

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

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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 10/31/2024
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 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. 37116 Based on facility policy review, observations, and resident and staff interviews, it was determined that the facility failed to maintain a safe, clean, and home-like environment for three of 35 residents observed (Residents 156, 167, and 252); and failed to maintain a safe, clean, and home-like environment on one of six nursing units observed (Heritage Harbor). Findings include: Review of facility policy, titled Routine Cleaning and Disinfection, with a last review date of March 26, 2024, revealed, in part, It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment; Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge; Routine surface cleaning and disinfection will be conducted with a detailed focus on visibly soiled surfaces and high touch areas to include, but not limited to: f. toilet seats; h. Resident chairs; Cleaning of walls, blinds, window curtains will be conducted when visibly soiled; and Wheelchairs will be cleaned on a predetermined schedule and when visibly soiled. Observation on the Heritage Harbor unit on October 28, 2024, at 10:21 AM and at 12:49 PM, and on October 29, 2024, at 8:51 AM, revealed a long, dried liquid stain in the hallway extending from the bird cage to the corner of the adjoining hallway near the entrance door. A strong urine odor was present. Observation of the courtyard door curtains in the Heritage Harbor dayroom on October 28, 2024, at 10:38 AM; on October 29, 2024, at 9:15 AM; and on October 30, 2024, at 9:16 AM, revealed several dried reddish stains. During an interview with the Nursing Home Administrator (NHA) on October 31, 2024, at 11:12 AM, he revealed the expectation that the aforementioned concerns would have been cleaned in a timely manner. Observation of Resident 156's room on October 28, 2024, at 11:47 AM, revealed food debris between their bed and nightstand. During an immediate interview with Resident 156, the Resident indicated that housekeeping is sparse and that the debris had been there for a few days. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Follow-up observation of Resident 156's room on October 30, 2024, at 10:15 AM, revealed the same observation of food debris between their bed and nightstand. During a staff interview with the NHA and Director of Nursing (DON) on October 31, 2024, at 11:06 AM, the NHA confirmed that he would expect Resident 156's bathroom to have been cleaned of the identified concern with the daily routine cleaning of the room. Observation of Resident 167's wheelchair made on October 28, 2024, at 1:34 PM, revealed a large amount of a brown, clumpy substance covering the left side of the seat and lower bar of the wheelchair. Follow-up observations of Resident 167's wheelchair made on and October 29, 2024, at 8:54 AM and 11:06 AM, revealed the same observation of a brown, clumpy substance covering the left side of the seat and lower bar of the wheelchair. During a staff interview with the NHA and DON on October 30, 2024 at 1:19 PM, the NHA revealed that wheelchairs receive a deep cleaning every six weeks and that Resident 167's wheelchair had been cleaned on October 23, 2024. The NHA also stated that he would expect that if wheelchairs were noticeably soiled, they would be cleaned as needed between scheduled deep cleanings. Observation of Resident 252's bathroom on October 28, 2024, at 12:04 PM, a dried, brown substance was noted to be on the front of the toilet bowl. During an immediate interview with Resident 252, the Resident indicated that this was an ongoing issue and that it has been worse than that on occasion. Follow-up observation of Resident 252's room on October 30, 2024, at 10:16 AM, revealed the same observation of a dried, brown substance was noted to be on the front of the toilet bowl. During a staff interview with the NHA and DON on October 31, 2024, at 11:06 AM, the NHA confirmed that he would expect Resident 252's room to have been cleaned of the identified concerns with the daily routine cleaning of the room. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management		

