

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 03/05/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on facility policy review, facility document review, observations, and resident and staff interviews, it was determined that the facility failed to promote care for residents in a manner and environment that enhances each resident's dignity for one of 16 residents reviewed (Resident 56). Findings include: Review of facility policy, titled OPS-331 Resident Rights, dated February 6, 2025, revealed, in part, The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life. Review of facility provided information from their employee handbook, dated November 1, 2203, revealed, in part, F. Dress Code Policy: Since the appearance of the staff is a reflection of the employee, the resident, and the Company, the dress code provides for a consistent professional appearance in the dress of the staff. Should an employee report to work improperly dressed or groomed, his/her supervisor may instruct the employee to return home to change. Employees will not be permitted to work when they are improperly dressed. For all employees in all departments: No sweatpants; blouses are to be non-revealing in cut. In addition, the dress coded indicated for nursing department personnel was noted to be a uniform or scrub suit and that the Charge Nurse, Nurse Supervisor, or Director of Nursing may determine the appropriateness of the uniform and has the right to verbally warn the employee or send the employee off duty to change the uniform. Observation on the second-floor nursing unit on March 2, 2026, at 10:50 AM, Employee 2 (Licensed Practical Nurse) was observed to be dressed in sweatpants with Hello Kitty appliques noted on the leg and a short, blue and white striped shirt. Employee 2's abdomen was noted to be exposed. In addition, Employee 2 was not wearing a name tag. During an immediate interview with Employee 2, she confirmed her identity, job role, and indicated that she was aware that she was to wear a nametag. She said it was possibly in her purse or on her jacket. During a resident interview with Resident 56 in her room on March 2, 2026, at 1:10 PM, Employee 2 entered the room without knocking on the door. She was still dressed in sweatpants and the short shirt that exposed her abdomen, and she had no name tag. She did not identify herself to Resident 56. Employee 2 stated, I have your medications. During a staff interview with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on March 4, 2026, at 1:34 PM, the DON acknowledged that Employee 2 was not appropriately dressed and indicated that Employee 2 was a new employee and new nurse who cannot afford scrubs. The DON further indicated that she has now instructed Employee 2 to wear her school scrubs until she can afford to purchase her own scrubs. The NHA confirmed that he would expect staff to wear proper identification and to properly identify themselves prior to entering a resident's room. He further indicated that Employee 2 was provided with a name tag. 28 Pa Code 201.14(a) Responsibility of licensee.28 Pa Code 201.18(b)(3) Management.28 Pa Code 201.29(a) Resident rights.28 Pa Code 211.11(d)(1)(2) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395918	Facility ID: 395918 If continuation sheet Page 1 of 9

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on facility policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to implement a comprehensive person-centered care plan to meet a resident's preferences and goals, and address the resident's medical, physical, mental and psychosocial needs for one of 16 residents reviewed (Resident 3). Findings include: Review of facility policy, titled Care Plan-Comprehensive, dated September 28, 2022, revealed, in part, Each resident will have a comprehensive care plan that is individualized, includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident, and reflects the resident's cultural references, values, and practices. Each resident's care plan is designed to: d. reflect the resident's expressed wishes regarding care and treatment goals. Review of Resident 3's clinical record revealed diagnoses that included muscle weakness and depression. During a resident interview with Resident 3 on March 2, 2026, at 1:40 PM, he indicated that he does not get showers very often and described them as few and far between. Review of Resident 3's care plan revealed his bathing preference was to receive a shower once a week, dated January 14, 2024. Review of Resident 3's shower/bath documentation from February 3, 2026 -March 4, 2026, revealed that he was documented as receiving a shower once on February 15, 2026, and received a bed bath all other times. During a staff interview with the Director of Nursing (DON) on March 5, 2026, at 10:20 AM, she indicated that he does occasionally refuse a shower. She said Resident 3's autonomy of care is presumed because of his high level of cognition and that he could voice his concerns or requests to staff when care is being provided. The DON confirmed that Resident 3's preferences should have been care planned so all staff providing care could be aware and make efforts to accommodate them. 28 Pa. Code 201.24(e)(4) admission policy.28 Pa. Code 211.12(d)(2)(3)(5) Nursing services.</p>		

