STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395944	A. Building B. Wing	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chambers Pointe Health Care Center	1425 Philadelphia Avenue 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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on a review of facility policies and clinical records as well as staff interviews, it was determined that the facility failed to ensure that residents medication regimen was free from unnecessary psychotropic medication (drugs that affect a person's mental state, emotions, and behavior) for one of 24 residents reviewed (Resident 42).Findings include:The facility's policy regarding the use of psychotropic medication, dated February 12, 2026, included that who use psychotropic drugs shall also receive non-pharmacological interventions to facilitate reduction or discontinuation of the psychotropic drugs. A quarterly Minimum Data Set (MDS) assessment (a federally mandated assessment of the resident's abilities and care needs) for Resident 42 dated March 12, 2026, indicated that the resident was cognitively intact, required assistance from staff for daily care needs, and had diagnoses that included dementia, and depression.Physician's orders for Resident 42 dated January 2, 2026, January 16, 2026, and January 28, 2026, February 14, 2026, February 24, 2026, February 26, 2026, and March 12, 2026, included for the resident to receive 0.50 milligrams (mg) of Lorazepam (an antianxiety medication) every eight hours as needed for anxiety/agitation for 14 days. Review of the Medication Administration Record MAR dated January 2026, February 26, 2026, and March 2026, indicated that 0.50 mg of Lorazepam was administered on January 9 at 5:36 p.m., January 14 at 1:34 p.m., January 17 at 6:59 a.m., January 22 at 3:24 p.m., January 28 at 2:35 p.m., January 30 at 8:22 a.m., February 2 at 11:03 a.m., February 15 at 5:24 p.m., February 18 at 11:58 p.m., February 26 at 7:31 a.m., March 1 at 8:27 a.m., March 10 at 6:57 a.m., March 14 at 7:16 a.m., March 18 at 12:34 p.m., March 23 at 12:46 p.m., and March 24 at 2:10 p.m. There was no documented evidence that non-pharmacological interventions were attempted prior to the use of the antianxiety medication on these dates and times.Interview with the Nursing Home Administrator on March 25, 2026, at 2:36 p.m. confirmed that there was no documented evidence that non-pharmacological interventions were attempted before administering Lorazepam to Resident 42 on the above-mentioned dates and times and there should have been. 28 Pa. Code 211.12(d)(5) Nursing Services.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
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 policies, as well as observations and interviews with residents and staff, it was determined that the facility failed to serve food at appetizing temperatures.Findings include:The facility's policy regarding food temperatures, dated February 12, 2026, revealed that cold foods were to be served at a temperature between 33 to 50 degrees Fahrenheit (F) and hot foods were to be served at a temperature between 135 to 155 degrees (F). Interview with Resident 5 on March 23, 2026, at 12:20 p.m. revealed that the hot foods were often served not hot when he received them. The menu for the lunch meal on March 24, 2026, revealed that the meal consisted of a salmon fillet, stir fried rice, green beans, pickled beets with onions, and cheesecake. The temperatures of the food were taken prior to the meal service, and the salmon was 155 degrees (F), stir fried rice was 168 degrees (F), green beans were 165 degrees (F), and the pickled beets were 41 degrees (F).Observations of the lunch meal on the Dogwood unit on March 24, 2026, at 12:07 p.m. revealed that Homeworker 1 placed the hot food items directly from the steam table onto a plate, and the pickled beets and cheesecake from containers on the counter onto a plate for a test tray. She took the temperatures of the foods once plated and the temperature of the salmon was 126 degrees (F), the stir-fried rice was 134 degrees (F), the green beans were 123.9 degrees (F), pickled beets were 63.5 degrees (F), and the cheesecake was 50.3 degrees (F). At 12:13 p.m. the test tray was tasted, and the salmon and green beans were lukewarm and the pickled beets were not cold.Interview with Homeworker 1 on March 24, 26, at 12:07 p.m. confirmed that the temperatures were a little low for the hot foods and the temperature of the beets was a little high. She referred to the recommended temperatures of foods listed on the tray line sheet as a reference.28 Pa. Code 211.6(b) Dietary services.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to store food in accordance with professional standards of food service safety, by failing to properly label and date frozen foods on one of two units (Dogwood unit). Findings include:The facility's policy regarding food storage, dated February 12, 2026, revealed that all products were labeled and dated with the receiving date. All open items were to have an open date and resealed to prevent contamination.Observations in the reach-in freezer on the Dogwood unit on March 23, 2026, at 11:07 a.m. revealed that there were two half gallon containers of ice cream, Butter Pecan and Chocolate, that were open and not labeled with the date they were opened.Interview with Homemaker 2 on March 23, 2026, at that time confirmed that the half gallon containers of ice cream should have been dated when they were opened.Interview with the Nursing Home Administrator March 23, 2026, at 2:46 p.m. confirmed that the open containers of ice cream should have been dated when opened.28 Pa. Code 211.6(f) Dietary services.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record reviews, observations and staff interviews, it was determined that the facility failed to complete air mattress safety assessments for two of 24 residents reviewed (Residents 21, 45) who utilized air mattresses. Findings include:The facility's policy regarding assistive devices and equipment, dated February 12, 2026, revealed the facility provides, maintains, trains, and supervises the use of assistive devices and equipment for residents.A significant change Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 21, dated February 13, 2026, revealed that the resident was cognitively intact and required assistance from staff for daily care. The resident's current care plan, dated December 12, 2025, revealed that the resident had potential or actual impairment to skin integrity, with intervention of alternating air mattress to maintain intact skin. Observation on March 23, 2026, revealed that Resident 21 utilized an air mattress on her bed. Review of her clinical record revealed that there was no documented evidence that an air mattress safety assessment was completed. Interview with Nursing Home Administrator on March 25, 2026, at 10:41 a.m., confirmed that Resident 21 should have had an air mattress safety assessment performed but it was not completed. A quarterly MDS assessment for Resident 45, dated January 27, 2026, revealed that the resident was cognitively impaired, was dependent on staff for daily care, and was receiving hospice services. A care plan, dated February 3, 2026, revealed that the resident had an alternating air mattress provided by hospice. Observation on March 23, 2026, at 12:20 p.m. revealed that Resident 45 was in bed and had an air mattress on her bed. Review of her clinical record revealed that there was no documented evidence that an air mattress safety assessment was completed. Interview with the Nursing Home Administrator on March 25, 2026, at 10:41 a.m. revealed that there was no documented evidence that an air mattress safety assessment was completed for Resident 45.28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.