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F 0606 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Not hire anyone with a finding of abuse, neglect, exploitation, or theft. 37116 Based on facility policy review, personnel file review, and staff interview, it was determined that the facility failed to ensure that residents were protected from potential for abuse by failing to perform criminal history background checks prior to hire for three of five personnel files reviewed (Employees 3, 4, and 5). Findings Include: Review of facility policy, titled Abuse, Neglect and Exploitation, dated 2022, revealed, Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. Review of the personnel file for Employee 3 (Registered Nurse) revealed no evidence that a Pennsylvania State Police background check or an FBI background check (for new hires that have not resided in Pennsylvania for two years) was completed prior to her hire on September 4, 2024. Review of personnel file for Employee 4 (Nurse Aide) revealed no evidence that a Pennsylvania State Police background check or an FBI background check (for new hires that have not resided in Pennsylvania for two years) was completed prior to her hire on August 14, 2024. Review of personnel file for Employee 5 (Licensed Practical Nurse) revealed no evidence that a Pennsylvania State Police background check or an FBI background check (for new hires that have not resided in Pennsylvania for two years) was completed prior to her hire on October 10, 2024. During an interview with the Nursing Home Administrator on October 31, 2024, at 1:03 PM, he acknowledged the aforementioned concerns. 28 Pa. Code 201.18(b)(1)(e)(1) Management 28 Pa. Code 201.19(8) Personnel policies and procedures		

