

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395660	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Claremont Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Claremont Road Carlisle, PA 17013	
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 - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 49123 Based on clinical record review and staff interviews, it was determined that the facility failed to ensure care and services are provided in accordance with professional standards of practice related to wound assessments for one of six residents reviewed (Resident 5). Findings include: Review of Resident 5's clinical record revealed diagnoses that included atherosclerosis (buildup of plaque in the walls of arteries causing reduced blood flow) and type two diabetes mellitus (the body does not make enough insulin or cannot use it as well as it should). Review of Resident 5's nursing progress notes revealed a note dated June 2, 2024, at 10:44 PM, that stated, called Gentiva Hospice RN [Registered Nurse] about resident wound deterioration to LLE (left lower extremity) who stated to refer to wound team asap on Monday, covering dressing applied for now, area cleansed as ordered, MD notified, left message for Family member. Review of progress note dated June 3, 2024, at 10:35 PM, stated, Resident started on doxycycline 100 mg for left shin wound. No adverse effect noted, tolerated well. Vitals stable. Took all meds without difficulty and fluids. Pain management effective. Review of Resident 5's wound and skin note dated June 3, 2024, revealed the wound consultant nurse practitioner documented maggots were present in Resident 5's left anterior shin wound and ordered the wound to be cleansed with 0.125% dakins solution (diluted bleach wound cleansing solution), dakins moistened fluffed gauze to the base of the wound and secured with bordered gauze twice daily and as needed. A wound and skin note dated June 5, 2024, from the wound consultant nurse practitioner documented no live maggots were present in Resident 5's left anterior shin wound. Review of Resident 5's clinical record revealed no assessment of the wound and no documentation of maggots present in the wound in the progress notes. Further review of Resident 5's clinical record failed to reveal evidence that the facility nursing staff continued to monitor or assess Resident 5's wound after the maggots were identified. (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A staff interview on July 11, 2024, at 10:35 AM, with Employee 2 (Registered Nurse) revealed, Employee 2 was one of the registered nurse supervisors for the building the evening of June 2, 2024. Employee 2 stated that she was notified around 9:30 PM - 10:00 PM by the licensed practical nurse on the floor that Resident 5's wound looked different than it had previously. Employee 2 stated she went and assessed it (she said she had never seen it prior). Resident 5's left shin wound was shiny black with something moving deep down in it. A staff interview on July 11, 2024, at 12:37 PM, with Employee 1 (Nurse Practitioner) revealed Employee 1 arrived at the facility June 3, 2024, for wound rounds. The wound nurse at the facility informed Employee 1 that there was a concern of possible maggots in Resident 5's wound. Employee 1 immediately assessed Resident 5's wound and confirmed there were maggots in the wound. A staff interview on July 10, 2024 at 12:30 PM, with the Director of Nursing revealed Resident 5 did have maggots in his left shin wound. She stated the physician was notified and orders were initiated to cleanse the wound with dakins solution several times a day and keep the wound covered. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.12(d)(1)(5) Nursing services		

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. 49123 Based on record review and staff interviews, it was determined that the facility failed to maintain an effective pest control program for one of four months reviewed (May 2024). Findings Include: Review of Resident 5's clinical record revealed diagnoses that included atherosclerosis (buildup of plaque in the walls of arteries causing reduced blood flow) and type two diabetes mellitus (the body does not make enough insulin or cannot use it as well as it should). Further review of Resident 5's clinical records revealed a wound care note dated June 3, 2024, that stated maggots were present in Resident 5's left anterior shin wound. A staff interview on July 11, 2024, at 10:35 AM, with Employee 2 (Registered Nurse) revealed, Employee 2 was one of the registered nurse supervisors for the building the evening of June 2, 2024. Employee 2 stated that she and was notified around 9:30 PM - 10:00 PM by the licensed practical nurse on the floor that Resident 5's wound looked different than it had previously. Employee 2 stated she went and assessed it (she said she had never seen it prior). Resident 5's left shin wound was shiny black with something moving deep down in it. A staff interview on July 11, 2024, at 12:37 PM, with Employee 1 (Nurse Practitioner), revealed Employee 1 arrived at the facility June 3, 2024, for wound rounds. The wound nurse at the facility informed Employee 1 that there was a concern of possible maggots in Resident 5's wound. Employee 1 immediately assessed Resident 5's wound and confirmed there were maggots in the wound. Review of facility pest control record dated April 23, 2024, revealed the pest control company noted fruit flies were present in the kitchen and the baseboards and drains throughout the kitchen were treated. Further review of the facility's pest control records revealed the next pest control visit was not until June 27, 2024. There was no documentation the facility had a pest control visit in May 2024. An email correspondence with the Nursing Home Administrator on July 10, 2024, at 2:41 PM, revealed the facility typically has monthly pest control visits, but did not have a visit in May 2024 due to having two pest control visits in March 2024. 28 Pa. Code 201.18(e)(2.1) Management		