

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 05/16/2025
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 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>48484</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement resident-directed care and treatment consistent with the resident's physician orders and care plan for one of 21 residents reviewed (Resident 76).</p> <p>Findings include:</p> <p>Review of Resident 76's clinical record revealed diagnoses that included congestive heart failure (CHF- a condition characterized by a gradual loss of kidney function), atrial fibrillation (irregular heart rhythm), and hyperlipidemia (high blood cholesterol).</p> <p>Review of Resident 76's physician orders revealed an order for Daily weights. Notify doctor and give PRN (as needed) Lasix (diuretic- a medication that increases urine production and excretion of water) if weight gain > or = 2 lbs (pounds) in 1 day or 5lbs in a week, in the morning related to CHF, with a start date of September 22, 2023.</p> <p>Further review of Resident 76's physician orders revealed an order for Lasix Oral Tablet 40 MG, Give 0.5 tablet by mouth every 24 hours as needed for Weight gain, give for weight gain of 2 pounds in 1 day or 5 pounds in 1 week. Give half a tab to equal 20 mg, with a start date of May 16, 2024.</p> <p>Review of Resident 76's care plan revealed a focus area [Resident 76] has cardiac disease, with an intervention for obtain weights as indicated and report significant changes, initiated May 1, 2023.</p> <p>Review of Resident 76's clinical record revealed she had a weight gain of 2.8 lbs from August 28 to 29, 2024. Further review of her clinical record failed to reveal doctor notification, and review of her August MAR (Medication Administration Record- documentation for medication/treatment administered or monitored) failed to reveal the PRN Lasix order was administered.</p> <p>Review of Resident 76's clinical record revealed she had a weight gain of 4.6 lbs from November 2 to 3, 2024; further review of her clinical record failed to reveal doctor notification, and review of her November MAR failed to reveal the PRN Lasix order was administered.</p> <p>Interview with the Director of Nursing on May 15, 2025, at 10:37 AM, revealed the doctor was not notified of the weight gain on the aforementioned dates and the PRN Lasix was not given. She further revealed her expectation of doctor notification and PRN Lasix administration per physician order.</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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing services

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48484</p> <p>Based on facility policy review, observations, review of select facility temperature logs, and staff interviews, it was determined that the facility failed to store food and utilize equipment in accordance with professional standards for food service safety in the main kitchen and two of two nourishment areas.</p> <p>Findings include:</p> <p>Review of facility policy, titled Food Storage last reviewed [DATE], read, in part, Food will be purchased in quantities that can be stored properly and arranged in food groups for organized storage and inventory. All stock must be rotated with each new order received. Food should be dated as it is placed on the shelves if required by state regulation. All containers or storage bags must be legible and accurately labeled and dated. Scoops should be kept covered in a protected area near the containers rather than in the containers. Thermometers should be checked at least two times each day. Refrigerators/freezers on nursing units should be supplied with thermometers and monitored for appropriate temperatures. All foods should be covered, labeled and dated routinely monitored to assure that foods (including leftovers) will be consumed by their use by dates, or frozen (where applicable) or discarded.</p> <p>Observation in the main kitchen on [DATE], at 9:25 AM, revealed one bin of brown sugar not labeled or dated, and one bin of white sugar dated ,d+[DATE].</p> <p>Interview with Employee 1 (Dietary Manager) on [DATE], at 9:27 AM, revealed the brown sugar should be labeled and dated, and the white sugar had been replenished since [DATE].</p> <p>Observation in walk-in freezer unit on [DATE], at 9:30 AM, revealed four packs of succotash vegetables not dated, and one appeared to be freezer burned; and one box of green beans with the packaging unwrapped and left open to air.