

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 12/16/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on a review of clinical records and staff interviews, it was determined that the facility failed to properly follow physician orders for one of seven residents reviewed (Resident 6). Finding include: Review of Resident 6's Diagnosis Sheet revealed medical diagnosis that includes Osteoarthritis (condition that occurs when the protective cartilage that cushions the ends of the bones wears down over time) left knee, pain in left hip, arthritis (inflammation, pain, and stiffness in the joints) in left hip, lower back pain and other chronic (constantly recurring) pain. Review of Resident 6's physician orders revealed an order dated November 1, 2025, for Fentanyl Transdermal Patch (an opioid pain medication that is used to treat moderate to severe chronic pain around the clock administered through the skin) 72 Hour 25 MCG/HR (micrograms per hour), apply 1 patch trans dermally every 72 hours for pain and remove per schedule. Review of Resident 6's December 2025 Medication Administration Reports (MAR) revealed no documentation of the resident's patch being removed and reapplied between December 1, 2025, and December 6, 2025. Interview with Resident 6 on December 16, 2025, at 10:50 a.m., Resident 6 confirmed his/her pain patch was not changed between December 1, 2025, and December 6, 2025. Resident 6 stated he/she experienced pain during that time and informed nursing staff, but the patch was not changed. Interview conducted with the Nursing Home Administrator (NHA) on December 16, 2025, at 2:30 p.m., when the above information was presented the NHA confirmed knowledge of the medications not being administered properly. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services</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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