

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395746	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2025
NAME OF PROVIDER OR SUPPLIER Carlisle Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 940 Walnut Bottom 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)
<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 clinical record review and staff interviews, it was determined that the facility failed to provide pharmaceutical services to meet the needs of each resident for one of three residents reviewed (Resident 2). Findings include: Review of Resident 2's clinical record revealed diagnoses that included generalized anxiety disorder (excessive and ongoing worry that is difficult to control and interferes with day-to-day activities) and major depressive disorder (persistent low or depressed mood and a loss of interest in activities). Review of Resident 2's physician's orders revealed an order for Lorazepam three times a day for anxiety. Review of Resident 2's November 2025 medication administration record (MAR) revealed that on November 3, 2025, at 2:00 PM and 10:00 PM, Resident 2's Lorazepam was marked NN, indicating no/see nurse notes. Review of Resident 2's nursing progress notes for November 11, 2025, failed to reveal any notes relating to Resident 2's Lorazepam administration. During an interview with the Director of Nursing (DON) on December 15, 2025, at approximately 12:30 PM, additional documentation was provided showing that the pharmacy had not dispensed Resident 2's Lorazepam refill due to needing a new prescription. The DON stated that the prescription for Resident 2's Lorazepam should have been obtained and sent to the pharmacy prior to Resident 2 running out of the medication. 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
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