STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395784	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Letort Spring Nursing and Rehab LLC	801 N. Hanover Street Carlisle, PA 17013

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observations, clinical record review, and staff interviews, it was determined that the facility failed to ensure the residents' right to a clean, comfortable, and homelike environment for one of three lounge rooms observed (Faith East lounge) and for one of 21 resident rooms reviewed (Resident 31).Findings include:Observation of the Faith East Lounge on February 8, 2026, at 9:45 AM, revealed brown substance lying on the floor in the corner of the room.Interview with the Director of Nursing (DON) on February 8, 2026, at 9:55 AM, revealed that although she would expect the room to be clean, there was a resident's family member who sometimes brings in their dog and it has accidents in the building.A request was made for documents showing the last time that the dog visited the facility and for a cleaning schedule for the Faith East lounge. No further information was provided.Observation of Resident 31's room on February 8, 2026, at 12:00 PM, revealed a streak of a brown substance on his fitted sheet on right side of the head of bed near his pillow. Follow-up observations of Resident 31 on February 9, 2026, at 10:16 AM; February 10, 2026, at 8:45 AM; and February 11, 2026, at 9:41 AM, all revealed the same observation of a streak of a brown substance on his fitted sheet on right side head of bed near his pillow.Review of Resident 31's clinical record revealed that he had received bed baths on February 8, 2026, at 10:59 PM, and February 9, 2026, at 7:14 PM and 11:07 PM. During a staff interview with the DON on February 11, 2026, at 10:20 AM, observations of Resident 31 were shared. The DON she indicated that a resident's sheets are usually changed on their shower/bath days, but if they become soiled between shower/days, they should be changed. During a final staff interview with the Nursing Home Administrator and DON on February 11, 2026, at 12:02 PM, the DON confirmed that nursing staff changed Resident 31's sheet that day and that she would have expected staff to have changed the sheet when soiling when he had his bed baths. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18 (b)(1)(3) Management.

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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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on facility policy, staff interviews, and clinical record reviews, it was determined that the facility failed to provide an explanation of the risks and benefits of psychotropic medications use and obtain consent prior to administering psychotropic medications for one of five residents reviewed for psychotropic medication use (Resident 9). Findings included: Review of facility provided policy, titled Psychotropic Medication Use, revised February 2025, revealed, Residents who have not used psychotropic medications are not prescribed or given these medications unless the medication is determined to be necessary to treat a specific condition that is diagnosed and documented in the medical record. Review of Resident 9's clinical record revealed diagnoses that included major depressive disorder (a serious, common mood disorder characterized by persistent sadness, loss of interest, and fatigue, lasting at least two weeks and impairing daily life) and dementia (a general term for severe mental function loss). Review of Resident 9's physician orders revealed an order for Depakote (medication used to treat seizures and bipolar disorder) 250 mg, given by mouth at bedtime for mood, starting on September 12, 2025. Review of Resident 9's Care plan revealed a focus of: Resident 9 uses antidepressant and mood stabilizer medication related to depression, lasted revised on September 21, 2025. Interview with the Director of Nursing on February 11, 2026, at 11:45 AM, revealed that Resident 9 did not have an appropriate diagnosis for Depakote documented in the medical record. 211.12(d)(1)(3)(5) Nursing services

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interviews, it was determined that the facility failed to ensure that the resident assessment accurately reflected the resident's status for three of 21 residents reviewed (Resident 9, 11, and 68). Findings include: Review of Resident 9's clinical record revealed diagnoses that included major depressive disorder (a serious, common mood disorder characterized by persistent sadness, loss of interest, and fatigue, lasting at least two weeks and impairing daily life) and dementia (a general term for severe mental function loss). Review of Resident 9's Annual MDS (Minimum Data Set is part of federally mandated process for clinical assessment of all Medicare and Medicaid certified nursing homes) dated November 24, 2025, indicated in Section N0415 High-Risk Drug Classes: Use and Indication, A. Antipsychotic, indicated that Resident 9 had taken antipsychotic medications during the 7-day look-back period. Review of Resident 9's clinical record failed to reveal any evidence that Resident 9 had had taken antipsychotic medications during the 7-day look-back period. Interview with the Nursing Home Administrator (NHA) on February 11, 2026, at 11:45 AM, revealed that it was marked in error and a correction was being completed.Review of Resident 11's clinical record revealed diagnoses that included major depressive disorder and anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities). Review of Resident 11's admission Comprehensive MDS dated [DATE], indicated in Section B. Hearing, Speech, and Vision at question B0100 Comatose that Resident 11 was coded Yes for being in a persistive vegetative state/ no discernible consciousness. Review of Resident 11's admission nursing assessment dated [DATE], revealed in Section 9. Neurological that she was alert and oriented to person, place and time. During a staff interview with Employee 1 (MDS Coordinator) on February 10, 2026, at 10:50 AM, Employee 1 indicated that Resident 11's MDS was coded incorrectly and that an assessment modification would be completed. During a staff interview with the NHA and Director of Nursing (DON) on February 10, 2026, at 11:31, the NHA confirmed that he would expect MDS assessments to be completed accurately. Review of Resident 68's clinical record revealed diagnoses that included dementia (cognitive decline accompanied by significant changes in behavior) and anxiety disorder (excessive fear of or apprehension about real or perceived threats). Review of Resident 68's physician orders revealed the following orders: Buspirone HCL (antianxiety medication) every eight hours for anxiety and Xanax (antianxiety medication) every 12 hours for anxiety/behaviors. Review of Resident 68's quarterly MDS dated [DATE], revealed Resident 68 was coded no for antianxiety medication use during the seven-day look back period, indicating that Resident 68 had not received antianxiety medication. Review of Resident 68's December 2025 medication administration record revealed Resident 68 was documented as receiving the aforementioned antianxiety medications during the December look back period. An interview with Employee 1 on February 11, 2026, at 11:04 AM, revealed that Resident 68's quarterly MDS date December 17, 2025, had been coded incorrectly. An interview with the NHA and DON on February 11, 2026, at 12:23 PM, revealed it was the facility's expectation that MDS reports be coded correctly. 28 Pa Code 211.12 (d)(3)(5) Nursing services.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, and staff interview, it was determined that the facility failed to ensure that a baseline care plan, to included the minimum healthcare information necessary to properly care for a resident, was developed and implemented within 48 hours of admission for one of 23 residents reviewed (Resident 2).Findings Include: Facility policy, titled Care Plans - Baseline, revised on April 24, 2025, read, in part, Policy Interpretation and Implementation 1. The baseline care plan includes instructions needed to provide effective, person-centered care of the resident that meet professional standards of quality of care and must include the minimum healthcare information necessary to properly care for the resident including but not limited to the following: a. Initial goals based on admission orders and discussion with the resident/representative; b. Physician orders. Review of Resident 2's clinical record revealed diagnoses that included fracture of the neck of the left femur (break occurring at the upper part of the thigh bone) and after care following joint replacement surgery (comprehensive post-op care focused on preventing complications like blood clots and infections). Further review of Resident 2's clinical record revealed that Resident 2 was admitted to the facility on [DATE], from the hospital after being treated for a hip fracture with surgical repair. Review of Resident 2's physician orders revealed an order for enoxaparin sodium (anticoagulant medication) twice daily. Review of Resident 2's baseline care plan failed to reveal a care area for anticoagulation medication use or monitoring for side effects. An interview with the Nursing Home Administrator and Director of Nursing (DON) on February 11, 2026, at 12:29 PM, revealed that the DON confirmed Resident 2's care plan did not include a care area for anticoagulation medication use or side effect monitoring and that Resident 2's care plan had been updated. The DON stated it was the facility's expectation that resident care plans be accurate. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 211.12(d)(3)(5) Nursing services

