

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2026
NAME OF PROVIDER OR SUPPLIER  Morrison's Cove Home		STREET ADDRESS, CITY, STATE, ZIP CODE  429 South Market Street Martinsburg, PA 16662	
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 review of Pennsylvania's Nursing Practice Act and clinical records, as well as staff interviews, it was determined that the facility failed to follow hospital discharge orders and failed to follow dietary recommendations for one of 30 residents reviewed (Resident 69). Findings include: The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicated that the registered nurse was to collect complete and ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain and restore the well-being of individuals. An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 69, dated December 17, 2025, indicated that the resident was cognitively impaired, required substantial assistance to dependent with most care needs, required setup assistance with eating, was incontinent of bowel and bladder, received insulin, and had diagnoses that included a urinary tract infection (UTI) in the last 30 days, Extended-spectrum beta-lactamase (ESBL-infections resistant to common antibiotics), bacteremia (bacteria in the bloodstream), diabetes, hypertension (high blood pressure), atrial fibrillation (irregular heart rhythm), orthostatic hypotension (low blood pressure when standing quickly), and Alzheimer's dementia. Discharge instructions for Resident 69, dated December 10, 2025, indicated that the following medications and diet were to be continued following discharge from the Veterans Affairs Medical Center (VAMC): Insulin Aspart (a rapid acting insulin used to control high blood sugars) per sliding scale coverage (SSC-extra insulin doses are given based on blood sugar readings) ac (before meals) and hs (at bedtime); Metoprolol Succinate (an extended release medication used to treat hypertension, chronic heart failure, and angina) 12.5 milligrams (mg) daily with parameters to hold if heart rate (HR) is less than 60 beats per minute (bpm) or systolic blood pressure (SBP-top number of the blood pressure reading) is less than 100 millimeters of mercury (mmHg); Levofloxacin (an antibiotic) 750 mg every 48 hours with the next/last dose due to be given on December 12, 2025, to complete a one week treatment for ESBL UTI and bacteremia; and a consistent carbohydrate diet (helps manage blood sugar, diabetes, or insulin imbalances). Physician's orders for Resident 69, dated December 10, 2025, revealed that the resident was to receive Insulin Aspart per SSC every morning before breakfast and at bedtime and inject one unit subcutaneously (injection of medication into the fat layer of the skin) one time a day before lunch and one time a day for diabetes before dinner. Physician's orders for Resident 69, dated December 11, 2025, revealed that the resident was to receive Insulin Aspart per SSC every morning before breakfast and at bedtime. Review of the physician's orders revealed that this order was discontinued on December 11, 2025, due to the administration of one unit of Insulin Aspart twice daily not being indicated per the hospital discharge orders. Physician's orders for Resident 69, dated December 17, 2025, revealed that the resident was to receive Insulin Lispro (a rapid acting insulin used to control high blood sugars) per SSC every morning before breakfast and at bedtime. Review of</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  395563	Facility ID:  395563  If continuation sheet Page 1 of 2

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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>the resident's Medication Administration Record (MAR) for December 2025, revealed that there was no documented evidence that the resident's blood sugars were monitored between December 11, 2025, and December 16, 2025, until the order was resumed on December 17, 2025. Physician's orders for Resident 69, dated December 10, 2025, revealed that the resident was to receive 12.5 mg of Metoprolol Tartrate (an immediate release medication used to treat hypertension, angina, and acute heart attack) daily for high blood pressure with parameters to hold if HR is less than 60 bpm or SBP is less than 100 mmHg. A progress note for Resident 69, dated December 19, 2025, at 6:54 p.m. indicated that the resident returned from his cardiology appointment with recommendation to use metoprolol succinate vs tartrate. A cardiology progress note for Resident 69, dated December 19, 2025, indicated that his metoprolol should be succinate with the same hold parameters. Physician's orders for Resident 69, dated December 19, 2025, revealed that the resident was to receive 12.5 mg of Metoprolol Succinate ER (Extended Release) daily for hypertension with parameters to hold if HR is less than 60 bpm or SBP is less than 100 mmHg. Review of the resident's clinical record revealed no documented evidence that his blood pressure and heart rate was being checked as ordered prior to the administration of the Metoprolol Succinate ER. Physician's orders for Resident 69, dated December 10, 2025, revealed that the resident was to receive 750 mg of Levofloxacin one time only until December 13, 2025, for ESBL Bacteremia to complete the last dose/one week treatment course that begun at the VAMC. Review of the resident's MAR for December 2025, revealed that the resident received a 750 mg tablet of Levofloxacin on December 10, 2025; however, he was to receive his last dose of 750 mg of Levofloxacin on December 12, 2025, per the discharge instructions. Physician's orders for Resident 69, dated December 10, 2025, revealed that the resident was ordered a cardiac heart healthy diet. A dietary note for Resident 69, dated December 12, 2025, at 1:32 p.m. indicated that the resident was admitted with diet order of cardiac/heart healthy diet. The cardiac/heart healthy diet is restrictive given advanced age and diagnosis of Alzheimer's and recommended to discontinue his cardiac/heart healthy diet, change his diet to consistent carbohydrate (CHO) diet instead due to his diagnosis of diabetes, and add glucerna supplement three times daily. If meal intakes do not improve during his stay, may need to consider further diet liberalization. A progress note for Resident 69, dated December 12, 2025, at 2:10 p.m. revealed that the Certified Registered Nurse Practitioner (CRNP) was notified of the diet recommendations and agreed with order as written to add Glucerna supplement three times daily. A progress note for Resident 69, dated December 19, 2025, at 6:33 p.m. revealed that the physician was made aware of the dietician's request for the resident's diet to be liberalized to regular and was in agreement with suggestion. A dietary note for Resident 69, dated December 23, 2025, at 7:57 a.m. indicated that the resident's current diet order was a cardiac/heart healthy diet. Recommendations were made to clarify the diet order to be consistent CHO diet. Physician's orders for Resident 69, dated December 23, 2025, revealed that the resident was ordered a consistent carbohydrate diet. A communication note for Resident 69, dated December 17, 2025, at 1:20 p.m. indicated that the daughter called in very irate with multiple questions concerning her father's care. The daughter requested the physician call her related to her father's care, and she had questions related to his diet and appetite. The residents discharge medication list, progress notes from the hospital and the dietary progress note was reviewed with the daughter. Interview with the Director of Nursing on February 12, 2026, at 12:50 p.m. confirmed that Resident 69's insulin, metoprolol, levofloxacin and diet were not ordered as per the hospital discharge instructions, his blood pressure and heart rate were not being checked as ordered prior to the administration of the metoprolol succinate, and confirmed that his diet was not changed as recommended by the dietician. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>		