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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>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>Based on facility policy review, clinical record reviews, and staff interviews, it was determined that the facility failed to review and revise the resident plan of care for three of 19 residents reviewed (Residents 4, 56, and 60). Findings include: Review of the facility policy, titled Care Plan-Comprehensive, last reviewed April 7, 2025, stated Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change. Review of Resident 4's clinical record revealed diagnoses that included hypertension (high blood pressure) and chronic diastolic congestive heart failure (heart failure that occurs when the heart does not relax properly between beats, causing the heart to be unable to pump an adequate amount of blood to the body). Review of Resident 4's clinical record revealed that he was treated for the flu from January 30, 2026 -February 6, 2026. Review of Resident 4's care plan revealed an active care plan focus for influenza, dated January 30, 2026. During a staff interview with the Director of Nursing on March 5, 2026, at 10:20 AM, she confirmed that Resident 4's influenza was resolved in early February 2026, and that his care plan should have been revised at that time. Review of Resident 56's clinical record revealed diagnoses that included vascular dementia (brain damage caused by multiple strokes, which causes memory loss in older adults) and hearing loss. Review of Resident 56's clinical record revealed that she was treated for a urinary tract infection (UTI) from February 1-4, 2026. Review of Resident 56's care plan revealed an active care plan focus for a UTI, dated February 1, 2026. During a staff interview with the Nursing Home Administrator (NHA) on March 5, 2026, at 11:26 AM, the NHA indicated that the care plan should have been revised when the UTI resolved and that Resident 56's care plan has now been revised. Review of the clinical record for Resident 60 revealed diagnoses that included Parkinson's disease with dyskinesia (uncontrolled, involuntary movement) and retention of urine (inability to fully empty the bladder). Review of the clinical record for Resident 60 revealed resident had a UTI on November 1, 2025, that was resolved with treatment. Review of Resident 60's care plan on February 4, 2026, revealed the UTI that occurred November 1, 2025, was still present on the care plan. During an interview with the NHA on February 5, 2026, at 10:45 AM, he agreed that care plans should reflect the Resident's status. 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure care and services were provided in accordance with professional standards for one of 16 residents reviewed (Resident 11). Findings include: Review of Resident 11's clinical record revealed diagnoses that included dementia (a chronic disorder of mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning) and hypertension (high blood pressure). Review of Resident 11's current physician orders revealed an order for losartan potassium 50 milligram tablet give one tablet by mouth one time a day hold for systolic blood pressure less than 100 or blood pressure less than 100/60, dated October 15, 2025. Review of Resident 11's Medication Administration Records from October 15, 2025, through March 4, 2026, revealed the following:1) There was no documentation of Resident 11's blood pressure documented with each medication administration.2) The losartan was coded as 5=Hold See Progress Notes on November 2 and 7, 2025, and December 14, 2025. All other doses between October 15, 2025, and March 4, 2026, were documented as being administered. Review of Resident 11's clinical record progress notes revealed the following:1) November 2, 2025, at 10:26 AM, losartan was held due to a pulse of 56 (which was not one of the physician's provided parameters for holding the medication);2) November 7, 2025, at 9:35 AM, losartan was held due to a pulse of 56 (which was not one of the physician's provided parameters for holding the medication); and3) December 14, 2025, at 8:52 AM, losartan was held due to a blood pressure of 99/54. Review of Resident 11's blood pressure documentation in the vitals tab of the clinical record revealed that Resident 11's blood pressure was documented on six occasions that could possibly coincide with the losartan medication administration (October 16, 17, and 18, 2025; December 3, 2025; January 8, 2026; and February 9, 2026). Review of the Resident 