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on facility policy review, observations, clinical record review, and staff interview, it was determined that the facility failed to ensure the care plan was reviewed and revised timely for one of 21 residents reviewed (Resident 1).Findings include: Review of facility policy, titled Care Plan, Comprehensive Person-Centered, with a last revision date of September 2022, revealed, in part, Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change; and The Interdisciplinary Team must review and update the care plan: d. At least quarterly, in conjunction with the required quarterly MDS assessment. Review of Resident 1's clinical record revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning) and pressure ulcers to bilateral heels. Observations of Resident 1's room on February 8, 2026, at 12:29 PM, and February 9, 2026, at 8:36 AM, revealed he had a sign on his door indicating that he was on Contact Precautions (precautions intended to prevent the transmission or spread of infectious agents, which are spread through direct or in-direct contact with the patient or patient's environment). Review of Resident 1's care plan revealed a care plan focus for wound infection and Contact Precautions, dated October 28, 2025. Review of Resident 1's physician order history revealed that his Contact Precautions were discontinued on November 1, 2025. Review of Resident 1's clinical record revealed that he had a Significant Change Comprehensive MDS (Minimum Data Set - an assessment tool to review all care areas specific to the resident such as a resident's physical, mental or psychosocial needs) completed on November 17, 2025, and had a Quarterly MDS completed on December 3, 2025. During a staff interview with the Nursing Home Administrator and Director of Nursing (DON) on February 11, 2026, at 12:17 PM, the DON confirmed that Resident 1's Contact Precautions were discontinued on November 1, 2025, and that staff had revised his care plan as February 9, 2026. She further indicated that she would have expected Resident 1's care plan to have been revised when his orders changed or at least at the time of his MDS assessments. 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observations, clinical record reviews, and staff interviews, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards for three of 21 residents reviewed (Residents 16, 49, and 74).Findings include: Review of Resident 16's clinical record revealed diagnoses that included cognitive communication deficit (a group of disorders that affect a person's ability to communicate, which can cause difficulty with understanding or producing language and nonverbal communication skills, such as gestures and facial expressions) and metabolic encephalopathy (a change in how your brain works due to an underlying condition that can cause confusion, memory loss, and loss of consciousness). Review of Resident 16's physician orders revealed an order for a wanderguard bracelet to left lower extremity, night shift to check every shift for function and every shift to check proper placement, dated February 3, 2026. Observations of Resident 16 on February 8, 2026, at 12:35 PM, and February 9, at 9:14 AM, revealed that his wanderguard bracelet was lying on his overbed table. Observation of Resident 16 on February 9, 2026, at 2:15 PM, revealed that he was ambulating in his room, he was barefoot, and his wanderguard bracelet was lying on his overbed table. During a resident interview with Resident 16, he indicated that he only had to wear the bracelet for seven days. As the surveyor was leaving Resident 16's room, a nurse was entering the room. Observation of Resident 16 on February 10, 2026, at 9:47 AM, again Resident 16 was noted to be barefoot, ambulating in his room, and his wanderguard bracelet was lying on his overbed table. Review of Resident 16's February Treatment Administration Record revealed that he was documented as having his wanderguard bracelet in place every shift and that function was checked every night. During an observation of Resident 16 on February 10, 2026, at 1:43 PM, with the Nursing Home Administrator (NHA) and Director of Nursing (DON), Resident 16 was noted to have his wanderguard bracelet on his right ankle. Prior surveyor observations were shared with the NHA and DON, as well as staff documentation on the Treatment Administration Record. The DON confirmed that Resident 16's wanderguard bracelet should have been on the Resident as ordered. Review of Resident 74's clinical record revealed diagnoses that included need for assistance with personal care and legal blindness. Observations of Resident 74 on February 8, 2026, at 12:40 PM, and February 9, 2026, at 11:12 AM, revealed a tube of Voltaren gel (a topical nonsteroidal anti-inflammatory drug [NSAID] used for the temporary relief of joint pain associated with osteoarthritis) and a tube of wound treatment cream laying on his bedside stand. There was also a handwritten note that indicated Resident 74 was legally blind. During a medication pass observation of Resident 74 on February 10, 2026, at 9:57 AM, with Employee 4 (Licensed Practical Nurse), the tube of Voltaren gel and the tube of wound treatment cream remained on his bedside stand, within the Resident's reach. Review of Resident 49's clinical record (Resident 74's Roommate) revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning) and delusional disorder (serious mental illness where a person cannot tell what is real from what is imaginary). Review of Resident 49's care plan revealed that he was independent with ambulation. Observation of Resident 49 on February 8, 2026, at 12:50 PM, revealed he was ambulating independently around the room. During a follow-up observation and interview with the NHA and DON on February 10, 2026, at 1:20 PM, the DON confirmed that the medication and cream should not have been left on Resident 74's bedside stand. She removed the items from the room. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on policy review, clinical record review, observations, and resident and staff interviews, it was determined that the facility failed to provide necessary services to carry out activities of daily living to maintain good nutrition and personal hygiene for residents' dependent on staff for assistance for two of 21 residents reviewed (Residents 5 and 12).Findings include:Review of the facility policy, titled Activities of Daily Living (ADLs), Supporting with a last revised and review date of April 24, 2025, revealed, 5. Appropriate care and services are provided for residents who are unable to carry out ADLs independently, with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care); b. mobility (transfer and ambulation, including walking); c. elimination (toileting); d. dining (eating, including meals and snacks).Review of Resident 5's clinical record revealed diagnoses that included hypertension (high blood pressure) and major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).Review of Resident 5's comprehensive care plan revealed an ADL focus area related to self-care performance deficit related to dementia, initiated on October 14, 2025, and revised on December 18, 2025, with an eating intervention that Resident 5 required feeding assistance with all meals and that staff are to attempt to queue; encourage and let them know what she is eating and then assist with all meals if she is not eating, initiated and revised on January 9, 2026.Review of Resident 5's current physician's orders revealed the following order: Assistance with all meals (Staff to attempt to queue; encourage and let them know what she is eating and then assist with all meals if she is not eating), with an active date of January 9, 2026.Observation of Resident 5 on February 9, 2026, at 1:12 PM, revealed that she was lying asleep in her bed. Further observation on February 9, 2026, at 1:14 PM, revealed Employee 6 took Resident 5's tray into her room and set it on her bedside table. At 1:14 PM, Employee 6 exited Resident 5's room. At 1:30 PM, Resident 5 was lying asleep in bed, with their lunch