

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  09/26/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>33305</p> <p>Based on observations, clinical record review, interviews, and facility policy review, it was determined that the facility failed to ensure that one of 38 residents reviewed were monitored for acceptable parameters of weight (Resident 124).</p> <p>Findings Include:</p> <p>Review of facility policy, titled Weight Assessment and Intervention, last reviewed August 21, 2024, revealed: The nursing staff will measure resident weight on admission, and then weekly for four weeks. If no weight concerns are noted at this point, weights will be measured monthly thereafter or as per Dietician or MD.</p> <p>A review of the clinical record for Resident 124 revealed diagnoses that included psychosis (a mental disorder characterized by a disconnection from reality) and dementia (irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability).</p> <p>Further review of the clinical record for Resident 124 revealed a 34-pound weight loss (-15.32 % loss) between July 17, 2024, and August 17, 2024.</p> <p>A review of the recorded monthly weights indicated no weight was obtained in June 2024 and, as of September 22, 2024, no September weight was obtained.</p> <p>8/17/2024 09:56 188.0 Lbs. Sitting</p> <p>7/17/2024 05:51 222.0 Lbs. Sitting</p> <p>5/7/2024 12:30 235.6 Lbs. Sitting</p> <p>4/5/2024 08:59 235.2 Lbs. Sitting</p> <p>3/4/2024 13:12 238.4 Lbs. Sitting</p> <p>1/8/2024 13:29 236.6 Lbs. Sitting</p> <p>12/21/2023 13:36 231.8 Lbs. Sitting</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>11/8/2023 08:30 246.0 Lbs. Sitting</p> <p>10/6/2023 09:22 244.8 Lbs. Sitting</p> <p>The most recent dietician note was dated June 26, 2024, and stated the following: Added routine snacks BID (twice a day) between meals as a therapeutic intervention to support nutritional status d/t poor/varied intake at meals. Will continue to monitor and adjust interventions as needed.</p> <p>A review of the physician note date August 21, 2024, stated weight was reviewed.</p> <p>A review of physician orders on September 24, 2024, for Resident 124 had the following pending order: Weekly Weights every day shift every Sun with an effective date of September 29, 2024.</p> <p>During an interview with Nursing Home Administrator (NHA) and Regional Director of Clinical services on September 26, 2024, at 10:38 AM, the Regional Director believed the weight loss documented included use of diuretics.</p> <p>At approximately 2:15 PM, on September 26, 2024, the NHA provided three staff witness statements that indicated the Resident often refuses weights. The NHA confirmed that the Resident was not care planned for refusals and the documentation in the clinical record did not reflect that he refused weight in June 2024 or September 2024.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee</p> <p>28 Pa. 211.6(a)Dietary services</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>46253</p> <p>Based on review of personnel training records and staff interview, it was determined that the facility failed to ensure each nurse aide was provided with the required in-service training consisting of no less than 12 hours per year and included dementia management training and resident abuse prevention training for three of five nurse aide employee records reviewed (Employees 11, 12, and 13).</p> <p>Findings Include:</p> <p>Review of personnel information revealed that Employee 11's hire date was August 20, 2001; Employee 12's hire date was November 28, 2005; and Employee 13's hire date was April 7, 2010.</p> <p>Review of facility training records failed to reveal that the aforementioned Employees completed 12 hours of required annual training in the past 12 months, or that they had completed dementia management training and resident abuse prevention training in the past 12 months.</p> <p>During an interview with the Nursing Home Administrator on September 26, 2024, at 12:35 PM, he confirmed that he had no additional information to provide that the selected staff had completed required annual education topics and the required training hours for the past 12 months. He indicated that they are doing a two-day education and skills fair on October 23 and 24, 2024, and that is how they are managing annual training topics and hours this year.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 201.19(7) Personnel policies and procedures</p> <p>28 Pa. Code 201.20(a)(d) Staff development</p>		