STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on clinical record review and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards of practice that meet each resident's physical, mental, and psychosocial needs for three of 33 residents reviewed (Residents 5, 13, and 135).Findings include: Review of Resident 5's clinical revealed diagnoses that included diabetes mellitus (disease that occurs when your blood glucose, also called blood sugar, is too high) and dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning). Review of Resident 5's physician orders revealed orders for Toujeo Max SoloStar Subcutaneous Solution Pen injector 300 units/milliliter (Insulin Glargine) Inject 20 unit subcutaneously one time a day, dated April 24, 2026; and Novolog FlexPen Subcutaneous Solution Pen injector 100 units/milliliter (Insulin Aspart) Inject as per sliding scale: if 0 - 100 = 0 units; 101-110 = 4units ; 111- 400 = 8 units subcutaneously with meals. Notify MD with blood sugars less than 70 or greater than 400, dated April 24, 2026. Review of Resident 5's April 2026 Medication Administration Record (MAR) revealed that his ordered Toujeo was not documented as being administered on April 27, 2026. Review of Resident 5's May 2026 MAR revealed that on May 7, 2026, his 12:00 PM blood sugar was recorded as 140 and his insulin dose administration was documented as N/A, but, per his physician orders, he should have received 8 units of insulin. Further review of Resident 5's May 2026 MAR revealed that on May 16, 2026, his 8:00 AM blood sugar was recorded as 114 and his insulin dose administration was documented as 4 (outside of parameters), but, per his physician orders, he should have received 8 units of insulin. Review of facility provided statement written by Employee 2 (Registered Nurse) on behalf of Employee 4 (Licensed Practical Nurse) dated May 20, 2026, indicated that Employee 4 did not administer Resident 5's Toujeo on April 26, 2026, because he had returned from the hospital on April 24, 2026, and the medication had not been delivered from the pharmacy. The facility was told it was enroute but it did not arrive prior to the end of her shift. Employee 4 also said that she had administered the Novolog to Resident 5 on May 16, 2026, but had coded out of parameters in error. During a staff interview with the Nursing Home Administrator (NHA) and Employee 15 (Regional Director of Clinical Operations) on May 20, 2026, at 1:27 PM, both acknowledged that Resident 5 was documented as receiving his Toujeo on April 25, 2026, even though Employee 4 said it was not available on April 26, 2026. Employee 15 indicated that they had no other information to provide. The NHA and Employee 15 both confirmed that they would expect residents to receive their medications as ordered and to be documented accordingly. Review of Resident 13's clinical record revealed diagnoses that included diabetes mellitus and moderate protein-calorie malnutrition (the state of inadequate food intake). Review of Resident 13's physician orders revealed an order for Humalog KwikPen Subcutaneous Solution Pen injector 100 units/milliliter (Insulin Lispro) Inject as per sliding scale: if 0 - 130 = 0units notify MD if BS is less than 70; 131-180 = 2 units ; 181-240 = 4units ; 241-300 = 6units; 301-350 = 8units; 351-400 = 10 units subcutaneously before meals and at bedtime. Notify Provider if BS is greater than 400, dated April 26, 2026. Review of Resident 13's April 2026 MAR revealed that on April 29, 2026, at 9:00 PM, her blood sugar was 137 and her insulin dose administration was coded as 4 (outside of parameters). Review of Resident 13's May 2026 MAR revealed that on May 11, 2026, at (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11:00 AM, her blood sugar was recorded as 141 and her insulin dose was recorded as 4 (outside of parameters). In addition, her May 17, 2026, at 7:30 AM her blood sugar was recorded as 134 and her insulin dose was recorded as 4 (outside of parameters). Review of facility provided statement written by Employee 4 (Licensed Practical Nurse) dated May 20, 2026, indicated that Employee 4 remembered being on Resident 13's medication cart a couple of days in the last month and that she remembers giving Resident 13 her insulin because Resident 13 asked why she was getting the insulin if her blood sugar was not that high. Employee 4 indicated that she must have hit the wrong button after administering the insulin, resulting in incorrect documentation. During