tray on their bedside table with the lid on the plate. There were no observations of staff going into Resident 5's room to encourage or assist her with eating.Review of Resident 5's task for amount eaten revealed on February 9, 2026, it was documented on 12:42 PM that the Resident refused to eat. The refusal was documented prior to Resident 5 receiving their lunch tray.Review of a nursing progress note on January 15, 2026, at 6:04 PM, revealed Resident 5 was assisted with their evening meal for 30 minutes, and that she gets easily distracted and needs assistance and cueing for eating. She was able to eat 95% of evening meal.During an interview with the Director of Nursing (DON) on February 10, 2026, at 12:24 PM, she revealed that she would have expected staff to try to encourage and assist Resident 5 with eating.Review of Resident 12's clinical record revealed diagnoses that included hypertension and major depressive disorder.Observation of Resident 12 on February 9, 2026, at 12:33 PM, revealed his call bell light was on.Observation on February 9, 2026, at 12:41 PM, revealed a staff member going into Resident 12's room, telling Resident 12 to give them a minute, turned the call light off, and exited the room.Interview with Resident 12 on February 9, 2026, at 1:06 PM, he revealed that he needed assistance with continence care as his skin was burning. Resident 12 revealed that he was not able to get to the restroom on his own and required staff assistance.Observation of Resident 12 on February 9, 2026, at 1:06 PM, revealed that he put his call light back on. Observation revealed Resident 12 was wearing a brief.Further observation of Resident 12 on February 9, 2026, at 1:07 PM, revealed a different staff member came into Resident 12's room and told him to let her finish passing the rest of the meal trays out and then she will come back and assist him with continent care.On February 9, 2026, at 1:16 PM, a staff member (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	went into Resident 12's room and provided continent care to him.Review of Resident 12's comprehensive care plan revealed an ADL focus area for self-care performance deficit related to humerus fracture, last initiated and revised on October 13, 2025; and a transfer status intervention that they transfer and ambulate with one assist using rollator.Review of Resident 12's clinical record revealed the Resident was seen by wound care on February 10, 2026, for a reconsult for wound to sacrum and bilateral buttocks. On assessment, Resident 12 was determined to have a fungal rash with excoriation noted to sacrum and bilateral buttocks and was recommended to receive treatment of medication and probiotics for it.During an interview conducted with the DON on February 10, 2026, at 12:23 PM, she revealed that she would expect staff to provide continent care to residents in a timely manner.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to address weight loss in a timely manner for one of four residents reviewed (Resident 1).Findings include: Review of facility policy, titled Weight Assessment and Intervention, dated March 2022, revealed, in part, 3. Any weight change of 5% or more since the last weight assessment is retaken the next day for confirmation. a. If the weight is verified, nursing will immediately notify the dietitian in writing. 4. Unless notified of significant weight change, the dietitian will review the unit weight record monthly to follow individual weight trends over time. 5. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where percentage of body weight loss = (usual weight - actual weight)/(usual weight) x 100]: a. 1 month - 5% weight loss is significant; greater than 5% is severe. b. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months - 10% weight loss is significant; greater than 10% is severe. Review of Resident 1's clinical record revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning) and pressure ulcers to bilateral heels. Review of Resident 1's nutritional assessment completed by the facility dietician on December 3, 2025, indicated that Resident 1 was not at risk for unintended weight loss. Review of Resident 1's weight documentation revealed that on January 7, 2025, he weighed 131 pounds and on February 4, 2025, he weighed 116.2 pounds, which was an 11.3% (14.8 pounds) weight loss. Review of Resident 1's clinical record on February 11, 2026, at 9:17 AM, failed to reveal any documentation between February 4 and 11, 2026, that Resident 1 had been reweighed, or that the dietician or physician had been made aware of Resident 1's weight loss. Follow-up review of Resident 1's clinical record revealed a dietary note dated February 11, 2026, at 10:43 AM, written by the facility dietician, which indicated that Resident 1 had a confirmed weight loss of 11.5% (15 pounds) in 30 days. The note further indicated that there was no known cause for the weight loss, a nutritional supplement was added twice a day at lunch and supper, weekly weights would be monitored for four weeks, and that Resident 1's physician was made aware of the weight loss. During a staff interview with the Nursing Home Administrator and Director of Nursing (DON) on February 11, 2026, at 12:52 PM, the DON indicated that Resident 1 had been reweighed that morning. She indicated that typically the dietician would direct staff to get a reweight at the time of the original weight if a discrepancy was noted. The DON confirmed that nursing staff nor the dietician had addressed Resident 1's weight loss until this morning after the surveyor questioned the weight loss. The DON also confirmed that Resident 1's weight on February 11, 2026, was 115.6 pounds, which would be an additional loss of 0.6 pounds. 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observations, facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to provide appropriate care and services to residents receiving tube feedings for one of one residents reviewed for tube feeding (Resident 75). Findings include:Review of the facility policy, titled Enteral Tube Feeding via Continuous Pump with a last revised date of November 2018, and a last review date of April 24, 2025, revealed, Initiate Feeding; 5. On the formula label document initials, date and time the formula was hung/administered, and initial that the label was checked against the order.Review of Resident 75's clinical record revealed diagnoses that included diabetes (a condition that happens when your blood sugar is too high) and hemiplegia (the severe or complete paralysis of one side of the body, caused by brain or spinal cord damage).Observation of Resident 75 on February 9, 2026, at 9:39 AM, revealed that the Resident's feeding pump had been idle for 10 minutes and the pump had been inactive. Further review revealed that the bottle of Glucerna 1.2 and tubing were not labeled with a time or date that they were opened and hung at the Resident's bedside.Observation of Resident 75 on February 11, 2026, at 10:20 AM, revealed that the Resident's feeding pump has been idle for 10 minutes and the pump has been inactive. Further review revealed that the bottle of Glucerna 1.2 and tubing were not labeled with a time or date that they were opened and hung at the resident's bedside.Review of Resident 75's February 2026 MAR (Medication Administration Record) revealed an enteral feed order, every 4 hours feeding-gravity/bolus: Glucerna 1.5 to be given until pump supplies available: 4:00 PM = 300 ml (milliliters); 8:00 PM = 300 ml; 12:00 AM = 300 ml; 4:00 AM 300 ml; 8:00 AM 225 ml; total = 1425 ml; with a start date of February 3, 2026, and a discontinue date of February 7, 2026. Further review of the February 2026 MAR revealed that Resident 75 received 0 ml of Glucerna 1.5 at 12:00 PM on February 4 and 6, 2026.During an interview with the Director of Nursing (DON) on February 10, 2026, at 12:25 PM, she revealed there was an equipment issue and they did not have to correct pumps to administer the Glucerna 1.5 to Resident 75.Further interview with the DON on February 11, 2026, at 12:32 PM, revealed she would expect Resident 75's tube feed to be labeled and dated per facility policy.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Letort Spring Nursing and Rehab LLC	801 N. Hanover Street Carlisle, PA 17013

