resident as ordered for pain and monitor for effectiveness and monitor for side effects, created and initiated on January 13, 2026. Review of Resident 86's clinical record revealed a physiatry progress note written on January 8, 2026, at 11:37 PM, that read, in part, Patient's pain is not currently well controlled. She is currently on Tylenol routine, oxycodone 2.5 milligram (mg) every four hours as needed. Will order her lidocaine patch to ribs be routine. Review of Resident 86's physician's orders revealed an order for: lidocaine external patch 4%, apply to area needed topically one time a day for pain, effective January 7, 2026, and discontinued on January 13, 2026. The order failed to specify where the patch was to be placed. Further review of Resident 86's physician's orders revealed an active order for: lidocaine external patch 4%, apply to area needed topically one time a day for pain and remove per schedule, effective January 14, 2026. The physician's order failed to specify where the patch was to be placed. Review of Resident 86's February 2026 TAR (Treatment administration record) revealed that on February 13, 14, 15, 16, 17, 19, 20, 21, and 24, 2026, Resident 86 was not administered the lidocaine patch as ordered. Review of Resident 86's clinical record revealed a nursing progress note on February 16, 2026, at 5:17 AM, that the lidocaine patch was not administered, with note text that read, in part, Not available, where is this supposed to go? Resident will not be able to say. Review of Resident 86's clinical record revealed a nursing progress note on February 17, 2026, at 5:08 AM, that the lidocaine patch was not available, no details on where this goes, and the Resident was unable to say where it goes. Review of Resident 86's clinical record revealed a nursing progress note on February 19, 2026, at 5:20 AM, that their lidocaine patch was not administered, there was no indication of where to apply, and the Resident was unable to assist. Review of Resident 86's clinical record revealed a nursing progress note on February 20, 2026, at 5:12 AM, that the lidocaine patch was not administered, and requested clarification of placement as the Resident was not able to assist in saying where to put it. Review of Resident 86's clinical record revealed a nursing progress note on February 21, 2026, at 5:08 AM, that the lidocaine patch was not administered, and the order needs clarification as there is no site noted and the Resident was unable to assist in where to put it. Review of Resident 86's clinical record revealed a nursing progress note on February 24, 2026, at 5:13 AM, that the lidocaine patch was not administered, there is no notation on where to put patch and the Resident was unable to assist in placement. Clarification has been asked for but has not yet been answered by provider. Review of Resident 86's January 2026 and February 2026 TARs revealed that when the lidocaine patch was administered, it was documented as being administered on the (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident's right hip, right arm, right thigh, left hip, lower back, or right deltoid. There was one day, February 5, 2026, where the patch was documented as being administered on their abdomen, lower left quadrant. Besides that, there has been no documentation of the Resident's lidocaine patch being administered to their ribs. Interview conducted with the Director of Nursing on February 26, 2026, at 10:03 AM, revealed that she would expect placement of Resident 86's lidocaine patch to have been added to the order and for it to have been administered as ordered by the physician. 28 Pa. Code 211.12(d)(1) Nursing services.28 Pa. Code 211.12(d)(3) Nursing services.28 Pa. Code 211.12(d)(5) Nursing services.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to ensure that the residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of one residents reviewed (Resident 7).Findings Include: Review of facility policy, titled Trauma Informed Care and Culturally Competent Care, effective May 1, 2024, revealed, Process: 6. The Center will identify triggers which may re-traumatize patients with a history of trauma. Trigger specific interventions will identify ways to decrease the patient's exposure to triggers which re-traumatize the patient, as well as identify ways to mitigate or decrease the effect of the trigger on the patient and will be added to the patient's care plan. Review of Resident 7's clinical record revealed diagnoses that included post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event. The condition may last months or years, with triggers that can bring back memories of the trauma, accompanied by intense emotional and physical reactions) and major depressive disorder (ongoing feelings of sadness, despair, loss of energy, and difficulty dealing with normal daily life). Review of Resident 7's clinical record revealed the Resident was seen by a psychiatry on December 31, 2025, and January 20, 2026, with documentation of the visit to include the Resident had trauma history with being abused as a child by stepfathers and prefers not to have male caregivers. Review of Resident 7's care plan