a staff interview with the NHA and Employee 15 on May 20, 2026, at 1:02 PM, they both confirmed that they would expect residents to receive their medications as ordered and to be documented accordingly. Review of Resident 135's clinical record revealed diagnoses that included type one diabetes mellitus (the body's immune system destroys insulin-producing cells in the pancreas) with hyperglycemia (high blood sugar) and major depressive disorder (mood disorder characterized by pervasive low mood and loss of interest). Review of Resident 135's physician orders revealed orders for Toujeo SoloStar Pen-injector 300 unit/milliliter (ml), inject 33 units one time a day for type one diabetes mellitus; Toujeo SoloStar Pen-injector 300 unit/ml, inject 30 units at bedtime for type one diabetes mellitus; blood sugar (BS) check one time a day related to type one diabetes mellitus update MD if less than 70 or greater than 400; Insulin Aspart FlexPen 100 units/ml inject five units before meals; Insulin Aspart FlexPen 100 units/ml inject as per sliding scale notify physician of BS greater than 401. Review of Resident 135's February 2026 MAR revealed the following documented blood sugars: February 1 - 511; February 10 - 409; and February 18 -blank no blood sugar documented. Review of Resident 135's progress notes failed to reveal any notes for the aforementioned dates indicating that the physician had been notified of Resident 135's blood sugar being greater than 401. Further review of Resident 135's February 2026 MAR revealed that on February 5 and February 17 at 8:00 AM, Resident 135's dose of Toujeo SoloStar Pen-injector was marked NA. Review of Resident 135's March 2026 MAR revealed the following documented blood sugar: March 2 - 413. Review of Resident 135's progress notes failed to reveal any notes for the aforementioned date indicating that the physician had been notified of Resident 135's blood sugar being greater than 401. Review of Resident 135's April 2026 MAR revealed the following documented blood sugar: April 3 - 500. Review of Resident 135's progress notes failed to reveal any notes for the aforementioned date indicating that the physician had been notified of Resident 135's blood sugar being greater than 401. Further review of Resident 135's April 2026 MAR revealed the following: April 4 at 8:00 PM Resident 135's dose of Toujeo SoloStar Pen-injector was marked 9. Review of the MAR chart codes revealed 9 = other/see progress notes. April 13 at 7:30 AM Resident 135's Insulin Aspart FlexPen 100 units/ml inject five units before meals was marked 4. Review of the MAR chart codes revealed 4 = vitals outside of parameters for administration. April 20 at 4:00 PM Resident 135's Insulin Aspart FlexPen 100 units/ml inject five units before meals was marked 5. Review of the MAR chart codes revealed 5 = hold/see progress notes. Review of Resident 135's progress notes failed to reveal any notes relating to Resident 135's insulin administration for the aforementioned dates. Further review of Resident 135's physician orders revealed that no parameters were indicated for Insulin Aspart FlexPen 100 units/ml inject five units before meals. An interview with Employee 15 on May 20, 2026, at 1:57 PM, revealed that the facility had no additional information to provide. Employee 15 stated that it was the expectation of the facility that physician orders be followed and insulin be administered as ordered. 28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, observations, facility provided documentation review, and staff interviews, it was determined that the facility failed to provide respiratory care/oxygen services consistent with professional standards of practice for one of five residents reviewed (Resident 5).Findings include: Review of facility policy, titled CPAP/BiPAP Support, with a revision date of February 2026, and a last review date of April 1, 2026, under section, titled General Guidelines for Cleaning, identified the following guidelines for routine cleaning: 4. Machine cleaning: Wipe machine with warm, soapy water, and rinse at least once a week and as needed. 