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observations, facility policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure that respiratory care and services provided were consistent with professional standards of care for two of two residents reviewed for respiratory care (Residents 8 and 89). Findings Include:Review of facility policy, titled Oxygen Therapy revised April 24, 2025, revealed, Policy: A physician must order the oxygen therapy. 1. Verify that there is a physician's order for this procedure.Review of Resident 8's clinical record revealed diagnoses that included chronic obstructive pulmonary disease (lung and airway disease that restricts breathing) and protein-calorie malnutrition (inadequate intake of protein and calories).During an interview with Resident 8 on February 8, 2026, at 10:38 AM, an observation was made of Resident 8 receiving supplemental oxygen via nasal cannula at 2 liters (of oxygen) per minute.An additional observation was made on February 9, 2026, at 11:20 AM, of Resident 8 receiving supplemental oxygen via nasal cannula at 2 liters (of oxygen) per minute.Review of Resident 8's physician orders failed to revealed a physician order for supplemental oxygen use.During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on February 11, 2026, at 12:25 PM, the DON confirmed Resident 8 did not have a physician order for supplemental oxygen. The NHA and DON stated it was the facility's expectation that physician orders be obtained and entered for supplemental oxygen use.Review of Resident 89's clinical record revealed diagnoses that included hypertension (high blood pressure) and anxiety (excessive and persistent worry and fear about everyday situations).Review of Resident 89's comprehensive care plan revealed a focus area that the Resident had morbid obesity, obstructive sleep apnea and uses a CPAP (Continuous Positive Airway Pressure - a therapy device that helps keep your airways open while you sleep), initiated and revised on March 5, 2025.Review of Resident 89's clinical record revealed a physician's order that their CPAP mask is to be placed in a storage bag when not in use, every day and evening shift, with an active date of August 30, 2024.Review of Resident 89's comprehensive care plan revealed a focus area that the Resident had morbid obesity, obstructive sleep apnea and uses a CPAP, initiated and revised on March 5, 2025.During an interview conducted with Resident 89's guardian on February 8, 2026, at 10:27 AM, she revealed that she comes to visit the Resident almost daily and his CPAP mask is often not clean and never bagged when she is there.Observation of Resident 89's room on February 8, 2026, at 10:27 AM, revealed his CPAP and mask were on his nightstand beside his bed, not bagged.Observation of Resident 89's room on February 9, 2026, at 10:52 AM, revealed his CPAP and mask were on his nightstand beside his bed, not bagged.Observation of Resident 89's room on February 11, 2026, at 10:05 AM, revealed his CPAP and mask were on his nightstand beside his bed, not bagged.During an interview with the DON on February 11, 2026, at 12:38 PM, she revealed she would expect physician's orders to be followed and Resident 89's CPAP mask to have been bagged per order.28 Pa. Code 211.12(d)(1)(5) Nursing services

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. Based on review of facility policy, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure that the residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice in order to eliminate or mitigate triggers that may cause re-traumatization of the resident for one of one residents reviewed (Resident 10). Findings Include:Review of facility policy, titled Trauma Informed Care and Culturally Competent Care, revised April 22, 2025, revealed, Purpose to address the needs of trauma survivors by minimizing and/or re-traumatization. Resident Assessment 1. Assessment involves an in-depth process of evaluation the presence of symptoms, their relationship to trauma, as well as identification of triggers.Review of Resident 10's clinical record revealed diagnoses that included post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event. The condition may last months or years, with triggers that can bring back memories of the trauma, accompanied by intense emotional and physical reactions) and major depressive disorder (ongoing feelings of sadness, despair, loss of energy, and difficulty dealing with normal daily life).During an interview with Resident 10 on February 9, 2026 at 8:47 AM, it was revealed that Resident 10 had suffered sexual abuse as a young child.Review of Resident 10's admission social service evaluation dated December 23, 2025, revealed section D titled psychosocial evaluation, question 8b. was marked no, indicating Resident 10 did not have a diagnosis of PTSD.Review of Resident 10's comprehensive care plan failed to reveal a focus area or interventions for PTSD or trauma.Further review of Resident 10's clinical record failed to reveal that any additional trauma screening had been completed.The facility was unable to provide additional information indicating Resident 10 had received trauma informed care.During an interview on February 11, 2026, at approximately 3:30 PM, with the Nursing Home Administrator and Director of Nursing, it was revealed that it was the expectation of the facility that residents receive trauma informed care.28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18(b)(1) Management28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on facility policy review, clinical record reviews, and staff interviews, it was determined that the facility failed to implement the licensed pharmacist's recommendations for one of five residents reviewed for unnecessary medications (Resident 7).Findings Include:Review of facility policy, titled Medication Regimen Review (Monthly Report), last revised April 22, 2025, revealed G. Recommendations are acted upon and documented by the facility staff and or the prescriber.Review of Resident 7's clinical record revealed diagnoses that included bipolar II disorder (mental health disorder with depressive episodes alternating with hypomanic episodes) and major depressive disorder (persistent feelings of intense sadness, worthlessness, and loss of interest in activities).Review of Resident 7's physician orders revealed the following orders: olanzapine (Zyprexa) antipsychotic medication) at bedtime for behaviors/mood and pantoprazole sodium (protonix one time a day).Review of Resident 7's monthly December medication review revealed that on December 28, 2025 a pharmacy recommendation was made to administer protonix on an empty stomach 30 - 60 minutes before a meal.Further review of the December 2025 pharmacy review revealed that the physician signed the recommendation on January 6, 2026.Additional review of Resident 7's physician's orders revealed that the scheduled administration time for Resident 7's protonix was 9:00 AM, which is after the facility breakfast meal service.Review of Resident 7's January 2026 monthly medication review revealed that on January 29, 2026 a pharmacy recommendation was made to include an appropriate diagnosis for Zyprexa.Further review of the January pharmacy review revealed that the physician signed the recommendation on February 9, 2026, and indicated bipolar II disorder as the diagnosis.Additional review of Resident 7's physician's orders revealed that no changes had been made to Resident 7's Zyprexa order indicating Zyprexa was prescribed for bipolar II disorder.During an interview on February 11, 2026, at 12:32 PM, with the Nursing Home Administrator (NHA) and Director of Nursing (DON), it was revealed that the facility had no additional information regarding why the pharmacy recommendations were not implemented. The NHA and DON stated it was the facility's expectation that pharmacy recommendations be implemented.28 Pa. code 211.9 (a)(1) Pharmacy services28 Pa. Code 211.12(c)(d)(3)(5) Nursing services

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on facility policy review, staff interview, and observations, it was determined that the facility failed to ensure that it was free from a medication error rate of five percent or greater based on two medication errors out of 29 opportunities.Findings include: Review of facility policy, titled Specific Medication Administration Procedures IIB6: Eye Drop Administration, undated, revealed, in part, Wait at least five (5) minutes before applying additional medication to the eye. Observation of medication administration on February 10, 2025, at 9:19 AM, Employee 3 (Licensed Practical Nurse [LPN]) was observed administering Resident 10 sucralfate 1000 MG (1 gram) oral tablet. Medication packaging indicated that the medication was to be administered before meals and at bedtime. During an immediate staff interview with Employee 3, she confirmed that Resident 10 had already completed her breakfast. Employee 3 indicated that she was running behind and that Resident 10's medication was not given as ordered. Observation of medication administration on February 10, 2025, at 10:40 AM, Employee 4 (LPN) was observed administering Resident 74 Cipro HC ophthalmic solution 0.3% (antibiotic eye drop) one drop to each eye followed immediately by Refresh eye drops (lubricating eye drops) one drop to each eye. During an immediate interview with Employee 4, he confirmed that he had administered the eye drops consecutively without waiting between medication administrations. During medication administration observations, there were two errors and 29 opportunities, resulting in a medication error rate of 6.9%. During a staff interview with the Nursing Home Administrator (NHA) and Director of Nursing on February 11, 2026, at 11:51 AM, the NHA confirmed that he would expect nursing staff to administer medications as ordered and within standard practice guidelines. 