on February 24 and 25, 2026, revealed a care plan for Resident 7 being at risk for distressed/fluctuating mood symptoms related to anxiety and PTSD, initiated and created on December 1, 2025. Further review of Resident 7's care plan failed to reveal an intervention that the Resident prefers not to have male caregivers, or any triggers identified. Review of Resident 7's clinical record revealed the Resident had a trauma assessment completed on February 25, 2026, at 12:52 PM, and scored a 4, which indicated a positive screen for trauma. Interview conducted with the Nursing Home Administrator on February 26, 2026, at 10:04 AM, revealed he would have expected Resident 7's trigger of male caregivers to have been added to her care plan prior to this date and have been in place. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on clinical record review, facility policy review, and staff interview, it was determined that the facility failed to ensure Medication Regimen Reviews were responded to by the attending physician or prescriber for one of five residents reviewed (Resident 4). Findings include: Review of facility policy, titled Medication Regimen Review and Reporting, revised January 2024, revealed, For recommendations that do not require physician intervention, the director of nursing or licensed designee will address the recommendations. Review of Resident 4's clinical record revealed diagnoses that included major depressive disorder (a serious, common mood disorder characterized by persistent sadness, loss of interest, and fatigue, lasting at least two weeks and impairing daily life) and dementia (a general term for severe mental function loss). Review of Resident 's medical record revealed a recommendation made on September 9, 2025, by the consultant pharmacist to add an parameters for Resident 4's PRN (as needed) pain medication. Further review of the record failed to reveal that the physician had reviewed or taken action to address the irregularity. Review of Resident 's medical record revealed a recommendation made on December 29, 2025, by the consultant pharmacist, to add an appropriate dose for Resident 4's pain medication. Further review of the record failed to reveal that the physician had reviewed or taken action to address the irregularity. Interview with the Director of Nursing on February 26, 2026, at 10:45 AM, revealed that they would expect the regulation to be followed and that the physician would review the irregularities, document what, if any, action has been taken to address it, and document his or her rationale in the resident's medical record. 28 Pa. Code 211.10(c) Resident care policies.

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F 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, review of facility diet extension sheets, review of nutrition facts label, clinical record review, observations, and staff interviews, it was determined that the facility failed to ensure that residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician for six of 36 residents reviewed on a consistent carbohydrate diet (Residents 5, 8, 15, 52, 68, and 106). Findings include: Review of facility policy, titled Consistency Alterations and Therapeutic Menus last reviewed January 5, 2026, read, in part, The menu is written for a regular/liberalized diet and is extended for a number of therapeutic diets. Purpose: to provide diets as ordered by the physician/advance practice provider (APP). The menu is extended for the following therapeutic diets [including] Consistent Carbohydrate. Review of facility diet extension sheet for the lunch meal on February 25, 2026, revealed the regular/liberalized diet should be served a slice of angel food cake, and the consistent carbohydrate diet should be provided a slice of diet angel food cake. Observations during tray line meal service on February 25, 2026, between 12:07 PM and 12:41 PM, revealed Residents 5, 8, 15, 52, 68, and 106 were served a piece of angel food cake on their trays. Review of physician orders for Resident 5, 8, 15, 52, 68, and 106 revealed they were ordered a consistent carbohydrate diet for diabetes. Review of physician orders for Resident 4, 6, 7, 9, 10, 16, 20, 24, 31, 35, 49, 50, 59, 64, 67, 69, 75, 77, 78, 85, 87, 88, 89, 96, 99, 104, 109, 110, 123, 124, and 126, revealed they were also ordered a consistent carbohydrate diet for diabetes. During an interview with Employee 4 (Dietary Manager) on February 25, 2026, at 12:46 PM, he revealed the angel food cake served at lunch today was the same angel food cake served across all diet orders. Review of the nutrition facts and ingredients label for Angel Food [NAME] Cake served at the lunch meal on February 25, 2026, revealed the cake contained 28 grams of total carbohydrates and 20 grams of sugar. Further review of the ingredients revealed the number one ingredient of the cake was sugar, and there were no sugar substitutes present in the ingredients. Interview with the Nursing Home Administrator on February 25, 2026, at 2:06 PM, revealed he would expect therapeutic diets to be provided as ordered and extension sheets to be followed for therapeutic diet alterations. 