

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Cumberland Crossings Retirement Community		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Longsdorf Way 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37116</p> <p>Based on observations, clinical record reviews, and staff interviews, it was determined that the facility failed to review and revise the resident care plan to reflect the resident's current status for three of 16 residents reviewed (Residents 5, 36, and 42).</p> <p>Findings include:</p> <p>Review of Resident 5's clinical record revealed diagnoses that included protein-calorie malnutrition (insufficient protein intake or protein deficiency) and bipolar disorder (mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior).</p> <p>Observations made on April 7, 2025, at 10:08 AM; April 9, 2025, at 11:00 AM; and on April 10, 2025, at 9:31 AM, revealed that the mattress on Resident 5's bed had built-up sides, and fall mats were present on both sides of the bed.</p> <p>Review of Resident 5's current care plan revealed a focus area related to her risk of falls due to weakness with a goal to be free of falls through the next review date. Review of the related interventions failed to note the use of fall mats or a specialty mattress to reduce falls and/or injury related to falling.</p> <p>In email correspondence received from the Director of Nursing (DON) on April 10, 2025, at 10:39 AM, she revealed that Resident 5 was evaluated and found appropriate for fall mat and specialty mattress use, and that these interventions would be added to her care plan.</p> <p>Review of Resident 36's clinical record revealed that she was admitted to the facility on [DATE], with a primary diagnosis of syncope (fainting or sudden loss of consciousness mainly caused by reduced blood supply to the brain) and collapse (a sudden loss of strength or support), as well as, generalized muscle weakness, and unsteadiness on feet.</p> <p>Review of Resident 36's clinical record progress notes revealed that on February 14, 2025, at 3:47 PM, she had a syncopal episode, which resulted in staff having to lower her to the floor. In addition, she was transferred to the hospital for an evaluation at the request of Resident 36's Representative.</p> <p>(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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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of Resident 36's clinical record progress notes revealed that on March 4, 2025, at 8:30 AM, she had an unresponsive episode while in the dining room.</p> <p>Review of Resident 36's care plan failed to reveal any mention of her diagnosis of syncope and collapse or her actual syncopal episodes.</p> <p>During a staff interview with the DON and Assistant Director of Nursing on April 9, 2025, at 10:00 AM, the care plan concern was shared.</p> <p>Follow-up review of Resident 36's care plan on April 10, 2025, at 9:15 AM, revealed that her care plan had been revised on April 9, 2025, to include history of syncope as potential risk for falls.</p> <p>During a staff interview with the Nursing Home Administrator (NHA) and DON on April 10, 2025, at 10:21 AM, the DON confirmed that Resident 36's care plan was revised to include her diagnosis of syncope.</p> <p>Review of Resident 42's clinical record revealed diagnoses that included depression (common and serious medical illness that negatively affects how you feel, think, and act) and anxiety disorder (a mental health condition characterized by excessive and persistent fear or worry that interferes with daily life).</p> <p>Review of Resident 42's physician orders revealed an order for Seroquel (antipsychotic medication) 25 mg at bedtime for psychosis/visual hallucination relate to depression, with a start date of June 20, 2024.</p> <p>Review of Resident 42's care plan failed to reveal a care plan with a focus area related to antipsychotic medications.</p> <p>Interview with the DON on April 10, 2025, at 10:55 AM, revealed they thought an adequate care plan had been enacted into Resident 42's care plan.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>37116</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide care and services in accordance with professional standards of practice to ensure the resident's highest level of well-being for two of 16 residents reviewed (Residents 160 and 161).</p> <p>Findings include:</p> <p>Review of Resident 160's clinical record revealed diagnoses that included congestive heart failure (weakness of the heart that leads to buildup of fluid in the lungs and surrounding body tissues) and atrial fibrillation (irregular heart beat).</p> <p>Review of Resident 160's hospital discharge summary dated March 19, 2025, revealed the following instructions: Heart failure patient. Please weigh patient every morning. Report a weight gain of 2-3 pounds overnight or 5 pounds in one week to provider so fluid status can be evaluated.</p> <p>Review of Resident 160's physician order summary revealed the following orders: daily weights starting March 27, 2025, and report weight gain of 2-3 pounds overnight or 5 pounds in one week, starting March 21, 2025.</p> <p>Review of Resident 160's daily weight documentation revealed that on April 3, 2025, he weighed 173.2 pounds and on April 4, 2025, he weighed 176.4 pounds (a 3.2 pound weight gain).</p> <p>Further review of Resident 160's clinical record failed to reveal evidence that the practitioner was notified of Resident 160's overnight weight gain.</p> <p>During an interview with the Director of Nursing (DON) on April 10, 2025, at 9:58 AM, she revealed that she was not able to locate evidence that the practitioner was notified of Resident 160's weight gain.