28 Pa. Code 211.9(a)(1) Pharmacy services.28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on facility policy review, review of medication data sheets, observations, and staff interviews, it was determined that the facility failed to label medications properly in two of two medication carts observed (Faith Short and Love 1) and in one of one medication rooms observed (Faith Wing).Findings include: Review of facility policy, titled Medication Labeling and Storage, dated February 2023, revealed, in part, Labeling of medications and biologicals dispensed by the pharmacy is consistent with applicable federal and state requirements and currently accepted pharmaceutical practices. The medication label includes, at a minimum: medication name (generic and/or brand); prescribed dose; strength; expiration date, when applicable; resident's name; route of administration; and appropriate instructions and precautions. Multi-dose vials that have been opened or accessed (e.g., needle punctured) are dated and discarded within 28 days unless the manufacturer specifies a shorter or longer date for the open vial. Review of the insulin aspart (Novolog: a fast-acting insulin used to lower blood sugar levels) medication data sheet from Drugs.com revealed that this brand of insulin should be used or discarded within 28 days of opening. Review of Medline Liquid Active Protein data sheet on Medline.com revealed that the supplement should be used or discarded within three months of opening. Review of tuberculin testing solution information at www.pa.gov revealed that tuberculin skin testing solution expires 30 days after the initial puncture into the vial. Observation of the Faith Short medication cart with Employee 3 (Licensed Practical Nurse [LPN]) on February 10, 2026, at 9:25 AM, revealed a Novolog (aspart) insulin FlexPen that was opened and had approximately 200 units remaining in the pen without any label that contained a resident's name or the date when the pen was opened. Employee 3 confirmed that approximately 100 units was missing from the pen and that she did not know which resident the insulin pen belonged to, when it would have been opened, or when it would expire. Observation of the Love 1 medication cart with Employee 4 (LPN) on February 10, 2026, at 10:41 AM, revealed an open stock bottle of liquid protein with no open date indicated on the bottle. Employee 4 confirmed that there was no open date on the bottle and, therefore, he would not know when the liquid protein would expire. Observation of the Faith Wing medication room on February 10, 2026, at 10:50 AM, with Employee 3 revealed an opened vial of Aplisol 5/0.1 milliliters (tuberculin skin testing solution) with no open date noted on the vial. Employee 3 confirmed that there was no open date on the bottle and, therefore, she would not know when the tuberculin skin testing solution would expire. During a staff interview with the Nursing Home Administrator and Director of Nursing (DON) on February 10, 2026, at 11:31 AM, the DON confirmed that she would expect medications to be labeled and properly. 28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.9(a)(1) Pharmacy services.28 Pa. Code 211.12(d)(1)(3) Nursing services.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on review of facility policy, facility documentation review, observations, and resident and staff interviews, it was determined that the facility failed to provide foods that are palatable and at a safe and appetizing temperature. Findings include: Review of facility policy, titled Serving of Food (Point of Service) dated July 2025, indicated, in part, All hot food shall be held during service at or above 135 degrees Fahrenheit; cold food shall be held at or below a temperature of 41 degrees Fahrenheit; and all food items will be served at a palatable temperature. During a resident interview with Resident 74 on February 8, 2026, at 12:37 PM, Resident 74 indicated his food is always cold. Review of facility provided food temperature logs from November 1-3, 2025, revealed the following:November 1: Breakfast fruit cup temperatures ranged from 47.9-48.1 degrees Fahrenheit [F]; Lunch three bean salad ranged from 49.7-50.2 degrees F, peaches ranged from 47.3-47.8 degrees F; Supper pudding was 47.2 degrees F.November 2: Lunch turkey sandwich was 51.3 degrees F and fresh fruit was 47.9 degrees F; Supper apple slices were 48.2 degrees F.November 3: Breakfast fruit cup was 47.7-48.1 degrees F; Lunch bean salad was 49.7-50.2 degrees F and peaches were 47.3-47.8 degrees F; Supper pudding 47.2 degrees Fahrenheit. Review of facility provided food temperature logs from December 1-3, 2025, revealed the following:December 1: Lunch tossed salad was 49.7-50.2 degrees F, mandarin oranges and apple slices were 47.6 to 48.2 degrees F; Supper pudding was 47.6 degrees F.December 2: Lunch turkey sandwich was 50.1 degrees F, egg salad sandwich was 49.2-49.6 degrees F, cucumber salad was 48.2-48.6 degrees F, and pudding was 47.6 degrees F; Supper tropical fruit ranged from 47.6-47.8 degrees F.December 3: Breakfast fruit cup ranged from 47.6-47.9 degrees F; Lunch fresh fruit was 47.6 degrees F; Supper pineapples ranged from 47.3-47.6 degrees F. Review of facility provided food temperature logs from January 1-3, 2026, revealed the following:January 1: Lunch chicken salad sandwich ranged from 48.1-49.6 degrees F, cole slaw ranged from 46.1-46.4 degrees F, tossed salad was 50.1 degrees F, and pudding was 46.9 degrees F; Supper macaroni salad ranged from 46.1-46.8 degrees F and tomato slices were 49.3 degrees F; Supper cinnamon scalloped peaches were 48.1 degrees F.January 2: Lunch pudding was 46.4 degrees F; Supper tossed salad was 49.7-50.2 degrees F and pears were 46.4-46.8 degrees F.January 3: Lunch sliced tomatoes/tomato salad was 49.9 -50.1 degrees F, mandarin oranges and apple slices were 47.6-47.7 degrees F; Supper vegetable salad ranged from 49.9-50.7 degrees F, squash rounds were 50.7 degrees F, and marinated green beans/ carrots/ peas were 50.7 degrees F. Review of facility provided food temperature logs from February 1-3, 2026, revealed the following:February 1: Lunch pudding was 46.2 degrees F; Supper apple crisp ranged from 46.8-47.2.February 2: Lunch tuna salad sandwich ranged from 47.1-48.3 degrees F, cucumber salad ranged from 49.2-49.7 degrees F, and pineapple slices ranged from 46.1-46.4 degrees F; Supper tossed salad tanged from 48.2-49.3 degrees F and pudding was 47.1 degrees F.February 3: Breakfast fruit cup ranged from 46.1-46.7 degrees F; Lunch cottage cheese was 46.3 degrees F, beet salad ranged from 47.3-47.9 degrees F, and mandarin oranges ranged from 46.4-46.8 degrees F; Supper pudding was 46.2 degrees F. A test tray completed on February 10, 2026, at 1:15 PM, with Employee 5 (Dietary Manager) on the Faith Wing cart. Test tray temperatures were taken by Employee 1 ?5 (Dietary Manager) using an infrared laser thermometer on the tray that had been prepared for Resident 103.Findings were as follows: pears 53.4 degrees F; salmon patty 125.9 degrees F; green beans 117.5 degrees F; and pasta 112.8 degrees F. During an immediate interview, Employee 5 confirmed that all the food temperatures were out of range and that the hot items were cold. During a staff interview with Nursing Home Administrator (NHA) and the Director of Nursing on February 11, 2026, at 12:05 PM, the NHA confirmed that he would expect food to be served at appropriate temperatures. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.8(b)(1)(3) (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Management.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observations, facility documentation review, and staff interviews, it was determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety in the kitchen, in two of two nourishment refrigerators, on tray service line (main dining room), and tray delivery on one of one units observed (Faith Wing).Findings include: Review of facility policy, titled General Food Preparation and Handling, dated July 2023, revealed, in part, The kitchen is kept neat and orderly. The kitchen and equipment are clean. Foods are stored properly as soon as they are delivered. Food is covered for storage. Food will be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods. Wash and sanitize can opener daily. Prepared food will be transported to other areas in covered containers. Leftovers must be dated, labeled, covered, cooled, and stored in a refrigerator. All food service equipment should be cleaned, sanitized, dried, and reassembled after each use. Handle utensils, cups, glasses, and dishes in such a way as to avoid touching surfaces that food or drink will come in contact with. Use tongs or other serving utensils to serve breads or other items. Never touch food directly with bare hands. Review of facility policy, titled Food from Outside Sources, dated July 2023, revealed, in part, 1. Food brought into the facility must be checked with the charge nurse to ensure it meets the resident's diet order. 