

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395387	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 06/26/2025
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NAME OF PROVIDER OR SUPPLIER: FULTON COUNTY MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 214 PEACH ORCHARD ROAD MCCONNELLSBURG, PA 17233
STATE LICENSE NUMBER: 061902	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
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F 0000	INITIAL COMMENT	F 0000		
F 0761	<p>Based on a revisit survey completed on June 26, 2025, it was determined that Fulton County Medical Center failed to correct the deficiencies identified during the survey April 17, 2025, and continued to be out of compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	F 0761		
SS=E				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0761 SS=E	Continued from page 1 483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	F 0761	1. Re-education initiated on 7/2/2025 with registered nurses and licensed practical nurses with the on the spot education for monitoring for expired supplies and ensuring expiration dates are checked on supplies prior to being put into use. Education will be complete by 7/15/2025. 2. A registered nurse meeting was completed on 7/10/2025 which included a review of an on the spot education regarding current process to confirm all registered nursing staff understand their role in ensuring compliance. Those not in attendance will receive a one on one conversation regarding on the spot completion and to ensure they understand their role in ensuring compliance by 7/15/2025. 3. Director of Nursing will continue with weekly audits of medication and supply rooms on the units to ensure no expired medical supplies are present. 4. The Quality Assurance and	Completion Date: 07/15/2025 Status: APPROVED Date: 07/11/2025

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F 0761 SS=E	Continued from page 2	F 0761	<p>Performance Improvement team is scheduled for an additional meeting on 7/11/2025 and will review the current process and the results of the audits related to expired supplies.</p> <p>5. All expired supplies have been removed from storage, returned to purchasing and disposed of.</p>	

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F 0761 SS=E	Continued from page 3 Based on a review of facility information, it was determined that the facility failed to discard expired medical supplies in one of two medication rooms reviewed (Back Medical room). Findings include: Review of the facility's audits for expired items in the medical rooms, completed by the Director of Nursing on June 22, 2025, revealed that five expired items were found in the back medical room. Interview with the Director of Nursing June 26, 2025, at 1:50 p.m. confirmed that five expired items were found in the back medical room during her audit on June 22, 2025, and should have been removed by the registered nurse on third shift. 28 Pa. Code 211.9(a)(1) Pharmacy Services.	F 0761		



Certified End Page

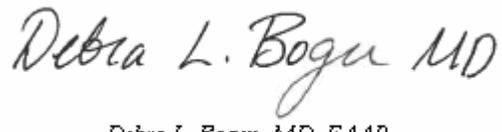
FULTON COUNTY MEDICAL CENTER

STATE LICENSE NUMBER: 061902

SURVEY EXIT DATE: 06/26/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY