

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/01/2026
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)		
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. Based on facility policy review, clinical record review, and resident and staff interviews, it was determined that the facility failed to obtain consent prior to searching a resident's personal possessions for one of three residents reviewed (Resident 1). Findings include: Review of facility policy, titled Resident Rights last revised June 2023, read, in part, Employees shall treat all residents with kindness, respect, and dignity. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a dignified existence, and retain and use personal possessions to the maximum extent the space and safety permit. Review of Resident 1's clinical record revealed diagnoses that included pain and difficulty in walking. During an interview with the Nursing Home Administrator (NHA) on July 1, 2026, at 10:03 AM, he revealed about two weeks ago he was informed that Resident 1 had a camera in his room, so he and Employee 1 (Maintenance) went to Resident 1's room to search his room. Resident 1 was at an outing for residents outside of the facility at the time, and he was not made aware of his room search. He further revealed he found a video camera in his room, and he confiscated it and has current possession of the camera. Interview with Resident 1 on July 1, 2026, at 10:24 AM, he revealed he was at an outing away from the facility, and his roommate told him that the NHA and Employee 1 came to search his room and took his camera without his permission. He further revealed he keeps all his belongings bagged in his drawers and closet to ensure no one goes through his things, and he feels that he shouldn't have to live that way. Resident 2 (Roommate) confirmed the search to have occurred at that time and revealed he would not want that to happen to him. During a follow up interview with the NHA on July 1, 2026, at 10:58 AM, the surveyor revealed the concern with resident rights in regard to the room search without notifying the resident first, as well as the confiscation of Resident 1's personal property. He revealed he understood the perspective of resident rights in this situation. 28 Pa. Code 201.18(b)(2) Management28 Pa. Code 201.29 (a) Resident Rights		

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