</p> <p>Review of Resident 161's clinical record revealed diagnoses that included congestive heart failure and chronic obstructive pulmonary disease (chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>Review of Resident 161's physician order summary revealed the following orders: daily weights related to heart failure starting March 21, 2025, and report weight gain of 2-3 pounds overnight or 5 pounds in one week, starting March 21, 2025.</p> <p>Review of Resident 161's daily weight documentation revealed that on April 2, 2025, he weighed 183.2 pounds and on April 3, 2025, he weighed 186.3 pounds (a 3.1 pound weight gain).</p> <p>Further review of Resident 161's clinical record failed to reveal evidence that the practitioner was notified of Resident 161's overnight weight gain.</p> <p>During an interview with the DON on April 10, 2025, at 9:58 AM, she revealed that she was not able to locate evidence that the practitioner was notified of Resident 161's weight gain.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(d)(1)(5) Nursing services

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40010</p> <p>Based on observation, facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure staff implemented infection control policies to prevent the spread of infection for two of 16 residents reviewed (Residents 16 and 41)</p> <p>Findings Include:</p> <p>Review of facility policy, Enhanced Barrier Precautions, with an origination date of April 9, 2024, revealed, Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the spread of multi drug-resistant organisms (MDROs) to residents. EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply.</p> <p>Review of Center for Clinical Standards and Quality/Quality, Safety & Oversight Group memo, Reference #: QSO-24-08-NH, dated March 20, 2024, with a subject of: Enhanced Barrier Precautions in Nursing Homes, revealed: EBP are indicated for residents with any of the following:</p> <ul style="list-style-type: none"> o Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or o Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. <p>Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid(R)) or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.</p> <p>Review of Resident 16's clinical record revealed diagnoses that included pressure ulcer of other site, stage 4 (injury caused by pressure; stage 4 refers to the injury severity, in this case extending to muscle, tendon, or bone) and diabetes (a chronic condition where the body either doesn't produce enough insulin or can't effectively use the insulin it produces, leading to high blood sugar levels).</p> <p>Review of Resident 16's physician orders revealed an order to complete a dressing change to a pressure ulcer on her left, posterior shin daily, starting March 21, 2025. Further review of Resident 16's physician orders failed to reveal an order to implement Enhanced Barrier Precautions.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 16's care plan with a focus area of, Wound management- Stage 4 pressure wound of the left, posterior shin, with a date initiated of January 24, 2025. Further review of the care plan failed to reveal a care plan regarding the need for enhanced barrier precautions.</p> <p>Observation of Resident 16 on March 9, 2025, at 8:54 AM, revealed Employee 4 (Licensed Practical Nurse) perform a dressing change on Resident 16's stage 4 pressure ulcer located on her left, posterior shin. Employee 4 failed to wear a gown for the procedure.</p> <p>Review of Resident 41's clinical record revealed diagnoses that included foot ulcer (an ulcer on the foot) and diabetes.</p> <p>Review of Resident 41's physician orders revealed an order to complete a dressing change to a pressure ulcer on her left, posterior shin daily, starting March 21, 2025.</p> <p>Review of Resident 41's care plan with a focus area of, Wound management; right lateral foot, right anterior lower leg, with a date initiated of June 3, 2024. Further review of the care plan failed to reveal a care plan regarding the need for enhanced barrier precautions.</p> <p>Review of Resident 41's electronic medical record revealed a medical consult from April 1, 2025, regarding treatment for a diabetic ulcer of the right mid-foot.</p> <p>Interview of the Director of Nursing on April 10, 2025, at 11:45 AM, revealed that the facility had not interpreted Resident 16's and 41's wounds as chronic wounds and, therefore, did not implement enhanced barrier precautions.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>37013</p> <p>Based on personnel training record review and staff interviews, it was determined that the facility failed to ensure each nurse aide was provided required in-service training, consisting of no less than 12 hours per year, which included dementia management and resident abuse prevention for three of five nurse aide employee records reviewed (Employees 1, 2, and 3).</p> <p>Findings Include:</p> <p>Review of personnel information revealed Employee 1's hire date was October 28, 2019; Employee 2's hire date was December 5, 1994; and Employee 3's hire date was November 17, 2015.</p> <p>Review of facility training records failed to reveal that the aforementioned Employees completed 12 hours of required annual training in the past 12 months.</p> <p>Further review of facility training records failed to reveal evidence that dementia management training was completed by Employee 1 within the past 12 months, or that abuse prevention training was completed by Employees 1 and 2 within the past 12 months.</p> <p>During an interview with the Nursing Home Administrator (NHA) and Director of Nursing on April 10, 2025, at 9:43 AM, the NHA stated he would expect the nurse aide annual training to be done every 12 months and include abuse and dementia.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.19(7) Personnel policies and procedures</p> <p>28 Pa. Code 201.20(a)(d) Staff development</p>		