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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. 37116 Based on facility policy review, observations, 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 to meet each resident's physical, mental, and psychosocial needs for two of 35 residents reviewed (Residents 25 and 136). Findings include: Review of facility policy, titled Skin Assessment, undated, with the last review date of March 26, 2024, revealed, in part, A full body, or head to toe, skin assessment should be conducted by a licensed or registered nurse upon admission/re-admission and weekly thereafter. The assessment may also be performed after a change of condition or after any newly identified pressure injury. Review of Resident 25's clinical record revealed diagnoses that included type 2 diabetes mellitus (impairment in the way the body regulates and uses sugar [glucose] as a fuel resulting in too much sugar circulating in the bloodstream) and edema (swelling caused by excess fluid accumulation in the body tissues). Review of Resident 25's October 2024 TAR (Treatment Administration Record - form used to document physician orders as well as when and how treatments are administered to a resident) revealed a physician order for Ace wraps (elastic bandage that applies pressure to control swelling) to be applied in the morning and removed at bedtime daily for edema, starting September 28, 2024. Observations on October 28, 2024, at 11:58 AM and at 1:26 PM; on October 29, 2024, at 9:04 AM; and on October 30, 2024, at 9:17 AM and at 12:25 PM, revealed that no ace wraps had been applied to Resident 25. Further review of Resident 25's October 2024 TAR revealed that it was documented that the ace wraps were applied as ordered on each of the aforementioned dates. During an interview with the Director of Nursing (DON) on October 31, 2024, at 11:07 AM, she revealed she did not have any further information regarding the absence of Resident 25's ace wraps. She also revealed the expectation that the ace wraps should have been applied as ordered. Review of Resident 136's clinical record revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning), heart failure (condition that develops when your heart doesn't pump enough blood for your body's needs), and protein-calorie malnutrition (the state of inadequate food intake). Observation of Resident 136 on October 28, 2024, at 11:53 AM, revealed the presence of two dressings to their left elbow. Neither dressing was dated and there were two small areas of dark brown-black discoloration on the dressings. (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 136's current physician orders revealed an order for Conduct full body assessment weekly on Thursday - Evening shift. Document findings in assessments (weekly skin observation tool) dated June 7, 2024, but failed to reveal any ordered treatment for their left elbow. Review or Resident 136's order history revealed an order to Cleanse left elbow with wound cleanser. Apply Xeroform gauze. Cover with ABD pad. Secure with conforming roll gauze and tape. Discontinue order once healed. Every day shift for Wound Care with a start date of September 16, 2024, and discontinuation date of October 2, 2024. Review of Resident 136's clinical record progress notes failed to reveal any documentation regarding a current skin issue to their left elbow. Review of a progress note dated October 1, 2024, indicated the wound to their left elbow was resolved. Review of Resident 136's September Treatment Administration Record revealed that their weekly full body assessment was coded N on September 5, 12, 19, and 26, 2024. Review of Resident 136's October Treatment Administration Record revealed that their weekly full body assessment was coded Y on October 3, 2024, and N on October 10, 17, and 24, 2024. Review of Resident 136's assessments in the clinical record failed to reveal that a weekly skin observation tool had been completed since August 22, 2024. Follow-up observations of Resident 136 on October 29, 2024, at 1:33 PM, and on October 30, 2024, at 10:18 AM and 12:15 PM, revealed the presence of one dressing to their elbow, which had a small area dark brown-black discoloration and was not dated. Email communication received from the DON on October 31, 2024, at 8:27 AM, indicated that she had investigated the aforementioned observations and findings. She revealed that nurses were interviewed and declined putting bandage on resident. The nurse said that the hospice nurse was in the past few days. The UM [Unit Manager] contacted hospice nurse who stated that she put the bandage on him because it was scabbed over and she didn't want it to open up. She stated she did not tell the nurse or the unit manager and didn't send over a recommendation. She apologized and said she'd fax over a recommendation. This morning, I [DON] did receive a verbal order for a foam bordered dressing to left elbow for protection and to change every 3 days and PRN [as needed]. I [DON] will be putting the order in the computer today. During an interview with the DON and the Assistant DON on October 31, 2024, at 9:08 AM, the concern of Resident 136 having no documented weekly skin observation tool since August 22, 2024, and Treatment Administration Records being coded as N was shared. The DON indicated that the coding was to indicate that the weekly observation tool was (Y) or was not completed (N). She confirmed that the coding of N would indicate that the skin check was not completed. She said she would look at it but, at that point, would have to agree that the documentation to support weekly skin checks was lacking. (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a final interview with the Nursing Home Administrator (NHA) and DON on October 31, 2024, at 11:04 AM, the DON confirmed that she had no additional documentation to provide that would show that Resident 136 had a weekly skin assessment. She said the hospice nurse should have communicated her intervention to facility at time of occurrence. The DON further indicated that facility nurses may not necessarily have noted that Resident 136 had a bandage on their elbow if a treatment was not ordered for their shift. The NHA and DON both confirmed that Resident 136 should have received a weekly skin assessment as ordered and that they would expect this to have been documented accordingly. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. 47966 Based on observations, clinical record review, and resident and staff interviews, it was determined the facility failed to ensure each resident receives proper treatment and assistive devices to maintain vision abilities for one of one resident reviewed for vision (Resident 240). Findings include: Review of Resident 240's clinical record revealed diagnoses that included chronic kidney disease (CKD - a long-term condition that occurs when the kidneys are damaged and cannot filter blood properly) and hypertension (high blood pressure). During an interview with Resident 240 on October 28, 2024, at 10:53 AM, revealed he was on the list to get his eyes examined in the beginning of this month (October 2024) but that did not occur, and Resident 240 was never told why or if it was rescheduled. Review of Resident 240's clinical record revealed a nursing progress note dated October 4, 2024, at 1:41 PM, with the following text: Resident to see by the optometrist on October 1, 2024. Will be seen on next visit due to time constraint. Observation at the third-floor nurses' station on October 29, 2024, at 12:43 PM, revealed a list of residents to be seen by the optometrist on October 29, 2024, which included Resident 240 on the list. During an interview with Resident 240 on October 30, 2024, at 10:25 AM, revealed the Resident saw their name was on the list to been seen by the optometrist on October 29, 2024, however, that did not occur. During an interview with the Nursing Home Administrator (NHA) on October 31, 2024, at 12:21 PM, he confirmed that Resident 240 did not see the optometrist on October 1 or 29, 2024, as scheduled due to a time constraint on October 1, 2024, and a miscommunication between the doctor and staff on October 29, 2024. NHA revealed he would have expected Resident 240 to have been seen as scheduled by the optometrist on October 1 or 29, 2024. 28 Pa. Code 211.12 (d) (5) Nursing services		