11's clinical record revealed no evidence of blood pressures being taken consistently, prior to administration of medication with parameters. During a staff interview with the Nursing Home Administrator and the Director of Nursing (DON) on March 5, 2026, at 2:04 PM, the DON indicated that she could not say whether nurses consistently took Resident 11's blood pressure prior to administering the losartan. She said that the nurses may have just taken the blood pressure and wrote it on their report sheet instead of documenting it in the clinical record. She confirmed that there should have been a corresponding box with the medication administration for nurses to document Resident 11's blood pressure to reflect that the physician's ordered parameters were followed. 28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.9(a)(1) Pharmacy services.28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observations, facility policy, and staff interviews, it was determined that the facility failed to discard expired medications for one of one medication storage rooms observed (2nd floor), and failed to place opened dates on medications in one of two medication carts (2nd floor) and one of one medication storage rooms (2nd floor) observed. Findings Include: Review of facility policy, titled Storage of Medications, last revised April 7, 2025, read, in part, III. Expiration Dating (Beyond-Use Dating) 3. Certain medications or package types, such as IV solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, and blood sugar testing solutions and strips require an expiration date shorter than the manufacturer's expiration date once opened to ensure medication purity and potency. Observation of the second floor medication storage room on March 4, 2026 at 10:00 AM, revealed one open multidose vial of tuberculin solution with no open date label. Further observation of the second floor medication storage room on March 4, 2026 at 10:00 AM, revealed one box of 25 gauge needles with an expiration date of February 28, 2026, and one open vial of insulin lispro labeled with an open date of January 17, 2026. An interview with Employee 1 on March 4, 2026, at 10:00 AM, revealed that the tuberculin solution should be labeled with an open date when opened and expired medication and supplies should be discarded. Observation of the second floor medication cart on March 5, 2026 at 11:15 AM, revealed one open bottle of liquacel with no open date label and one open Lantus insulin pen with no open date label. An interview with Employee 1 on March 5, 2026 at 11:15 AM, revealed that liquacel bottles and insulin pens should be labeled with an open date when opened due to a shortened expiration date once opened. During an interview on March 5, 2026, at 1:08 PM, with the Nursing Home Administrator and Director of Nursing, revealed that it was the facility's expectation that medications be labeled with open dates when opened and expired medications and supplies be disposed of. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.9(a)(1) Pharmacy services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>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 kitchenettes, and a resident unit refrigerator (second floor upper-level unit). Findings include: Review of facility policy, titled Food Storage, dated 2021, revealed, in part, All stock must be rotated with each new order received. Rotating stock is essential to assure freshness and highest quality of all foods. Old stock is always used first. Food should be dated as it is placed on shelves if required by state regulation. All containers or storage bags must be legible and accurately labeled and dated. All refrigerator units should be kept clean and in good working condition at all times. Every refrigerator must be equipped with a thermometer. Refrigerators/freezers on nursing units should be supplied with thermometers. All [refrigerated] foods should be covered, labeled, and dated and routinely monitored. Review of facility policy, titled Food Brought in From Outside Sources and Personal Food Storage, dated 2021, revealed, in part, Foods and beverages brought in from outside sources that require refrigeration or freezing should be labeled with the patient/resident's name and date stored in the refrigerator/freezer apart from facility food. Designated facility staff should be assigned to monitor individual room storage and refrigeration units for food or beverage disposal. All refrigeration units will have internal thermometers to monitor for safe food storage temperatures. Review of facility policy, titled Food Temperatures, dated 2023, revealed, in part, All cold food items must be stored at a temperature of 41 degrees Fahrenheit or below. Temperatures should be taken periodically to assure cold foods stay below 41 degrees Fahrenheit. Foods sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) will be transported