</p> <p>Observation in the dry storage area on [DATE], at 9:41 AM, revealed three packages of hot dog buns with a best by date of [DATE]; one package of hot dog buns with a best by date of [DATE]; three boxes of fudge round cookies not dated; seven boxes of oatmeal cookies not dated; six bags of devil's food cake mix not dated; and seven bags of fudge brownie mix not dated.</p> <p>Observation in the 2nd Floor pantry area on [DATE], at 9:49 AM, revealed refrigerator and freezer temperatures were missing from the [DATE] temperature log on [DATE]-5, 10, and 11, 2025.</p> <p>Further observation in the 2nd Floor pantry area on [DATE], at 9:50 AM, revealed one bag of Texas toast not dated; and a bin of individual snacks containing oatmeal cookies, fudge round cookies, and fig cookies not dated.</p> <p>Observation in the 2nd Floor pantry area refrigerator on [DATE], at 9:51 AM, revealed two cartons of fat free milk with a sell by date of [DATE].</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>Observation in the 3rd Floor pantry area on [DATE], at 9:56 AM, revealed refrigerator and freezer temperatures were missing from the temperature log on [DATE]-11, 2025.</p> <p>Further observation in the 3rd Floor pantry area on [DATE], at 9:57 AM, revealed half of a loaf of Texas toast not dated; three containers of corn flake cereal not dated; and a bin of individual snacks containing oatmeal cookies, fudge round cookies, and fig cookies not dated.</p> <p>Observation in the 3rd Floor pantry area refrigerator on [DATE], at 9:58 AM, revealed a container of two open vanilla puddings in the refrigerator labeled medication pass.</p> <p>Interview with Employee 1 on [DATE], at 9:59 AM, revealed she has had numerous conversations with nursing staff that they are not to leave open puddings in the refrigerator that are left over from medication pass.</p> <p>Follow-up visit in the 3rd Floor nourishment area on [DATE], at 12:37 PM, revealed refrigerator and freezer temperatures failed to be logged on [DATE], in AM and PM.</p> <p>Follow-up visit in the 2nd Floor nourishment area on [DATE], at 12:44 PM, revealed refrigerator and freezer temperatures failed to be logged on [DATE], in AM and PM; and revealed one container of thickening powder labeled with two different open dates of [DATE], and [DATE], that was open with a scoop stored inside.</p> <p>Review of select facility temperature logs provided revealed the facility was unable to provide kitchen equipment temperature logs for the dish machine, reach in three-door refrigerator, kitchen walk-in refrigerator and freezer, or 2nd and 3rd floor nourishment areas from [DATE], [DATE], and [DATE].</p> <p>Review of the February 2025 2nd Floor pantry area nourishment room temperature log, revealed refrigerator temperatures failed to be recorded on February ,d+[DATE] in AM, and February ,d+[DATE] in PM; and revealed freezer temperatures failed to be recorded on February ,d+[DATE], 2025, in AM and PM.</p> <p>Review of the February 2025 3rd Floor pantry area nourishment room temperature log, revealed refrigerator and freezer temperatures failed to be recorded on February ,d+[DATE], 2025, in AM and PM.</p> <p>Review of the [DATE]nd Floor pantry area nourishment room temperature log, revealed refrigerator and freezer temperatures failed to be recorded on [DATE]-23, 25, and ,d+[DATE] in AM; refrigerator temperatures failed to be recorded on [DATE]-23, 25, and ,d+[DATE] in PM; and freezer temperatures failed to be recorded on [DATE], and ,d+[DATE] in PM.</p> <p>Interview with the Nursing Home Administrator on [DATE], at 10:17 AM, revealed it was the facility's expectation that expired items are discarded, foods items are labeled and dated per facility policy, and food items and kitchen equipment are stored, monitored, and utilized in accordance with professional standards.</p> <p>28 Pa. Code 211.6(f) Dietary services</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>33879</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on facility document review and staff interview, it was determined that the facility's Quality Assurance Committee failed to meet on a quarterly basis for one quarter of four reviewed (first quarter of 2025).</p> <p>Findings include:</p> <p>Review of the facility's Quality Assurance Committee meeting signatory pages revealed that the facility's Quality Assurance Committee did not meet during the first quarter of year 2025 (January, February, and March).</p> <p>During a staff interview on May 15, 2025, at approximately 10:20 AM, Nursing Home Administrator confirmed that it was the facility's expectation that the Quality Assurance Committee meets at least once every quarter.</p> <p>28 Pa code 201.18(b)(3) Management</p>		