STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395559	A. Building B. Wing	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Trillium Place	1520 Harrisburg Pike Lancaster, PA 17601

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 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 a review of facility policy, clinical records and staff interviews, it was determined that the facility failed to properly follow physician orders for one resident reviewed (Resident 1). Review of facility policy titled Medication Administration-General Guidelines, last revised July 1. 2025, documents medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Medications are administered in accordance with written orders of the attending physician. If a dose seems excessive, considering the resident's age and condition, or a medication order seems to be unrelated to the resident's current diagnosis or condition, the physician is contacted for clarification prior to the administration of the medication.Review of Resident 1's physician orders revealed an order dated September 23, 2025, for Comfort Care Hospice consult.Review of Resident 1's progress notes revealed a social service note dated September 23, 2025, documenting Resident 1 was admitted to Hospice and Community Care with a medical diagnosis of Cerebrovascular Accident (when blood flow to a part of the brain is interrupted).Review of Resident 1's physician orders revealed an order dated September 22, 2025, for Lorazepam (a medication used to treat anxiety, nausea, agitation, and insomnia) tablet 0.5 milligrams (mg), one tablet by mouth every 6 hours as needed for anxiety for 14 days.Review of facility records revealed an investigation statement signed by Registered Nurse Employee E3, dated September 29, 2025, documenting at 3:00 p.m., while getting a report from Nurse Aide Employee E4, Employee E4 stated Resident 1's family requested Lorazepam be administered to the resident. Employee E3 told Employee E4 that the Lorazepam could be administered to Resident 1 with his/her 4:00 p.m., scheduled medications. A second request was made directly to Employee E3 by the family at 3:10 p.m.Per Employee E3's statement Resident 1's representative approached Employee E3 at 3:10 p.m. and stated that he/she had requested Ativan for the resident at 2:30 p.m. and Resident 1 still had not received it. Employee E3 replied that he/she would give the medication to Resident 1 now if the representative wanted then stated but if he/she is dead in an hour don't blame me.Review of Resident 1's Controlled Drug Receipt Record/Disposition Form revealed the Lorazepam was administered September 29, 2025, at 3:35 p.m.Further review of Resident 1's Controlled Drug Receipt Record/Disposition Form revealed the Lorazepam was last administered to the resident on September 27, 2026, at 9:50 a.m., indicating administering the medication when initially requested by the family fell within the prescribed timeframe. Employee E3 failed to provide the as needed medication when family felt it was needed.Interview conducted with the Nursing Home Administrator (NHA) on April 20. 2026, at 2:26 p.m., when the above information was presented the NHA confirmed the above did occur. The NHA stated Employee E3 was counseled and educated regarding conduct and policy violations. 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.10(c)(d) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing Services

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