STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395247	A. Building B. Wing	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens at Gettysburg, The	741 Chambersburg Road Gettysburg, PA 17325

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 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33305 Based on review of clinical records, hospital records review, facility policy review, and staff interview, it was determined that the facility failed to ensure that the resident's total program of care, including medications, was reviewed with accuracy at each physician visit for one of three residents reviewed (Resident 1). Findings include: A review of the facility policy, titled Physician Services, last reviewed February 2024, stated, the physician will perform pertinent, timely medical assessments; prescribe an appropriate medical regimen; provide adequate, timely information about the resident's condition and medical needs; visit the resident at appropriate intervals; and ensure adequate alternative coverage. Resident 1's clinical record revealed an admitted [DATE], with diagnoses that included symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus (most common type of seizure with a sudden absence of awareness regarding surroundings), bipolar disorder (episodes of mood swings ranging from depressive lows to manic highs), and migraines (headaches with varying intensity, often accompanied by nausea and sensitivity to light and sound). A review of Resident 1's medication administration record dated October 2024, revealed the Resident had been receiving Lamictal (a.k.a. lamotrigine- used to treat and prevent seizures and bipolar disorder) 150 mg (milligrams) twice a day since admission, and Gabapentin (Neurontin-used to treat and prevent seizures) 600 mg at bedtime since admission to the facility: On October 6, 2024, Resident 1 was sent to the hospital and diagnosed with acute enterocolitis (a digestive tract inflammation that affects the small and large intestine) and returned to the facility on [DATE]. Upon return to the facility, the hospital discharge orders included Lamictal and Gabapentin, but both medications were only ordered for 7 days. Facility documentation revealed that the orders for the Lamictal and Gabapentin were entered into Resident 1's facility orders to be discontinued after 7 days. Review of the MAR (medication adminitratoin record) for October 2024, revealed that the medications were not administered after October 15, 2024. Review of the FDA (food and drug administration) medicatoin insert stated, LAMICTAL should not be abruptly discontinued. In patients with epilepsy there is a possibility of increasing seizure frequency. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the FDA medication insert for Gabapentin sated, Antiepileptic drugs should not be abruptly discontinued because of the possibility of increasing seizure frequency. The insert also stated, If the NEURONTIN dose is reduced, discontinued, or substituted with an alternative medication, this should be done gradually over a minimum of 1 week (a longer period may be needed at the discretion of the prescriber). On October 30, 2024, Resident 1 was sent to the hospital after being found unresponsive. At the hospital an electroencephalogram (EEG -recording of brain activity) was performed and the Resident was negative for any seizure activity. Resident was diagnosed on [DATE], with pneumonia (inflammation in the lungs) and urinary tract infection. Based on the elevated lactate level (substance produced by the body when oxygen levels are low and greater levels indicate a more severe condition) and the delay to return to normal, the hospital was able to rule out a seizure. During an interview with the Nursing Home Administrator (NHA) on November 4, 2024, the NHA said that the facility realized on October 30, 2024, that both medications to treat seizures were discontinued on October 15, 2024. She notified the hospital about the medications being discontinued after 7 days but hadn't received any follow-up from the hospital. During the facility investigation, the facility reviewed the October 8, 2024, medication regimen review performed by pharmacy and there was no recommendation regarding the Lamictal and Gabapentin. A review of the October 8, 2024, physician/Nurse Practitioner note written on October 9, 2024, had no order change for the Lamictal and Gabapentin. The NHA confirmed there was no anti-seizure medication being administered to Resident 1 from October 8, 2024, to October 30, 2024, and there was no documentation to support the discontinuation of the medications on October 15, 2024. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.5(ii)(iv)(vii) Medical records