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	06/04/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on facility policy review, personnel file review, and staff interviews, it was determined that the facility failed to implement their written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property by failing to complete criminal background checks prior to hire for one of five personnel records reviewed (Employee 7); failed to verify licensure status for one of two nurses reviewed (Employee 8); and failed to verify nurse aide registry status for one of two nurse aides reviewed (Employee 9).Findings include: Review of facility policy, titled Abuse Policy, with a last review of January 15, 2026, revealed, in part, The Facility shall have processes in place to include screening, training, prevention, identification, protection, investigation, reporting and response to allegations of potential or actual abuse and neglect. Further review of the policy revealed in section titled Abuse Protection and Prevention Guidelines, the policy stated 2) Our facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals; and 3) Our abuse prevention program as a minimum provides: Screening-Protocols for conducting employment background checks; background checks include State Criminal, Federal Criminal (if applicable), reference checks, OIG check, Sex Offender check, and any other review required under State or Federal regulation. The policy failed to reveal that the facility would complete criminal background checks and license or registry verifications prior to hire. Review of Employee 7's (RN Unit Manager) personnel file revealed that her date of hire was April 20, 2026, and her criminal background check was completed on May 20, 2026. Review of Employee 8's (Licensed Practical Nurse) personnel file revealed that her date of hire was February 23, 2026, and there was no license verification in her file. Employee 8 obtained her nursing license on January 30, 2026. Review of Employee 9's (Nurse Aide) personnel file revealed that her date of hire was April 20, 2026, and her nurse aide registry verification was completed on April 27, 2026. During an interview with the Nursing Home Administrator (NHA) on June 2, 2026, at 3:30 PM, she revealed that the facility does not require the FBI background check be completed until 90 days after hire. She also revealed that the license verification and nurse aide registry verification is the document Streamline Verify in the personnel file. During a staff interview on June 3, 2026, at 1:30 PM, with Employee 10 (Human Resources Manager), he revealed that the Streamline Verify is OIG verification, not licensure and nurse aide registry verification. During a final staff interview with the NHA on June 4, 2026, at 10:37 AM, she revealed that the facility did not follow facility policy regarding new hire screening. She acknowledged the license was not verified for Employee 8 and nurse aide registry verification for Employee 9 was delayed in completion. She further indicated that she would expect the facility policy to be followed when hiring staff. The NHA further expressed that the facility ha 90 days to receive the final FBI results and, therefore, did not agree with surveyor concern since the criminal background check was at least initiated in the 90-day time frame. The NHA indicated that she believes the residents feel safe and confident with care received. 28 Pa. Code 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3)(e)(1) Management.28 Pa. Code 201.19(3) Personnel policies and procedures.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on policy review, observation, clinical record review, and staff interview, it was determined that the facility failed to ensure care and services are provided in accordance with professional standards of practice that will meet each resident's physical, mental, and psychosocial needs for one of one Residents receiving intravenous medications reviewed (Resident 98).Findings include: Facility provided policy, titled Central Venous Catheter Dressing Changes, dated July 2017, revealed, Change transparent semi-permeable membrane (TSM) dressings at least 5-7 days and PRN (as needed) (when wet, coiled, or not intact) . Review of Resident 98's clinical record revealed diagnoses of urinary tract infection (a UTI is a bacterial infection in the urinary system [kidneys, bladder, or urethra]) and chronic respiratory failure (a long-term condition where the lungs cannot adequately oxygenate the blood or clear carbon dioxide). Observation of Resident 98 on June 1, 2026, at 10:56 AM, revealed Resident 98 lying in bed. Resident 98 had a PICC line (a long, flexible tube inserted into a vein in the arm that reaches a large central vein near the heart, used for long-term intravenous treatments) in her right arm. The transparent dressing covering the PICC line was dated May 24, 2026 (8 days earlier). Review of Resident 98's physician orders revealed an order to change the transparent dressing on admission, weekly and as needed thereafter, every Friday starting on May 22, 2026. Review of Resident 98's Medication Administration Record (MAR) revealed that a nurse had signed off the dressing as being changed on May 29, 2026. Review of Resident 98's Care Plan revealed a focus area of, Resident has an IV related to infectious Process, initiated June 1, 2026, with an intervention of, Dressing changes per orders, dated June 1, 2026. Interview with the Nursing Home Administrator on June 3, 2026, at 12:54 PM, revealed that Resident 98 should have had her dressing changed on Friday, May 29, 2026, when the MAR indicated that it was completed. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and staff interviews, it was determined that the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of 18 residents reviewed (Resident 48).Findings include: Review of facility policy, titled Enhanced Barrier Precautions, with a revision date of December 2024, and a last review date of January 15, 2026, revealed, in part, 1. Enhanced barrier precautions (EBPs) refer to infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms ([NAME]) during high contact resident care activities; 2. Enhanced barrier precautions apply when.a resident has a wound or indwelling medical devices; 7. EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). b. Personal protective equipment (PPE) is changed before caring for another resident. c. Face protection may be used if there is also a risk of splash or spray. 8. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. providing hygiene or grooming; d. changing briefs or assisting with toileting; e. transferring; f. providing bed mobility; g. changing linens; h. prolonged, high-contact with items in resident's room, with resident's equipment, or with resident's clothing or skin; i. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and j. wound care (any skin opening requiring a dressing). Review of Resident 48's clinical record revealed diagnoses that included dementia (a chronic disorder of the mental processes caused by brain disease, and marked by memory disorders, personality changes, and impaired reasoning) and unstageable pressure ulcer (an ulcer that has full thickness tissue loss in which the base of the wound is covered by slough [yellow, tan, gray green, or brown] and/or eschar [tan, brown, or black]) of the left heel. Observations of Resident 48's room on June 1, 2026, at 2:02 PM, and June 2, 2026, at 9:20 AM and 1:33 PM, failed to reveal any signage that Enhanced Barrier Precautions were to be followed when caring for Resident 48. During an observation of Resident 48's room door on June 3, 2026, at 11:13 AM, in preparation for observation of Resident 48's wound care with Employee 1 (Licensed Practical Nurse/ Wound Care Nurse), Employee 1 was observed to be marking Resident 48's name tag by her door with a blue highlighter. During an immediate staff interview with Employee 1, he indicated that a resident on Enhanced Barrier Precautions has a blue name at their door. In addition, Employee 1 further confirmed that there should have been an Enhanced Barrier Precaution sign on Resident 48's door to alert staff of the appropriate infection control precautions to follow when providing care to Resident 48. During a staff interview with the Nursing Home Administrator on June 3, 2026, at 1:26 PM, she confirmed that would have expected Enhanced Barrier Precautions to have been implemented properly for Resident 48. 28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing services.