

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: 395721	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2026
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)		
F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on policy review, observations, clinical record review, and staff interview, it was determined that the facility failed to provide a two-handled cup for one of 20 residents reviewed (Resident 65). Findings Include: Review of facility provided policy, titled Adaptive Devices, dated 2020, revealed, Adaptive eating devices will be available to all residents who need them to promote independence in dining. Adaptive devices will be available for residents at mealtime and snack time according to the individualized plan of care. Review of Resident 65's clinical record revealed diagnoses that included diabetes (a condition where the body is unable to regulate blood glucose levels) and muscle weakness (weakness in the muscles not explained by any medical diagnosis). Review of Resident 65's current physician's orders revealed an order for a two-handled sippy cup with all meals, with a start date of June 18, 2026. Observation of Resident 65 on July 28, 2026, at 9:59 AM, revealed Resident 65 sitting in bed eating breakfast and she did not have her two-handled sippy cup. Observation of Resident 65 on July 28, 2026, at 1:42 PM, revealed Resident 65 sitting in bed eating breakfast and she did not have her two-handled sippy cup. Observation of Resident 65 on July 30, 2026, at 8:45 AM, revealed Resident 65 sitting in bed eating breakfast and she did not have her two-handled sippy cup. Review of Resident 65's care plan revealed a focus area of, Nutrition, with a revision date of April 23, 2024, and an intervention of, two-handled sippy cup with all meals, dated June 18, 2026. Interview with the Nursing Home Administrator revealed that he would have expected that Resident 65 would have had his ordered adaptive equipment, as ordered, at all meals. 28 Pa Code 211.12(d)(5) Nursing services		

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: 395721	If continuation sheet Page 1 of 1