2. Visitors/family members will label food and beverages with the resident's name, room number and date. All food is to be stored in a suitable container. 3. Perishable foods with a 'use by' date which is 3 days from the date that it was brought into the facility. Food or beverage items without manufacturers expiration date that have written dates should be thrown away 3 days after the date marked. Food or beverages in the original containers marked with manufacturer expiration dates and unopened do not have to be re-labeled for storage. 7. All refrigeration units will have internal thermometers to monitor for safe food storage temperatures. Units must maintain sage internal temperatures in accordance with state and federal standards for safe food storage temperatures. Review of facility policy, titled Employee Sanitary Practices, dated July 2023, revealed, in part, Hair nets or caps, covering all the hair, must be worn at all times while on duty. The cap must be one that is designated for kitchen use only and must not be used for off-duty personal dress. Use utensils to handle food. Clean equipment and work units after use. Observation of the kitchen on February 8, 2026, between 9:55 AM and 11:00 AM, with Employee 5 (Dietary Manager) revealed the following concerns:1) a pink colored residue on the edge of the white plastic guide in the ice machine- Employee 5 indicated that the maintenance cleans the ice machine monthly;2) the shelving unit under the coffee maker was soiled with coffee grounds and coffee spills, making the drawers stick when trying to open;3) the inside of the drawers of the shelving unit under the coffee machine had dried coffee spills noted to be in contact with the cup lids;4) there were caps from juice containers noted to be in the drawer with clean cup lids;5) there was food debris on the floor between the ice machine and coffee stand, to include what appeared to be an approximately inch and half hot dog wiener;6) heavy build-up of dust on the water filter and hose to the ice machine;7) the beverage reach-in refrigerator revealed a bottle of opened prune juice and honey thick apple juice with no open dates indicated, an opened gallon jug of 1% milk with no lid and no open date indicated, and a clear beverage dispenser with a red colored beverage with no label or date which had spilled onto the bottom of the refrigerator;8) the beverage reach-in refrigerator was soiled on the base and the floor in front of the beverage refrigerator was soiled with a large amount of a black-colored substance;9) there was an opened carton of nectar milk and two opened cartons of nectar thick orange (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	juice sitting on top of a food cart with no open date indicated;10) there were two storage bins of lids in a food preparation area that had heavy dust on the actual lids and food debris noted in the bottom of the bin - Employee 5 indicated that they rarely use these lids;11) there were two blender bases sitting on a counter in a food preparation area with food debris noted on the outside and on the inside of the base; 12) there was a clear plastic bin of food thickener in a food preparation area with the scoop stored inside the bin and the lid to the bin was soiled;13) there was a yellow powdery substance along the inner edge of a drawer containing kitchen utensils in a food preparation area;14) both hoods over stove and soup area were noted to have large amount of gray colored dust and Employee 5 indicated that an outside vendor cleans the hoods quarterly;15) there was a large amount of food debris under soup pot stand and on floor under and behind;16) there were two soiled pt holders hanging on the side of the steamer unit; 17) in the dairy walk-in cooler there was an opened gallon of 1% milk, an opened carton of nectar thick milk and an opened carton cranberry juice cocktail with no open date indicated;18) also, in the dairy walk-in cooler there was a portable cart noted to have an opened gallon of milk with no open date indicated;19) there was a black substance on a power switch located outside the walk-in freezer;20) in the walk-in freezer there was a bag containing a round, white food item that had no label indicating what the item was or any dates - Employee 5 indicated that the item was perogies and took the bag out of the freezer asked someone to label and date it;21) there was an opened bag of frozen blueberries in the walk-in freezer with no open date indicated - Employee 5 indicated that he had opened them yesterday and he must have forgotten to date the bag;22) in the walk-in refrigerator there was a container of chocolate pudding dated February 7, 2026, that failed to have the lid secured; a plastic container of ham that indicated it was to be discarded on February 4, 2026; approximately 12 slices of cheese wrapped in plastic wrap that was not labeled at all; a bin of pork which indicated it was to be discarded on February 6, 2026; a container of chicken and rice soup with no dates indicated; an opened bag of celery and carrots that were not secured and no open dates indicated; a bottle of Italian salad dressing with no expiration date indicated; two rolls of ground beef with no dates indicated; a tray of meat-type patties that were not labeled or dated and the corner of the plastic wrap was not sealed exposing the meat patties;23) in the dry storage area the temperature log was not completed after January 28, 2026; there was a plastic storage rack of glass bowls and saucers stored upright and dust and a red liquid type substance was noted in one of the cups; there were clear plastic storage bins of flour, bread crumbs, and sugar that all had the scoop stored inside the bin; there was small area of brown debris on the bottom shelf of the first rack; there was a pack of hamburger rolls, hot dog rolls, and dinner rolls that were opened, unsecured, and not dated; an opened bag of glazed pecans that had no open date indicated but manufacturer expiration date was October 15, 2025; an opened bag of Craisins that had no open date indicated but manufacturer best by date was August 13, 2025; an opened box of pancake mix dated 7/9; and an opened carton of candy sprinkles with no open date indicated;24) the can opener was noted to have a heavy build-up of a black substance - Employee 5 indicated that it was cleaned weekly;25) spice rack revealed a bottle of bay leaves dated December 18, 2024; a bottle of ground mustard dated May 2, 2025; a bottle of curry dated September 30, 2024; an opened bottle of cinnamon with no open date indicated - Employee 5 indicated that spices should be discarded six months after opening;26) muffin tins and skillets stored upright;27) stove had heavy build-up of food debris - Employee 5 indicated that the stove and ovens are cleaned monthly;28) a plastic storage rack of dishes in the food preparation area was noted to have food debris on the inside the rack and dishes were stored upright with no cover noted;29) utensil drawer had a set of tongs noted to have dried white colored (continued on next page)

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	395784	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Letort Spring Nursing and Rehab LLC	801 N. Hanover Street Carlisle, PA 17013