and delivered into unit storage areas to maintain temperatures at or below 41 degrees Fahrenheit for cold foods. Observation of the kitchen with Employee 6 (Director of Food Services) on March 2, 2026, at 10:03 AM, revealed the following: 1) in the dry storage room, there were two one-gallon containers of honey Dijon mustard dressing and a one-gallon container of ranch dressing with no dates indicated; 2) in the walk-in cooler there were three metal pans of broccoli and the clear wrap noted on top failed to completely cover the broccoli; 3) the drawer containing ladles had a dark colored substance along the edge of the drawer; 4) there was substantial grease residue noted on the floor near the deep fryer and Employee 6 indicated that they have not used the fryer in a long time; 5) Employee 7 (Cook) was noted to be using a scoop to remove carrots out of a large box that was lined with a plastic bag. She was not wearing gloves. She was observed using her right hand to hold the scoop and using her left hand to hold onto the plastic bag that was rolled out over the edge of the box. When she finished scooping the carrots, she rolled the bag back down inside the box. During an immediate interview with Employee 6, she confirmed that Employee 6 should have been wearing gloves; 6) on the bread rack there was a Ziploc bag containing five hamburger buns with no date indicated and a bag of opened hot dog rolls that contained nine rolls that were not dated; 7) in a single door refrigerator containing desserts for the lunch meal there was noted to food debris on the floor of the refrigerator; and 8) in the dish room there were two trays of cups stored upright, as well as stacks of plates that were stored upright. Employee 6 acknowledged all findings observed during the tour. Employee 6 indicated that she expects the evening staff to clean the kitchen each day but indicated that she has no written protocols or cleaning logs that staff complete. Observation of the first-floor kitchenette on March 2, 2026, at 10:35 AM, revealed in the single door reach in refrigerator there was spillage noted on the inside of the door at the bottom. There was food debris noted in</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the bottom of the side-by-side refrigerator/freezer. There was light food splatter in the microwave. There was spill of a dark colored substance noted in the cabinet where dry goods were stored. There were moderate crumbs noted in the crumb tray on the toaster. The plates and dome lids were noted to be stored upright and uncovered in preparation for lunch to be served. Observation of the refrigerator on the upper-level rehabilitation unit on March 2, 2026, at 11:32 AM, revealed a bottle of Cinnabon International Delight coffee creamer, a squeeze bottle of Parkay butter, and two cans of soda with no names or dates indicated. There was no thermometer noted in the refrigerator. Observation of the second-floor kitchenette on March 2, 2026, at 11:38 AM, revealed in the single door reach in refrigerator that was spillage noted on the inside of the door at the bottom and there was food debris in the bottom of the refrigerator. In the side-by-side freezer/refrigerator, the thermometer was noted to be broken in the refrigerator portion. The toaster was noted to have a moderate amount of crumbs in the crumb tray. The plates and dome lids were noted to be stored upright and uncovered in preparation for lunch to be served. Review of food temperature logs from February 22-28, 2026, and March 1-3, 2026, revealed that staff do not consistently check the temperature of cold food items or beverages at point of service. During a staff interview with the Nursing Home Administrator (NHA) and the Director of Nursing on March 4, 2026, at 1:29 PM, the NHA confirmed that he would expect foods to be labeled/stored properly, dishes to be stored properly, and that food temperatures would be checked according to policy. He also confirmed that he would expect staff to wear gloves when preparing food. 28 Pa. Code 201.18(b)(1)(3) Management.28 Pa. Code 211.6(f) Dietary services.</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>Note: The nursing home is disputing this citation.