28 Pa Code 201.18(b)(1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395440	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camp Hill Skilled Nursing and Rehabilitation Ctr	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observations, and staff interviews, it was determined that the facility failed to store food and utilize kitchen equipment in accordance with professional standards for food service safety in the main kitchen.Findings include: Review of facility policy, titled Food Storage: Cold Foods last reviewed February 5, 2026, read, in part, All Time/Temperature Control for Safety foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Freezer temperatures will be maintained at a temperature of 0 degrees F (Fahrenheit- unit of measure) or below. All foods will be stored wrapped or in covered containers, labeled and dated, and arranged in a manner to prevent cross contamination. Observation in the dry storage area on February 24, 2026, at 9:28 AM, revealed one open container of ziti pasta not dated with an open date; one open package of fettucine pasta not dated with an open date; one open container of croutons not dated with an open date; three bags of dinner rolls not dated; one package of hot dog buns dated use by February 21, 2026; and nine packages of hot dog buns dated use by February 12, 2026. Further observation of two of the hot dog bun packages dated use by February 12, 2026, had spots consistent with mold on them. Observation of Reach in Refrigerator 1 on February 24, 2026, at 9:34 AM, revealed the bottom and the sides of the refrigerator were heavily soiled with debris and spill marks. Observation of Reach in Refrigerator 2 on February 24, 2026, at 9:35 AM, revealed one bin of turkey sausage dated use by February 23, 2026; and one bin of carrots not dated. Observation of Reach in Refrigerator 3 on February 24, 2026, at 9:37 AM, revealed one open container of strawberry lemonade without an open date. Further observation of Reach in Refrigerator 3 revealed the bottom and the sides of the refrigerator were heavily soiled with debris and spill marks. Interview with Employee 4 (Dietary Manager) on February 24, 2026, at 9:37 AM, he revealed the strawberry lemonade should be discarded; all open food and beverage containers should be labeled with an open date; and the refrigerators and freezers should be kept clean and are on a weekly cleaning schedule. Observation of Reach in Freezer 1 on February 24, 2026, at 9:38 AM, revealed three bags of mixed vegetables not dated. Further observation of the Reach in Freezer 1 on February 24, 2026, at 9:39 AM, revealed the temperature gauge read 17 degrees F. Interview with Employee 4 on February 24, 2026, at 9:40 AM, revealed Reach in Freezer 1 was left open by an employee for about 30 minutes that morning, so it needed time to return to the appropriate temperature. Observation of Reach in Freezer 3 on February 24, 2026, at 9:42 AM, revealed the bottom of the sides of the freezer was heavily soiled with debris. Observation in the main kitchen on February 24, 2026, at 9:43 AM, revealed four bins of assorted cereal dated use by January 15, 2026. Further observation in the main kitchen on February 24, 2026, at 9:44 AM, revealed one bin of thickener labeled November 6, 2025, and was caked with debris. The inside of the bin had a scoop stored inside and had black specks throughout the white thickener powder. Observation of a bin of sugar in the main kitchen on February 24, 2026, at 9:46 AM, revealed it was dated use by January 10, 2026, and there was a scoop stored inside. Interview with Employee 4 on February 24, 2026, at 9:48 AM, revealed scoops should not be stored inside the thickener and sugar bins, and they should be replenished and cleaned at least every two months. Review of the 2025 Dish Machine Temperature Logs revealed logs were unable to be located for the months of October, November and December. Interview with Employee 4 on February 24, 2026, at 10:03 AM, he revealed his expectation that food is stored and kitchen equipment is utilized in accordance with professional standards for food service safety. Return visit to the kitchen on February 25, 2026, at 12:54 PM, revealed the Reach-in Refrigerators 1 and 3 had appeared to be cleaned, but remained with debris and spill marks. Interview with Employee 4 on February 25, 2026, at 12:55 PM, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	revealed staff attempted to clean the reach in refrigerators, but they are so heavily soiled they will have to be deep cleaned and scrubbed further. During an interview with the Nursing Home Administrator (NHA) on February 25, 2026, at 2:06 PM, the surveyor revealed the concern with food storage in the kitchen, as well as the dirty kitchen equipment and lack of dish machine temperature logs for review from October 2025 to December 2025. The NHA revealed his expectation that expired items are discarded, foods items are labeled and dated per facility policy, and food items and kitchen equipment are stored, cleaned, and utilized in accordance with professional standards 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 211.6(f) Dietary services