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	substance on them;30) test strips at three-compartment sanitation sink revealed three open bottles of test strips, one of which had a manufacturer expiration date of June 2024; 31) utensils were noted to be lying directly on the metal counter at the end of the three-compartment sink and the counter was noted to have a white colored substance on it - a dietary aide indicated that was the drying area32) the mixer was noted to have food debris noted;33) on the dirty side of the dish room there was food debris all over the wall and all along the front of the counter - Employee 5 indicated that the walls and cleaned at night with a deep clean twice a week;34) the entire kitchen floor was noted to have heavy food debris and black colored substance on various areas of the floor -Employee 5 indicated that the floors are mopped nightly and are deep cleaned monthly; and35) there was no thermometer or temperature log in the second dry storage area, which contained cereal and coffee creamers. During a staff interview with Employee 5 on February 8, 2026, at 11:00 AM, he indicated that I guess we have a problem with labeling food items. Observation of Faith Wing nourishment refrigerator on February 8, 2026, at 1:35 PM, revealed an opened carton of honey thick lemon water, an opened carton of Medpass 2.0 (a nutritional supplement) with no open dates indicated; an unopened 20 ounce bottle of Mountain Dew, an unopened 12 ounce can of Cherry Coke, and an unopened 8.4 ounce can of Red Bull with no names of whom the items belonged to indicated. In the freezer, there was an unopened Hershey bar with no name indicated and lime fat free sherbet with no expiration dates noted. In addition, there was a cloth covered ice pack that indicated a resident's name stored on the same shelf as the sherbet. Observation of the Love Wing nourishment refrigerator on February 8, 2026, at 1:46 PM, failed to reveal a temperature log. There was a thermometer in the refrigerator and the reading was noted to be 40 degrees Fahrenheit (F). In the refrigerator, there was a Mighty shake with no thaw date indicated (the shakes expire 14 days after the thaw date), an opened gallon of TruMoo chocolate milk with no open date or resident name indicated, and a pitcher of a red beverage with no label or date indicated. In the freezer, there was no thermometer noted, there was a frozen dinner and a frozen Hot Pocket both dated February 8, 2026, but failed to include a resident's name. During an immediate interview with Employee 6 (Licensed Practical Nurse) she confirmed that there was no thermometer in the freezer and that she could not locate a temperature log. Follow-up observation of the kitchen on February 9, 2026, at 2:00 PM, revealed that the cleanliness concerns identified remained the same. In addition, it was noted that there were two bottles of hand sanitizer that were in two separate food preparation areas; one bottle had an expiration date of March 2023 and the other had an expiration date of October 2022. Employee 5 was noted to be preparing quesadillas when the surveyor approached him to discuss the hand sanitizer concern. Employee 5 stepped away from the food preparation area, looked at the bottles, confirmed the expiration dates and proceeded to take the bottles from the surveyor and discarded them at the closest trash can. Employee 5 was then observed to go back to the food preparation area and resume making a quesadilla with the same gloves that he had touched the bottles of hand sanitizer. The surveyor immediately stopped Employee 5 and shared the observation. Employee 5 indicated yeah you're right. He then discarded the quesadilla he had prepared, removed his gloves, and washed his hands. Review of the dishwasher temperature log revealed that the minimum temperature requirements were 140 degrees F for the wash cycle and 180 degrees F for the final rinse. Review of these logs from November 1, 2025, through February 9, 2026, revealed the following:November:1st-final rinse at breakfast was 174 degrees and the final rinse at supper was 178 degrees;2nd-final rinse at breakfast was 167 degrees and the final rinse at lunch was 174 degrees;6th-the final rinse at breakfast was 154 degrees;7th-the final rinse at breakfast was 157 degrees;8th-the final rinse at breakfast was 171 degrees, the final rinse at lunch was 172 degrees, and the wash temperature at (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	supper was 139 degrees and the final rinse was 175 degrees;9th-the final rinse at breakfast was 162 degrees and the final rinse at lunch was 170 degrees;10th-the final rinse at breakfast was 173 degrees, the final rinse at lunch was 174 degrees, and at supper the final rinse was 152 degrees;11th-the final rinse at breakfast was 170 degrees and the final rinse at lunch was 171 degrees;12th-the final rinse at breakfast was 159 degrees and the final rinse at lunch was 172 degrees;13th-the final rinse at breakfast was 160 degrees;18th-final rinse at breakfast was 172 degrees and the final rinse at supper was 174 degrees;19th-the final rinse at breakfast was 166 degrees, the final rinse at lunch was 173 degrees, and the final rinse temperature at supper was 177 degrees;20th-the final rinse at breakfast was 172 degrees;21st-the final rinse at breakfast was 170 degrees and the final rinse at supper was 172 degrees;22nd-the final rinse at breakfast was 172 degrees and the final rinse at lunch was 174 degrees;23rd-the final rinse at lunch was 173 degrees;24th-the final rinse at breakfast was 172 degrees and the final rinse at lunch was 170 degrees;25th-the final rinse at breakfast was 170 degrees;26th-the final rinse at supper was 170 degrees;27th-the final rinse at breakfast was 174 degrees, the final rinse at lunch was 178 degrees, and the final rinse temperature at supper was 172 degrees;28th-the final rinse at breakfast was 171 degrees and the final rinse at supper was 164 degrees; and29th-the final rinse at breakfast was 165 degrees. December:3rd-the final rinse at breakfast was 170 degrees;4th-the final rinse at supper was 172 degrees;5th-the final rinse at breakfast was 173 degrees, the final rinse at lunch was 171 degrees, and the final rinse temperature at supper was 170 degrees;6th-the final rinse temperature at supper was 168 degrees;7th-the final rinse temperature at supper was 170 degrees;8th-the final rinse temperature at supper was 151 degrees;9th-the final rinse at breakfast was 177 degrees, the final rinse at lunch was 174 degrees, and the final rinse temperature at supper was 167 degrees;14th-the final rinse at supper was 176 degrees;19th-the final rinse at breakfast was 171 degrees and the final rinse at lunch was 172 degrees;20th-the final rinse at supper was 177 degrees;23rd-the final rinse at breakfast was 173 degrees and the final rinse at lunch was 179 degrees;24th-the final rinse at breakfast was 172 degrees;26th-the final rinse at breakfast was 173 degrees; and29th-the final rinse at breakfast was 170 degrees. January: 2nd-the final rinse at breakfast was 171 degrees;4th-breakfast wash and final rinse temp was scribbled out;5th-the final rinse at breakfast was 177 degrees;6th-the final rinse at breakfast was 177 degrees;7th-the final rinse at breakfast was 170 degrees;9th-the final rinse at breakfast was 173 degrees;10th-the final rinse at breakfast was 163 degrees and the final rinse at lunch was 172 degrees;11th-the final rinse at breakfast was 170 degrees and the final rinse at lunch was 177 degrees;12th-the final rinse at breakfast was 177 degrees;13th-the final rinse at breakfast was 171 degrees and the final rinse at lunch was 174 degrees;14th-the final rinse at breakfast was 167 degrees and the final rinse at lunch was 170 degrees;15th-the final rinse at breakfast was 160 degrees and the final rinse at lunch was 171 degrees;16th-the final rinse at breakfast was 170 degrees and the final rinse at lunch was 171 degrees;17th-the final rinse at breakfast was 151 degrees and the final rinse at lunch was 170 degrees;18th-the final rinse at breakfast was 177 degrees;19th-the final rinse at breakfast was 170 degrees;20th-the final rinse at breakfast was 160 degrees;21st-the final rinse at breakfast was 174 degrees;22nd-the final rinse at breakfast was 155 degrees and the final rinse at lunch was 174 degrees;23rd-the final rinse at breakfast was 162 degrees and the final rinse at lunch was 170 degrees;24th-the final rinse at breakfast was 155 degrees and the final rinse at lunch was 174 degrees;25th-the final rinse at breakfast was 171 degrees;26th-the final rinse at lunch was 170 degrees;27th-the final rinse at lunch was 179 degrees; and29th-the final rinse at breakfast was 171 degrees and the final rinse at lunch was 173 degrees. February:3rd- the final rinse temp at lunch was 178 degrees and on (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4th- the final rinse temp at breakfast was 175 degrees. During a staff interview with the Nursing Home Administrator (NHA) on February 9, 2026, at 3:31 PM, the kitchen observations were shared. The NHA indicated that he would expect foods to be labeled, dated, and stored properly, that cleaning would be completed routinely, and sanitary policies would be followed. He indicated that Employee 5 should not have went directly back to preparing food with the dirty gloves. Tray line observation in the Main Dining Room on February 10, 2026, at 11:54 AM, revealed that Employee 7 (Dietary Aide) was wearing a baseball cap with hair exposed. Employee 7 was observed to pick up salmon cake with a spatula and then using his left gloved hand he touched the salmon patty to guide it onto the plate. He then scooped the green beans and again used his left hand to guide the beans onto the plate while emptying the spoon onto the plate. He then followed the same process for the noodles. After plating the food, he was then noted to touch the paper meal tickets laying on the counter to begin plating the next plate of resident's food. Employee 7 was observed to complete this same process for 3 additional plates. Employee 7 then had to walk to the edge of the serving area to request a food item from