

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Gardens at West Shore, The		STREET ADDRESS, CITY, STATE, ZIP CODE 770 Poplar Church 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>37116</p> <p>Based on observation, policy review, as well as resident and staff interviews, it was determined that the facility failed to ensure a safe, comfortable, homelike interior on one of five nursing units observed (1300 unit).</p> <p>Findings include:</p> <p>Review of facility policy, titled Recommendations for Management of Patients/Residents During Hot Weather, dated June 2024, revealed, Monitor air temperatures in various parts of the building at regular intervals .Prior to predicted heatwaves, check air conditioning systems and supplies .Maintenance staff should make regular rounds and monitor building systems throughout the period of hot weather.</p> <p>During an interview with the Nursing Home Administrator (NHA) on July 8, 2024, at 9:15 AM, he confirmed that the facility was experiencing problems with the air conditioning on the 1300 unit. He revealed that supplemental, portable air conditioning units were brought in as needed to control the temperatures, the maintenance department was monitoring the temperatures, and that a quote was obtained to fix the air conditioning.</p> <p>During interviews with Residents 7 and 8 on July 8, 2024, at approximately 12:00 PM, they stated that it was too warm in their rooms. Both Residents were observed using personal fans.</p> <p>During an interview with Resident 10 on July 8, 2024, at approximately 3:15 PM, she revealed that she felt it was too hot in her room.</p> <p>During a tour to measure temperatures on July 8, 2024, starting at 2:45 PM, the following temperatures were taken by the Maintenance Director on the 1300 unit:</p> <p>Resident 7's room - 83 degrees fahrenheit (F)</p> <p>Resident 8's room - 86 degrees F</p> <p>Resident 10's room - 83 degrees F</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Maintenance Director during the tour revealed that Resident 8's in-room air conditioning unit did not appear to be working properly and was not blowing as cold as it should be.</p> <p>During a later interview with the NHA, at approximately 3:45 PM, he confirmed that additional steps would be taken to ensure temperatures were within an acceptable range on the 1300 unit.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3)(e)(1)(2.1) Management</p>