

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER Paramount Nursing and Rehab at Fayetteville, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6375 Chambersburg Road Fayetteville, PA 17222	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49123</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure the care plan was reviewed and revised for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>Review of Resident 1's clinical record revealed diagnoses that included atrial fibrillation (upper chambers [atria] of the heart beat rapidly and irregularly) and congestive heart failure (condition where the heart muscle is weakened and cannot pump blood effectively).</p> <p>Review of Resident 1's comprehensive plan of care revealed focus areas for ADLs (activities of daily living) and falls.</p> <p>Further review of Resident 1's care plan failed to include an intervention that indicated Resident 1's level of assistance required for ADL care.</p> <p>During an in interview on March 10, 2025 at 2:15 PM, with the Director of Nursing it was revealed that assistance type and level should be indicated on the Resident's care plan.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(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
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