

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Laurel Lakes Rehabilitation and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Franklin Farm Lane Chambersburg, PA 17201	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>33305</p> <p>Based on observation, resident and staff interviews, policy review, and clinical record review, it was determined that the facility failed to document completely and accurately on the clinical records for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A review of the facility policy, titled Charting and Documentation, last revised July 2017, revealed the medical record should facilitate communication between the interdisciplinary team.</p> <p>Review of the clinical record for Resident 1 on July 29, 2024, revealed diagnoses that included congestive obstructive pulmonary disease (COPD-disease process that causes decreased ability of the lungs to perform) and anemia (a reduction in red blood cells).</p> <p>Observation of Resident 1 on July 29, 2024, at 1:00 PM, revealed the Resident resting in his bed. The Resident had no complaints regarding his care and services.</p> <p>On July 17, 2024, Resident 1 left the facility on a leave of absence (LOA). Resident's family member signed Resident 1 out in the sign out log at the main desk, but entered the wrong date. Resident 1's niece confirmed the date of LOA was July 17, 2024, at 12:00 PM, and not July 16, 2024.</p> <p>During an interview with Resident 1, he was asked if he recalls taking a LOA from the facility recently. Resident 1 informed the surveyor that he took a leave of absence on July 17, 2024, and returned July 19, 2024. Resident 1 was asked if he told anyone he was taking a LOA on July 17, 2024, Resident 1 informed the surveyor that he informed the medication nurse, Employee 1 (Licensed Practical Nurse), when she was giving his medications on July 17, 2024. Resident 1 was asked if he informed Employee 1 that he was taking a LOA for more than a day, and he replied no, and added that he wasn't aware that it was necessary since he is approved for LOA.</p> <p>During an interview with Employee 1 on July 29, 2024, Employee 1 admitted that she forgot to document Resident 1's LOA on July 17, 2024. Employee 1 also confirmed that she documented a late entry for the LOA on July 18, 2024, at 2:30 AM, when she was asked about any knowledge of Resident 1's LOA.</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

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the Nursing Home Administrator (NHA) on July 29, 2024, at approximately 2:30 PM, the NHA confirmed that documentation should include a Resident's LOA and the expected date and time of the resident's return. 28 Pa. Code 211.12(d)(1)		