

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395918	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Transitions Healthcare Shook Home		STREET ADDRESS, CITY, STATE, ZIP CODE 55 South Second Street Chambersburg, PA 17201	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>Based on observation, facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure residents received appropriate treatment and services to prevent urinary tract infections and to promote dignity related to use of a foley catheter (small, flexible tube that can be inserted through the urethra and into the bladder, allowing urine to drain) for one of three residents reviewed for catheter use (Resident 1).</p> <p>Findings Include:</p> <p>Review of facility policy, titled Catheter Care - Routine, revised March 21, 2016, revealed, Provide privacy cover for drainage bag as needed.</p> <p>Review of facility policy, titled, Catheterization - Foley, revised January 23, 2017, revealed, Keep the catheter bag below the level of the bladder at all times. Do not rest the bag on the floor.</p> <p>Review of Resident 1's clinical record revealed diagnoses that included dementia (loss of memory, language, problem-solving, and other thinking abilities that are severe enough to interfere with daily life) and protein-calorie malnutrition (insufficient protein intake or protein deficiency).</p> <p>Observation on March 24, 2025, at 12:42 PM, revealed Resident 1 in bed. Her catheter drainage bag and its contents were visible from the doorway, and the bag was touching the floor.</p> <p>During an immediate interview with Employee 1 (Licensed Practical Nurse) she confirmed that the drainage bag should have been covered and stated that she would remedy the situation.</p> <p>During an interview with the Director of Nursing on March 24, 2025, at 2:13 PM, she acknowledged the aforementioned concern, and confirmed that Resident 1's catheter drainage bag should not have been resting directly on the floor.</p> <p>28 Pa Code 211.12(d)(1)(5) Nursing Services</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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