

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395661	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Casselman Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Hospital Drive Meyersdale, PA 15552	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for one of 6 residents reviewed (Resident 2). Findings include: A facility policy related to controlled substances, dated April 7, 2025, indicated that waste and/or disposal of controlled medications are done in the presence of the nurse and a witness who also signs the disposition sheet. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated January 15, 2026, indicated that the resident was cognitively impaired, was dependent for care needs, had signs indicating delirium, received controlled medications including antianxiety medications (used to treat anxiety), and had diagnoses that included dementia, anxiety, depression and psychotic disorder. Physician's orders for Resident 2, dated January 14, 2026, included orders for the resident to receive a 0.5 milligram (mg) tablet of Ativan (a controlled medication used to treat anxiety) twice daily with instructions to cut the pill in half to equal 0.25 mg. The Medication Administration Record (MAR) for Resident 2, dated January 2026, revealed that the resident was to receive 0.25 mg of Ativan twice daily. Review of a controlled drug count record (tracks each dose of a controlled medication) for Resident 2, revealed that the tablets of Ativan on hand at that time were 0.5 mg tablets and the staff were cutting the tablets in half to administer 0.25 mg of Ativan twice daily. The other 0.25 mg half tablet of Ativan was to be disposed of in the presence of the nurse and a witness who would also sign the disposition sheet. There was no documented evidence on the controlled drug count record that two staff members signed that the other 0.25 mg tablet of Ativan was disposed of on the following dates and times: January 17, 2026, at 7:55 p.m.; January 21, 2026, at 8:12 a.m.; January 23, 2026, at 8:16 p.m.; January 28, 2026, at 7:26 p.m.; and January 31, 2026, at 9:07 p.m. Interview with the Director of Nursing on February 18, 2026, at 3:11 p.m. confirmed that there was no documented evidence that two staff members witnessed and signed that the other 0.25 mg half tablets of Resident 2's 0.5 mg tablets of Ativan were disposed of on the above-mentioned dates and times. 28 Pa. Code 211.9(a)(1) Pharmacy Services. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</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: Facility ID: 395661	If continuation sheet Page 1 of 1