5. Humidifier: b. Clean humidifier weekly and air dry; and 7. Masks, Nasal pillows, and tubing: Clean daily by placing in warm, soapy water. Rinse with warm water and allow it to air dry between uses. Place in plastic bag after drying. Review of Resident 5's clinical revealed that he was originally admitted to the facility on [DATE], with diagnoses that included obstructive sleep apnea (intermittent airflow blockage during sleep), dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning), and heart failure (a chronic condition where the heart muscle can't pump enough blood to meet the body's needs). Review of Resident 5's current physician orders revealed an order for CPAP (Continuous Positive Airway Pressure- a machine that uses mild air pressure to keep breathing airways open while one sleeps) settings 18.1 pressure at bedtime on at 9:00 PM and off at 6:00 AM, dated April 28, 2026. Further review of his physician orders revealed an original order date of January 29, 2026, for the CPAP. Observation of Resident 5's room on May 17, 2026, at 11:15 AM; May 18, 2026, at 9:14 AM and 1:17 PM; and May 19, 2026, at 11:29 AM, revealed that his CPAP mask was laying on his nightstand and appeared slightly greasy on the inside. Review of Resident 5's physician orders from January 29, 2026, through May 19, 2026, failed to reveal any orders for the routine cleaning of the CPAP as indicated in the facility policy. Review of Resident 5's clinical record failed to reveal any documentation of weekly cleaning of the CPAP machine and humidifier, or daily cleaning of the mask. During a staff interview with Employee 16 (Licensed Practical Nurse) on May 19, 2026, at 11:35 AM, Employee 16 indicated that night shift manages the CPAP machines but confirmed that the mask should be in a bag when not in use. Facility provided statements dated May 20, 2026, written by Employee 2 (Registered Nurse [RN]) and Employee 3 (RN) that indicated that on room rounds on May 17, 2026, Resident 5's CPAP mask was noted to be lying on his nightstand without a bag for protection and that a new bag was obtained and the mask was placed in the bag. The statement further indicated that the same encounter happened on May 18, 2026, and that on May 19, 2026, the mask was noted to be in the bag on room rounds. The statements failed to indicate the time these rounds were completed. During a staff interview with Employee 15 (Regional Director of Clinical Operations) on May 20, 2026, at 9:11 AM, Employee 15 confirmed that the CPAP cleaning should have been ordered/implemented as per facility policy. Employee 15 indicated that the cleaning orders were not included in the facility order database to be selected and, therefore, they were not implemented. During a final staff interview with the Nursing Home Administrator and Employee 15 on May 20, 2026, at 1:02 PM, both confirmed that the CPAP should have been cleaned as per facility policy and acknowledged surveyor observations of the CPAP mask not being bagged. 28 Pa. Code 211.10(c) Resident care policies28 Pa code 211.12(d)(1)(2)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
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, review of select facility temperature logs, and staff interviews, it was determined that the facility failed to utilize equipment in accordance with professional standards for food service safety in the main kitchen. Findings include: Review of facility policy, titled Freezer and Cooler Monitoring Policy & Procedure last revised December 2025, read, in part, The ensure food safety, product integrity, and regulatory compliance, all refrigeration and freezing units must be properly monitored, maintained, and documented. Temperatures must be kept within safe ranges at all times to prevent spoilage and foodborne illness. Review of facility freezer log sheets revealed freezer temperatures must be maintained below 0 degrees Fahrenheit (F - unit of measure). Review of the November 2025 kitchen equipment temperature logs revealed Freezer #1 was documented as being above 0 degrees on November 1, 16-20, 22-25, and 27-29 in the AM; and November 2, 3, 9-12, 17, 24, and 27 in the PM. No corrective action or reason was noted. Review of the December 2025 kitchen equipment temperature logs revealed:Freezer #1 was documented as being above 0 degrees on December 2, 8, 10, 14, 18, 20, 21, and 30 in the AM; and December 6, 7, 20, 22, 23, 29, and 30 in the PM. No corrective action or reason was noted.Freezer #2 was documented as being above 0 degrees on December 1, 5-8, 11, 17, 28-30 in the AM; and December 14 in the PM. The dish machine temperature log was blank for lunch and dinner on December 12, 2025. No reason was noted. Review of the January 2026 kitchen equipment temperature logs revealed:Freezer #1 was documented as being above 0 degrees on January 4, 7, 8, 10-13, 16-19, 21-23, 25 and 27 in the AM; and