

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Gardens at Camp Hill, The		STREET ADDRESS, CITY, STATE, ZIP CODE  46 Erford Road Camp Hill, PA 17011	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>40010</p> <p>Based on clinical record review, facility policy review, and staff interview, it was determined that the facility failed to provide care and services regarding showering for one of five residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>Review of facility policy, titled Activities of Daily Living (ADLs), Supporting, without a revision date, revealed, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently.</p> <p>Review of Resident 2's clinical record revealed diagnoses that included muscle weakness (weakness in the muscles causing decreasing ability to contract muscles) and malignant neoplasm of the frontal lobe (a cancerous brain tumor in the front of the brain in a portion that performs higher functions like reasoning and coordinated muscle movements).</p> <p>Review of Resident 2's current care plan dated May 28, 2024, revealed a focus area of, Resident at risk for functional decline in ADL's (activities of daily living), initiated of March 13, 2024.</p> <p>Review of Resident 2's clinical record failed to reveal any showers from April 13, 2024, until May 12, 2024.</p> <p>Interview with the Nursing Home Administrator on May 29, 2024, revealed that he had no further documentation of any refusals of care, and could only imagine the lack of showers may have something to do with Resident 2' pressure injuries and the treatments applied.</p> <p>28 Pa code 211.12(d)(1)(5) 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
---	-------	-----------