

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Gardens at Stevens, The		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Lancaster Avenue Stevens, PA 17578	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>41765</p> <p>Based on observation, clinical records review, and staff interviews, it was determined that the facility failed to provide nail care for one of the three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A review of Resident 1's Admission Minimum Data Set (MDS-a standardized assessment tool that measures health status in long-term care residents), dated January 6, 2025, revealed that the resident had a moderate cognitive impairment. The same MDS indicated that the resident required partial/moderate assistance with personal hygiene.</p> <p>An observation conducted on January 21, 2025, at 10:40 a.m. revealed that Resident 1 was lying in bed and was calm and cooperative. The resident's fingernails were observed: left-hand pinky, middle, thumb, and right hand. All five fingernails were approximately 0.5-1 cm (centimeter) long and had dried brown stain/substance underneath.</p> <p>An interview conducted with non-licensed Employee E3 on January 21, 2025, at 12: 15 p.m. revealed that morning care was provided to the resident around 11:00 a.m. The resident's long and dirty fingernails were observed but not cleaned because the resident had a doctor's appointment. Employee E3 reported that the resident had just left for the appointment.</p> <p>The above was conveyed to the Assistant Director of Nursing on January 21, 2025, at 1:45 p.m.</p> <p>The facility failed to ensure Resident 1's fingernails were kept trimmed and clean.</p> <p>28 Pa. Code 211.12(c)(d)(1)(3)(5) Nursing service</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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