the main kitchen. While he was speaking to someone in the kitchen, Employee 7 was observed to place both of his gloved hands on the lid of the hamper for soiled clothing cover-ups. Employee 7 then returned to the tray line and prepared a plate of food following the same process of touching the food with his left gloved hand. Employee 7 was stopped and an immediate interview was conducted. Employee 7 confirmed that he had been touching the meal tickets, food, and the top of the soiled linen bin and did not change gloves and was going to continue serving food. After the interview was completed, Employee 7 removed his gloves and went to wash his hands. During a staff interview with the NHA and Director of Nursing (DON) on February 10, 2026, at 12:25 PM, the NHA confirmed that Employee 7 should not have been touching the food and should have changed his gloves/washed hands after touching the laundry bin and before continuing to serve food. During tray pass observation on February 10, 2026, from 1:00 to 1:15 PM, on Faith Wing, all meal trays (approximately 20) were noted to have a small cup of pears on them that were uncovered. Nursing staff were noted to transport these trays in the hallways. Interview with Employee 5 during these observations, Employee 5 indicated that they do have lids for the small serving bowls but they don't use them. At time of exit, no additional information was provided regarding dishwasher temperatures not meeting required minimum temperatures. In addition, kitchen cleaning logs were requested for review but never provided. During a final staff interview with the NHA and DON on February 11, 2026, at 12:05 PM, the NHA acknowledged the surveyor observations. He indicated that the dietary staff were just refilling the bottles of the hand sanitizer and continuing to use them. He further indicated that he would expect the kitchen to have followed all necessary sanitary guidelines and indicated the kitchen could do better. 28 Pa code 211.6(f) Dietary services.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on clinical record review, facility policy review, and staff interviews, it was determined that the facility failed to document a physician order for hospice services for one of one resident reviewed for hospice services (Resident 8).Findings Include:Review of the facility policy, titled Hospice Program, last reviewed April 22, 2025, failed to reveal that a physician order must be obtained for hospice services.Review of the clinical record for Resident 8 revealed clinical diagnoses that included chronic obstructive pulmonary disease (progressive irreversible lung disease causing chronic coughing, wheezing, and severe shortness of breath) and protein-calorie malnutrition (severe nutritional deficiency from inadequate intake of protein, calories, or both).Review of Resident 8's Significant change Minimum Date Set (MDS-periodic assessment and care screening) dated December 19, 2025, Section O- Special Treatments, Procedures and Programs, of the MDS indicated that Resident 8 was receiving hospice services.Review of Resident 8's physician orders failed to reveal an order for hospice services.During an interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on February 11, 2026, the DON confirmed that Resident 8 did not have a physician's order for hospice services. The NHA and DON stated it was the facility's expectation that physician orders be in place for care and services.28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 211.12(d)(3)(5) Nursing services28 Pa. Code 201.18(b)(1)(3) Management

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure staff implement infection control policies to prevent the spread of infection for two of 23 residents observed on enhanced barrier precautions (Residents 11 and 35), and failed to ensure that staff implement appropriate infection control policies to prevent the spread of infection during two of two medication administration observations (Faith Short and Love 1). Findings include: Review of facility policy, titled Enhanced Barrier Precautions, revised December 2024, revealed, Enhanced barrier precautions apply when: A resident is NOT known to be infected or colonized with any MDRO, has a wound or indwelling medical devices, and does not have secretions or excretions that are unable to be covered or contained; and contact precautions do not otherwise apply. Review of facility policy titled Specific Medication Administration Procedures IIB6: Eye Drop Administration, undated, failed to reveal any information regarding glove usage. Review of Resident 11's clinical record revealed diagnoses that included artificial opening of the urinary tract and open wound of abdominal wall. Review of Resident 11's clinical record revealed that she had a nephrostomy (a tube placed through the skin and into the kidney to drain urine) and urostomy (artificial opening of the urinary tract on the abdomen). Observation of Resident 11's room door on February 8, 2025, at 10:20 AM, failed to reveal any signage that it was necessary to use personal protective equipment when caring for Resident 11. Review of Resident 11's physician orders failed to reveal a physician's order for Resident 11 to be on enhanced barrier precautions. Review of Resident 11's care plan failed to reveal any care plan dealing with Resident 11's need to be on enhanced barrier precautions. During a staff interview with the Director of Nursing (DON) on February 11, 2026, at 12:21 PM, the DON indicated that Resident 11 should have been on enhanced barrier precautions and the facility policy should have been followed. Review of Resident 35's clinical record revealed diagnoses that included unstageable pressure ulcer (a severe, full-thickness wound where the true depth [Stage III or IV] is hidden by slough [yellow, tan, gray, green, or brown] or eschar [tan, brown, or black]) and venous ulcers (a wound that takes longer to heal because of poor of blood flow issues). Observation of Resident 35's room door on February 8, 2025, at 9:30 AM, failed to reveal any signage that it was necessary to use personal protective equipment when caring for Resident 35. Review of Resident 35's wound team consult dated February 3, 2026, revealed that Resident 35 had an unstageable pressure on her right plantar foot with a moderate amount of serosanguinous (a thin, watery, pink-to-light-red fluid consisting of serum and blood) drainage. Review of Resident 35's physician orders failed to reveal a physician's order for Resident 35 to be on enhanced barrier precautions. Review of Resident 35's care plan failed to reveal any care plan dealing with Resident 35's need to be on enhanced barrier precautions. Interview with the DON on February 11, 2026, at 12:15 PM, revealed that Resident 35 should have been on enhanced barrier precautions and the facility policy should have been followed. Observation of Faith Short medication cart on February 10, 2026, at 9:19 AM, revealed that the spoons being utilized for medication administration were lying in a plastic bin on top of the cart, completely exposed. Observation of Love 1 medication cart on February 10, 2026, at 10:40 AM, revealed that the spoons used for medication pass were in a box on the side of the cart, completely exposed. Observation of medication administration pass with Employee 4 (Licensed Practical Nurse) on February 10, 2026, between 9:45 AM and 10:45 AM, revealed the following concerns:a) Employee 4 did not cleanse or sanitize hands between Resident 49 and Resident 74.b) Employee 4 applied gloves prior to entering Resident 74's room because he indicated that he needed to wear gloves to administer eye drops to Resident 74, and that he was also going to clean Resident 74's eyes before administering the eye drops. After applying (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	gloves, Employee 4 was noted to touch the lid of the trash can on the medication cart as well as the handles of the medication cart.c) Employee 4 then entered Resident 74's room and used his gloved hands to adjust Resident 74's bed using the control panel on the footboard of the bed. Employee 4 then proceeded to administer Resident 74's oral medications.d) After administering the oral medications, Employee 4 used his right gloved hand to open Resident 74's bathroom door, he wet the washcloth, then came out and cleansed and dried resident's eyes and proceeded to administer the eye drops. e) Employee 4 then exited Resident 74's room, taking the washcloth with him. At the medication cart, Employee 4 removed his gloves and then carried the washcloth up the hall to the soiled utility room and washed his hands. During a staff interview with the Nursing Home Administrator and DON on February 10, 2026, at 11:31 AM, the DON confirmed that she would expect nursing staff to follow appropriate infection control guidelines when administering medications. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.