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 40010 Based on observations, facility policy review, and staff interview, it was determined that the facility failed to provide appropriate care and services to residents receiving tube feedings for one of five residents with tube feedings reviewed (Resident 2). Findings include: Review of facility policy, titled Appropriate Use of Feeding Tubes, revised 2023, revealed the interdisciplinary team, with the support and guidance from the physician, will assure the ongoing review, evaluation, and decision making regarding the initiation, continuation, or discontinuation of a feeding tube. Review of Resident 2's clinical record revealed diagnoses that included aphagia (a severe condition characterized by the inability to swallow, leading to persistent drooling and the inability to eat or drink) and dysphagia (difficulties swallowing). Observation of Resident 2 on October 21, 2024, at 11:25 AM, revealed that the Resident was lying in bed. Beside the Resident's bed was a pole with tube feeding and water flush hanging. The tube feeding was infusing at 60 cc per hour and the water was infusing at 55 cc per hour. Observation of Resident 2 on October 22, 2024, at 11:54 AM, revealed that the Resident was lying in bed. Beside the Resident's bed was a pole with tube feeding and water flush hanging. The tube feeding was infusing at 60 cc per hour and the water was infusing at 55 cc per hour. Review of current physician orders for Resident 2 on October 21, 2024, revealed a current order for Resident 2 to receive enteral feeding, Osmolite 1.5cal (type of enteral feeding) at 60 cc per hour a water flush of 60cc per hour for 20 hours per day. Review of Resident 2's plan of care revealed a focus area of the Resident requires tube feeding, with a revision date of May 15, 2024, and an intervention of the Resident is dependent with tube feeding and water flushes. See MD orders for current orders, with a date initiated of June 22, 2022. Interview with the Director of Nursing on October 31, 2024, at 12:33 PM, revealed that she would expect the Resident to be receiving the water flushes as ordered by the physician. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

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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. 37116 Based on facility policy review, clinical record review, observation, and resident and staff interviews, it was determined that the facility failed to provide respiratory care consistent with professional standards of practice for one of four residents reviewed for respiratory care (Resident 369). Findings include: Review of facility policy, titled Noninvasive Ventilation (CPAP, BiPAP, AVAPS, Trilogy), undated, revealed, The facility will obtain an order for the use of a CPAP, BiPAP, AVAPS or Trilogy device and settings from the practitioner. Review of Resident 369's clinical record revealed diagnoses that included congestive heart failure (CHF - weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues) and obstructive sleep apnea (sleep disorder that causes breathing pauses during sleep due to a blockage of the upper airway). Observation on October 28, 2024, at 1:53 PM, revealed a CPAP machine (delivers a continuous stream of air, preventing airway collapse from obstructive sleep apnea) present on Resident 369's bedside stand. During an immediate interview with Resident 369, she revealed that she uses the machine, but that is has not been cleaned since she resided on another unit a while ago. Review of physician's progress note dated August 13, 2024, revealed notation for Resident 369 to continue using a CPAP machine for sleep apnea. Review of Resident 369's active care plan revealed that she uses a CPAP machine for sleep apnea, initiated on July 18, 2022. Review of Resident 369's physician orders revealed an order for BIPAP at bedtime, starting October 24, 2024, and an order to clean the BIPAP/CPAP tubing, nasal mask and headgear weekly, starting October 24, 2024. Further review of Resident 369's physician orders failed to reveal any order for BIPAP/CPAP use or care since November 13, 2023. During a review of orders in the presence of the Director of Nursing on October 31, 2024, at 1:02 PM, she acknowledged that she was unable to locate any orders for CPAP/BIPAP care or use between November 2023 and October 24, 2024. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. 46253 Based on policy review, observation, record review, and staff interview, the facility failed to complete a risk-benefit analysis and obtain consent for enabler bar use for one of six residents reviewed for enabler use (Resident 33). Findings include: Review of facility policy, titled Proper Use of Bed Rails, dated 2023, with a last review date of March 26, 2024, revealed, in part, It is the policy of this facility to utilize a person-centered approach when determining the use of bed rails; 1. As part of the resident's comprehensive assessment, the following components will be considered when determining the resident's needs, and whether or not the use of bed rails meets those needs: a. Medical diagnosis, conditions, symptoms, and/or behavioral symptoms; b. Size and weight; c. Sleep habits; d. Medication(s); e. Acute medical or surgical interventions; f. Underlying medical conditions; g. Existence of delirium; h. Ability to toilet self safely; i. Cognition; j. Communication; k. Mobility (in and out of bed); and l. Risk of falling; 2. The resident assessment must also assess the resident's risk from using bed rails; 5. Informed consent from the resident or resident representative must be obtained after appropriate alternatives have been attempted prior to installation and use of bed rails; 6. The information that the facility should provide to the resident, or resident representative includes, but is not limited to: a. What assessed medical needs would be addressed by the use of bed rails; b. The resident's benefits from the use of bed rails and the likelihood of these benefits; c. The resident's risks from the use of bed rails and how these risks will be mitigated; and d. Alternatives attempted that failed to meet the resident's needs and alternatives considered but not attempted because they were considered to be inappropriate; 7. Upon receiving informed consent, the facility will obtain a physician's order for the use of the specified bed rail and medical diagnosis, condition, symptom, or functional reason for the use of the bed rail.; 11. The facility will continue to provide necessary treatment and care to the resident who has bed rails in accordance with professional standards of practice and the resident's choices. This should be evidenced in the resident's records, including their care plan, including, but not limited to, the following information c. Ongoing assessment to assure that the bed rail is used to meet the resident's needs; d. Ongoing evaluation of risks; and 12b. A nurse assigned to the resident will complete reassessments in accordance with the facility's assessment schedule, but not less than quarterly, upon a significant change in status, or a change in the type of bed/mattress/rail. Review of Resident 33's clinical record revealed diagnoses that included morbid obesity (obesity in which the person weighs 80-100 pounds over their ideal body weight) and chronic diastolic congestive heart failure (heart failure that occurs when the heart does not relax properly between beats, causing the heart to be unable to pump an adequate amount of blood to the body). Review of Resident 33's current physician orders revealed an order for occupational Therapy evaluate and treat as indicated-Resident requesting bilateral enablers on bed for positioning, dated January 7, 2024. Further review of Resident 33's current physician orders failed to reveal any other orders regarding bilateral enablers. (continued on next page)		