January 11-13, and 25 in the PM. No corrective action or reason was noted.Freezer #2 was documented as being above 0 degrees on January 16 and 19 in the AM. No corrective action or reason was noted. Review of the February 2026 kitchen equipment temperature logs revealed:Freezer #1 was documented as being above 0 degrees on February 1, 5, 6, 14, 16, 19, 24, 25, and 28 in the AM; and February 2, 6, and 7 in the PM. No corrective action or reason was noted.Freezer #2 was documented as being above 0 degrees on February 1, 2, 5, 6, 10, and 13 in the AM; and February 13 in the PM. No corrective action or reason was noted.Freezer #5 was documented as being above 0 degrees on February 7th in the AM. No corrective action or reason was noted. Review of the March 2026 kitchen equipment temperature logs revealed:Freezer #1 was documented as being above 0 degrees on March 2, 13, 15, 23, 25, and 26 in the AM. No corrective action or reason was noted.Freezer #2 was documented as being above 0 degrees on March 13, 18, 20 and 27 in the PM. No corrective action or reason was noted. Review of the April 2026 kitchen equipment temperature logs revealed:Freezer #1 was documented as being above 0 degrees on April 3, 6, 8, 9, 17, and 20 in the AM; and April 20-22 in the PM. No corrective action or reason was noted.Freezer #2 was documented as being above 0 degrees on April 1, 10, 16, 17, 21-24, 28 and 30 in the AM; and April 25 in the PM. No corrective action or reason was noted. Review of the April 2026 food temperature logs revealed temperatures failed to be logged on April 22 at dinner. During an interview with Employee 14 (Dietary Manager) on May 19, 2026, at 11:54 PM, she revealed the discrepancies and missing documentation in the aforementioned temperature logs happened prior to her employment, and she does not have any information to provide about them. She further revealed she plans to do education with the staff regarding the importance of accurate and complete kitchen equipment temperature logs. Interview with the Nursing Home Administrator on May 20, 2026, at 12:55 PM, he revealed he would expect temperature logs to be accurate and completed and kitchen equipment is utilized in accordance with professional standards. 28 Pa. Code 201.14(a) Responsibility of licensee28 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
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on review of the RAI manual (Resident Assessment Instrument- A standardized guide used in nursing homes and long-term care facilities to assess residents health, functional status, and care needs), clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure the resident assessment accurately reflected the resident's status for one of 33 residents reviewed (Residents 78).Findings include: Review of RAI Manual guidance for section K revealed A therapeutic diet is a diet intervention prescribed by a physician or other authorized nonphysician practitioner that provides food or nutrients via oral, enteral, and parenteral routes as part of treatment of disease or clinical condition, to modify, eliminate, decrease, or increase, identified micro- and macro- nutrients in the diet. Review of Resident 78's clinical record revealed diagnoses that included unspecified protein calorie malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets), adult failure to thrive (FTT- in adults is a significant decline in physical and emotional well-being, often characterized by weight loss, decreased appetite, and inactivity), and dysphagia (difficulty chewing and/or swallowing). Review of Resident 78's physician orders revealed an order for Regular diet, Regular texture, Thin consistency, Fortified foods at lunch and dinner, with a start date of June 28, 2025. Review of Resident 78's care plan revealed an active focus area for nutritional status with an intervention for Provide diet/supplements per orders: Regular diet, regular texture, thin liquids, fortified foods with lunch/dinner, last revised February 23, 2026. During an interview with Resident 78 on May 19, 2026, at 12:02 PM, she revealed she gets mashed potatoes as an extra item at lunch and pudding or ice cream at dinner to provide extra calories to her diet. Interview with Employee 14 (Certified Dietary Manager) on May 19, 2026, at 12:07 PM, she revealed the fortified food program includes hot cereal at breakfast, fortified mashed potatoes at lunch, and fortified pudding at dinner, but Resident 78 was very particular about her diet, and