

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395964	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/02/2026
NAME OF PROVIDER OR SUPPLIER Shippensburg Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 121 Walnut Bottom Road Shippensburg, PA 17257	
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 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to ensure that in preparation for a room change, each resident received written notice, including the reason for the change, before the resident's room was changed for one of three residents reviewed (Residents 1). Findings include: Review of facility policy, titled Change of Room or Roommate, stated, 4. Prior to making a room change or roommate assignment, all persons involved in the change/assignment, such as resident and their representatives, will be given advance notice of such a change as in possible. Parties can be notified either in person, via telephone or in writing. Review of Resident 1's clinical revealed diagnoses that included Parkinson's disease (neurodegenerative disorder causing motor issues) and dementia (progressive decline in memory, thinking, and behavior). Review of Resident 1's clinical record progress notes revealed a note dated January 6, 2026, at 11:01 AM, that indicated Employee 1 (Social Services Coordinator) informed Resident 1's wife that Resident 1 would be moving out of his private room due to a B bed being available. Further review of Resident 1's clinical record failed to reveal documentation that Resident 1 or his Representative had received written notice of the room change or the reason for the room change. During an interview with the Director of Nursing (DON) and Employee 1 on February 2, 2026, at approximately 11:00 AM, it was revealed that Resident 1's Representative had been notified six months prior to the move that Resident 1 would be moved to a semiprivate room once a B bed became available. Employee 1 stated that she had spoken with Resident 1's Representative the morning of the move prior to Resident 1 leaving for an appointment, and Resident 1's Representative was in agreement with the move. Upon returning from the appointment, Resident 1's Representative was upset that the move occurred while they were out of the building and felt that it would have negative effects on Resident 1 due to his cognitive level. Employee 1 stated that no written notice had been given to Resident 1 or Resident 1's Representative and that she typically just has a conversation with the resident or representative to obtain consent for room moves. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.29(j) Resident rights.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure care and services are provided in accordance with professional standards of practice that will meet each resident's physical, mental, and psychosocial needs for two of two residents reviewed (Residents 1 and 2). Findings include: Review of facility policy, titled Administering Medications, read, in part, Policy Interpretation and Implementation: . 3. Medications must be administered in accordance with the orders, including any required time frame. 8. The following information must be checked/verified for each resident prior to administering medications. b. Vital signs, if necessary. Review of Resident 1's clinical record revealed diagnoses that included Parkinson's disease (neurodegenerative disorder causing motor issues) and hypertension (high blood pressure). Review of Resident 1's physician orders revealed the following orders: Lisinopril (antihypertension medication) 2.5 milligrams (mg) one tablet in the morning for hypertension. Give if systolic blood pressure (SBP) 150s - 160s only. Start date of August 2, 2025; end date September 9, 2025. Lisinopril 2.5 mg one tablet in the morning for hypertension. Give if SBP is greater than 160. Start date of September 10, 2025; end date September 18, 2025. Lisinopril 2.5 mg one tablet in the morning related to hypertension. If SBP is greater than 140 give extra dose of Lisinopril 2.5 mg. Start date of September 19, 2025; end date October 31, 2025. Lisinopril 2.5 mg one tablet every 24 hours as needed for SBP greater than 140. Start date of September 19, 2025; end date of October 31, 2025. Lisinopril 2.5 mg one tablet in the morning related to hypertension. If SBP is greater than 140 give extra dose of Lisinopril 2.5 mg. Start date of November 1, 2025; end date January 6, 2026. Lisinopril 2.5 mg one tablet every 24 hours as needed for SBP greater than 140. Start date of October 31, 2025; end date of January 6, 2026. Lisinopril 2.5 mg one tablet in the morning related to hypertension. If SBP is greater than 140 give extra dose of Lisinopril 2.5 mg. Hold if SBP is less than 120. Start date of January 7, 2026. Lisinopril 2.5 mg one tablet every 24 hours as needed for SBP greater than 140. Start date of January 7, 2026. Review of Resident 1's August 2025 Medication Administration Record (MAR) revealed Resident 1's Lisinopril had been administered outside of the physician ordered parameters as follows: August 4, SBP 138 August 5, SBP 123 August 6, SBP 132 August 7, SBP 140 August 8, SBP 141 August 12, SBP 142 August 13, SBP 148 August 16, SBP 122 August 17, SBP 139 August 18, SBP 119 August 19, SBP 143 August 20, SBP 137 August 21, SBP 138 August 26, SBP 143 August 28, SBP 144 August 29, SBP 131 Review of Resident 1's September 2025 MAR revealed Resident 1's Lisinopril had been administered outside of the physician ordered parameters as follows: September 2, SBP 118 September 4, SBP 129 September 8, SBP 144 September 10, SBP 156 September 11, SBP 130 September 15, SBP 130 Review of Resident 1's January 2026 MAR revealed Resident 1's Lisinopril had been administered outside of the physician ordered parameters as follows: January 9, SBP 118 January 18, SBP 118 Further review of Resident 1's MARs for August 2025 - February 2026 revealed Resident 1's PRN [as needed] dose of Lisinopril was not administered per physician orders for a SBP greater than 140 on the following dates: September 22, SBP 140 September 24, SBP 153 September 25, SBP 161 September 30, SBP 141 October 1, SBP 170 October 13, SBP 149 October 20, SBP 154 November 11, SBP 143 November 12, SBP 151 November 26, SBP 143 December 1, SBP 153 December 10, SBP 144 December 14, SBP 151 December 24, SBP 141 January 2, SBP 156 January 12, SBP 142 Review of Resident 2's clinical record revealed diagnoses that included hypertension and heart failure (condition that develops when your heart doesn't pump enough blood for your body's needs). Review of Resident 2's physician orders revealed an order for hydralazine HCL (antihypertensive medication) 20 mg two times a day related to hypertension, hold for blood pressure (BP) less than 100/60. Review of Resident 2's January 2026 MAR revealed Resident 2's hydralazine HCL had been administered outside of the</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 - Some	physician ordered parameters as follows: January 8, BP 98/50January 9, BP 96/57January 19, BP 84/51During an interview with the Director of Nursing on February 2, 2026, at approximately 1:15 PM, it was revealed that it was the facility's expectation that medications be administered following physician orders and physician ordered parameters for medication administration be followed.28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(c)(d)(1)(2)(5) Nursing Services.		