</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure staff implement infection control policies to prevent the spread of infection for one of 19 residents observed on contact precautions (Resident 5). Findings Include: Review of facility policy, titled IC-Enhanced Barrier Precautions, revised April 1, 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 Resident 5's clinical record revealed diagnoses that included pressure ulcer of sacral region, stage 3 (a severe, full-thickness wound where the true depth [Stage III or IV]) and diabetes (a chronic condition when the body cannot properly control blood glucose levels). [[NAME]] I feel the ulcer piece isn't finished Observation of Resident 5's room door on March 2, 2025, at 10:30 AM, failed to reveal any signage that Resident 5 was on enhanced barrier precautions or that it was necessary to use personal protective equipment when caring for Resident 5. Observation of Resident 5's room door on March 3, 2025, at 11:30 AM, failed to reveal any signage that Resident 5 was on enhanced barrier precautions or that it was necessary to use personal protective equipment when caring for Resident 5. Observation of Resident 5's stage 3 pressure ulcer treatment on March 5, 2026, at 9:45 AM, revealed that Resident 5 had a stage 3 pressure ulcer on her sacrum that is healing but still an opening in her skin. Review of Resident 5's wound team consult dated March 2, 2026, at 11:55 PM, revealed that Resident 5 had a stage 3 pressure ulcer on her sacrum. Review of Resident 5's physician orders failed to reveal a physician's order for Resident 5 to be on enhanced barrier precautions. Review of Resident 5's care plan failed to reveal any care plan dealing with Resident 5's need to be on enhanced barrier precautions. Interview with the Director of Nursing on March 3, 2026, at 12:15 PM, revealed that she was under the impression that Resident 5's pressure ulcer had closed and that enhanced barrier precautions were no longer needed. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on clinical record review, policy review, other resources, and staff interviews, it was determined that the facility antibiotic stewardship program allows for lapsed doses of antibiotic usage as determined by one of 19 residents reviewed (Resident 60). Findings Include: Review of the facility policy, titled Antibiotic Stewardship- Order for Antibiotics, reviewed April 7, 2025, When a culture and sensitivity (C&S) is ordered, it will be completed, and; lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued. Based on National Institute of Health Resource, dated December 11, 2025, lapsed or missed doses particularly early in treatment are critical issues that reduce treatment efficacy, allow for the development of drug resistance, and may necessitate dose increases or adjustments. Based on current Food and Drug Administration recommendations the treatment for Proteus mirabilis (Gram negative rod bacteria capable of causing symptomatic infections including cystitis [inflammation of the bladder] and pyelonephritis [kidney infection] and is present in cases of asymptomatic bacteriuria, particularly in the elderly), complicated urinary tract infections, the dosage should be 500 milligrams twice a day for 7 days. Review of the clinical record for Resident 60 revealed diagnoses that included Parkinson's disease with dyskinesia (involuntary, erratic movements) and retention of urine (inability to empty the bladder completely). Further review of the clinical record for Resident 60 revealed a diagnosis of urinary tract infection (UTI) was confirmed by a laboratory culture on November 28, 2026. The microbiology results revealed > (greater than) 100,000 CFU/ml (colony-forming units per milliliter) Proteus mirabilis (Abnormal). On November 28, 2025, at 3:25 PM, the provider ordered Cipro (ciprofloxacin - a potent antibiotic used to treat serious bacterial infections, including urinary tract infections) 250 milligrams by mouth twice a day for 3 days. The antibiotic started on November 28, 2025, at 6:00 PM. Resident 60 received additional doses on November 29, 2025, at 6:00 AM and 6:00 PM; November 30, 2025, at 6:00 AM and 6:00 PM; and was stopped on December 1, 2025, at 6:00 AM. The Provider's designated Registered Nurse visited Resident 60 and reported the Resident was without any UTI symptoms and the antibiotic was discontinued as ordered initially. Resident 60 received a follow-up visit on December 3, 2025, and during the physical assessment Resident had suprapubic tenderness (pain or sensitivity in the lower abdomen just above the pubic bone) often signaling underlying bladder or pelvic issues like urinary tract infections or cystitis. On December 3, 2025, the provider wrote new orders for Cipro 500 mg twice a day (1000 mg daily) for 7 days due to continued symptoms related to a complicated UTI. During an interview with Employee 9 (ICP-Infection Control Preventionist) on March 5, 2026, at 10:00 AM, Employee 9 stated that residents under the care of this Resident's provider are usually treated for 3 days with antibiotics when diagnosed with UTI with a positive culture. The Resident is evaluated by a Registered Nurse for symptoms and, if there are no symptoms, the antibiotic ends as scheduled. When the Provider reevaluates at the next visit if there are symptoms, the antibiotic is restarted. During an interview with the Nursing Home Administrator (NHA) on March 5, 2026, at 10:45 AM, the NHA stated that antibiotic usage is referred to the provider. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.12(c)(d)(3) Nursing services</p>		