preferred fortified foods only at lunch and dinner, and swaps the pudding at dinner for ice cream at times. She further revealed Resident 78 was ordered a therapeutic diet for her complex nutritional problems. Review of Resident 78's Quarterly MDS (Minimum Data Set - an assessment tool to review all care areas specific to the resident's physical, mental or psychosocial needs) assessments with ARD (last day of the assessment period) of December 26, 2025; March 28, 2026; and March 29, 2026; revealed she was marked no for a therapeutic diet. Interview with Employee 16 (Registered Nurse Assessment Coordinator) on May 19, 2026, at approximately 12:30 PM, she revealed Resident 78 should have been coded for a therapeutic diet on her aforementioned MDS assessments. Interview with the Nursing Home Administrator on May 20, 202, at 12:55 PM, he revealed he would expect MDS assessments to be coded accurately. 28 Pa. Code 211.5 (f) Medical Records28 Pa. Code 211.5(d)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure that residents receive necessary treatment and services consistent with professional standards of practice for two of five residents reviewed for unnecessary medications (Residents 78 and 139).Findings include: Review of facility policy, titled Consultant Pharmacist Services Provider Requirement with an effective date of August 2020, read, in part, The facility will ensure regular and reliable consultant pharmacist services are provided to residents. Working with facility staff on the development, implementation, evaluation, and revision of pharmaceutical services procedures and helping ensure that the procedures address the needs of the residents and reflect current standards of practice. Assisting in the identification and evaluation of medication-related issues. Including the prevention and reporting of medication errors. Review of Resident 78's clinical record revealed diagnoses that included unspecified protein calorie malnutrition (an imbalance between the nutrients the body needs to function and the nutrients it gets), adult failure to thrive (FTT- in adults is a significant decline in physical and emotional well-being, often characterized by weight loss, decreased appetite, and inactivity), and dysphagia (difficulty chewing and/or swallowing). Review of Resident 78's April 2026 Pharmacist Medication Regimen Review (MRR- a systematic evaluation of a patient's complete medication list to ensure safety, effectiveness, and optimal health outcomes), completed on April 8, 2026, revealed a recommendation for Currently receiving Lidoderm Patch applied once daily as needed. Per manufacturer must be removed after 12 hours to avoid tachyphylaxis (a rapid and temporary decrease in the body's response to a drug after repeated or continuous administration). Please clarify order to apply once daily for 12 hours then remove for 12 hours. The MRR was signed that the physician was in agreement on April 16, 2026. Review of Resident 78's physician orders revealed the order for the Lidocaine patch remained unchanged to reflect the above recommendations until the order was discontinued on May 13, 2026. Review of Resident 139's clinical record revealed diagnoses that included dementia (a condition characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities) and muscle weakness. Review of Resident 78's April 2026 MRR completed on April 12, 2026, revealed a recommendation for Currently receiving Neurontin (gabapentin-medication for nerve pain) 100 mg daily. Please evaluate the need and effect of low dosage. Consider trial taper to every other day for one week then discontinue if appropriate. The MRR was signed that the physician was in agreement on April 16, 2026. Review of Resident 139's physician orders revealed an order for Gabapentin Oral Capsule 100 MG, Give 1 capsule by mouth at bedtime related to chronic pain syndrome, with a start date of March 30, 2026, and discontinued on April 29, 2026. Review of Resident 139's physician orders revealed an active order for Gabapentin Oral Capsule 100 MG, Give 1 capsule by mouth at bedtime related to chronic pain syndrome, with a start date of May 1, 2026. During an interview with Employee 15 (Regional Director of Clinical Operations) on May 19, 2026, at 1:35 PM, she revealed she was unsure as to why Resident 78's April MRR was not responded to timely, and why the order in response to Resident 139's April MRR was not transcribed, as he was in agreement with the recommendation. Further he revealed that Resident 139 was hospitalized at the end of April 2026, so that was why the order was discontinued and restarted. During a follow up interview with Employee 15 and the Nursing Home Administrator on May 20, 2026, at 1:05 PM, the surveyor revealed the concern with the lack of implementation of Resident 78's and 139's pharmacy recommendations. They revealed their expectation that physician orders are transcribed as appropriate. