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| 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 07/01/2024 |
| 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) |
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| <p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>37013</p> <p>Based on observations, facility document review, clinical record review, and staff interviews, it was determined that the facility failed to provide beverages for a resident in a form to meet the resident's individual need for one of four residents reviewed (Resident 1).</p> <p>Findings Include:</p> <p>Review of Resident 1's clinical record revealed diagnoses that included hypertension (elevated blood pressure) and chronic obstructive pulmonary disease (COPD- a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe).</p> <p>Review of Resident 1's current physician orders revealed a diet order dated May 14, 2024, for a regular diet, mechanical soft texture, nectar consistency liquids.</p> <p>Review of Resident 1's current care plan revealed an intervention dated March 9, 2024, Ensure that all beverages offered comply with diet/fluid restrictions and consistency requirements; and an intervention, revised May 22, 2024, to provide diet as ordered: mechanical soft with nectar thick liquids.</p> <p>Review of facility grievance log revealed that on June 3, 2024, a grievance was filed on behalf of Resident 1, stating that thin liquids were found at Resident 1's bedside when they are to be nectar thick.</p> <p>Review of the follow-up action taken, revealed that staff education was provided, stating When passing liquids-make sure we are following the liquid consistency that is on physician order i.e. thin, nectar, honey, pudding.</p> <p>Observation of Resident 1's room on July 1, 2024, at 11:00 AM, revealed a glass of what appeared to be cranberry juice, thin liquid, sitting on his bedside dresser, out of his reach.</p> <p>On July 1, 2024, at 11:09 AM, the surveyor showed the Director of Nursing (DON) the glass of thin liquids that was in Resident 1's room. At that time, the DON confirmed the liquid in the cup was thin and stated that it may have been thick before but it's thin now and should not have been left at the bedside. The DON notified Employee 1, who immediately removed the cup from Resident 1's room.</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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| <p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Observation in the dining room on July 1, 2024, at 12:46 PM, revealed Employee 2 (Nurse Aide) pouring apple juice from a container labeled honey thick, and then giving the honey thick apple juice to Resident 1.</p> <p>During an interview with the DON on July 1, 2024, at 1:37 PM, the DON was made aware that Resident 1 was given honey thick apple juice during lunch. At that time, the DON stated the expectation that a resident's ordered diet and ordered liquid consistency be followed.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> | | |