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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 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. 37116 Based on clinical record review, policy review, and staff interviews, it was determined that the facility failed to ensure that the drug regimen of each resident was reviewed at least monthly by a licensed pharmacist, that irregularities were reported to the appropriate parties, and that these reports were acted upon in a timely manner for two of five residents reviewed for unnecessary medications (Residents 100 and 147). Findings include: Review of facility policy, titled Medication Regimen Review, undated, revealed, The consultant pharmacist should schedule at least one monthly visit to the facility, and shall allow for sufficient time to complete all required activities .Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities. Review of Resident 100's clinical record revealed diagnoses that included dementia with behavioral disturbance (loss of memory, language, problem-solving, and other thinking abilities that are severe enough to interfere with daily life) and major depressive disorder (mental disorder characterized by at least two weeks of low mood that is present across most situations). Review of Resident 100's Note to Attending Physician/Prescriber forms dated June 24, 2024, and September 4, 2024, revealed the following recommendation: The resident is receiving the antipsychotic agent Seroquel, but lacks an allowable diagnosis to support its use .Please document applicable diagnosis. Further review revealed the physician did not respond to either recommendations until October 30, 2024. During an interview with the Director of Nursing (DON) on October 31, 2024, at 12:17 PM, she acknowledged that the physician did not respond to Resident 100's aforementioned pharmacy reviews in a timely manner. Review of Resident 147's clinical record revealed diagnoses that included dementia with psychotic disturbance and depression. Review of Resident 147's monthly pharmacy medication regimen reviews failed to reveal that one was completed by the pharmacist in April 2024. Review of Resident 147's Note to Attending Physician/Prescriber form dated June 24, 2024, revealed the following recommendation: The resident is receiving the antipsychotic agent Seroquel, but lacks an allowable diagnosis to support its use .Please document applicable diagnosis. Further review revealed the physician did not respond to the recommendation until October 30, 2024. During an interview with the DON on October 31, 2024, at 11:07 AM, she revealed she did not have any additional information about Resident 147's April 2024 medication regimen review. She also acknowledged that the physician did not respond in a timely manner to Resident 147's June 2024 pharmacy recommendation. (continued on next page)		

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

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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 10/31/2024
NAME OF PROVIDER OR SUPPLIER Claremont Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Claremont Road Carlisle, PA 17013	
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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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services		