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395613	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Lakes Rehabilitation and Wellness Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure staff implement transmission-based precautions to prevent the spread of infection for two of three residents observed (Residents 72 and 164).Findings Include: Review of facility policy, titled Isolation- Categories of Transmission-Based Precautions, revised October 2018, revealed in a section labeled, Contact Precautions, staff and visitors will wear gloves (clean, non-sterile) when entering the room and staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room. Further review of this policy revealed that for residents requiring droplet precautions staff are expected to wear masks, gloves, gown, and goggles when entering the residents room. Review of Resident 72's clinical record revealed diagnoses that included shingles (a painful, blistering viral rash caused by the same virus that causes chickenpox) and Human Immunodeficiency Virus (HIV- are two species of Lentivirus that infect humans. Over time, they cause acquired immunodeficiency syndrome, a condition in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive). Observation of Resident 72 on May 17, 2026, at 11:07 AM, revealed Resident 72 sitting in her wheelchair in her room. On the wall outside of her room was a sign signifying that a resident in that room was on droplet precautions and that anyone entering the room must wash their hands and then apply gloves, a protective gown, and protective face shield prior to entering, and remove them prior to exiting the room. Further observation at that time revealed Employee 8 enter the room without applying any of the required PPE (personal protective equipment) to have a conversation with Resident 72. Further observation at that time revealed Employee 6 entering Resident 72's room to provide her with drinks for the lunch meal without applying any of the required PPE. Review of Resident 72's physician orders failed to reveal any orders for transmission-based precautions. Review of Resident 72's care plan revealed a care plan focus area of: infection of shingles, initiated May 13, 2026, with an intervention of: isolation- contact precautions, with a date initiated of May 13, 2026. Review of Resident 164's clinical record revealed diagnoses that included shingles and diabetes (a condition where the body is unable to regulate blood glucose levels). Observation of Resident 164 on May 17, 2026, at 12:09 PM, revealed Resident 164 lying in bed. On the wall outside of his room was a sign signifying that a resident in that room was on droplet precautions and that anyone entering the room must wash their hands and then apply gloves, a protective gown, and protective face shield prior to entering and remove them prior to exiting the room. Further, a second sign hanging on the wall outside of Resident 164's room signified that a resident in that room was on Contact precautions and that anyone entering the room was required to wear gloves and a gown to enter, and then remove them prior to exiting the room. Further observation at this time revealed Employee 6 entering Resident 164's room, without applying PPE, to take him his lunch tray. Observation on May 17, 2026, at 12:35 PM, revealed Employee 7 entering Resident 164's room without applying any of the required PPE, collect Resident 164's lunch tray and then exit the room without performing hand hygiene. Review of Resident 164's physician's orders failed to reveal an order for any type of transmission-based precautions. Review of Resident 164's care plan revealed a care plan focus are of, Infection of shingles, initiated May 13, 2026, with an intervention of, maintain contact isolation precautions as indicated, initiated May 13, 2026. Interview with the Nursing Home Administrator on May 20, 2026, at 1:10 PM, revealed an expectation that staff would use the correct PPE when entering residents' rooms that require it. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services