

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 03/20/2026
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review select document review and staff interviews, it was determined that the facility failed to complete routine and weekly skin checks for one of five residents reviewed (Resident 1). In addition, the facility failed to provide timely and comprehensive care and services after a change in condition including a respiratory assessment on a resident in respiratory distress, which resulted in harm as evidenced by hospital admission for respiratory failure that required intubation and abnormal labs for one of five residents reviewed (Resident 2). Findings Include: Review of Resident 1's clinical record revealed diagnoses that included multiple sclerosis (a chronic autoimmune disease where the immune system attacks the protective myelin sheath covering nerve fibers in the central nervous system, disrupting brain-body communication), diabetes mellitus (the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels, dementia (a condition characterized by progressive loss of intellectual functioning, impairment of memory and abstract thinking), and zoster encephalitis (severe inflammation of the brain caused by reactivation of the virus that causes chickenpox and shingles). Clinical record documented hospital transfer on January 29, 2026, for seizure activity. Review of Resident 1's hospital record documented shingles positive, shingles rash on anterior abdomen and treated with Acyclovir (antiviral medication). Review of Resident 1's care plan documented intervention that included to observe skin for abnormalities and report to the Nurse Practitioner, initiated September 10, 2019; and report changes in skin integrity found during daily care, initiated October 14, 2019. Report changes in skin integrity found during daily care, initiated October 14, 2019. Review of Resident 1's January 2026, Medication Administration Record (documentation of administration of medication, treatments or nursing interventions) documented N (indicating that the skin check was not done) on January 7th, 14th, 21st, and 28th. Further clinical record review failed to reveal progress notes regarding the aforementioned skin checks. Interview with Employee 7, (Regional clinical support) on March 20, 2026, at 2:18 PM revealed that the weekly skin check should've been completed on Resident 1. Review of Resident 2's clinical record revealed diagnoses that included Alzheimer's disease (progressive brain disorder that slowly damages nerve cells, causing a gradual loss of memory, thinking and language abilities), thyroid cancer, and metastatic cancer of the liver, colon, and lymph nodes. Review of Resident 2's laboratory report dated March 11, 2026, revealed the following abnormal lab results: Sodium level 152 (normal 136-145), Chloride 108 (Normal 98-107), calculated osmolality 316.81 (Normal 275-295 [elevated levels often caused by dehydration]) and Potassium 3.4 (normal 3.5-5.1). Review of Nurse Practitioner note dated March 11th at 9:41 PM read, in part, follow up visit for medical management/lab review, resident was noted to be lethargic (decreased mental alertness and physical energy), unresponsive to verbal stimuli (does not respond to verbal commands or questions), continues on D5W (intravenous fluids) at 50ml/hr for hypernatremia (high sodium)/dehydration and potassium chloride 40 meq for 1 dose to be administered. Review of the physician orders revealed an order dated March 11, 2026, for Potassium Chloride Oral Packet 40 MEQ. Give 40 mEq by mouth one time for Hypokalemia. Review of the March Medication Administration Record (MAR) revealed it was not documented as administered. Review of the nursing note on March 12, 2026, stated that the resident is lethargic but opens eyes when spoken (continued on next page)</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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