

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 04/28/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, review of clinical records, and interviews with residents and staff, it was determined that the facility failed to provide necessary respiratory care and services for three of four residents reviewed (Residents 1, 2, and 3). Findings include: Observation of Resident 1's oxygen tubing on April 28, 2026, at 10:30 a.m. revealed a piece of border gauze wrapped around the tubing with a date of April 17, 2026, written on it. Review of Resident 1's diagnosis list included diagnoses of but not limited to congestive heart failure (CHF - chronic condition where the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen) and chronic obstructive pulmonary disease (COPD - progressive lung disease). Review of Resident 1's physician's order dated November 17, 2025, instructed staff to monitor oxygen saturation every shift. An additional order dated March 20, 2026, instructed staff to change nasal cannula (medical device used to deliver supplemental oxygen directly into the nostrils) tubing weekly. Review of Resident 1's April Treatment Administration Record (TAR) indicated that the nasal cannula tubing was changed on April 17, 2026, and again on April 24, 2026. Interview with Resident 1 on April 28, 2026, at 10:30 a.m. revealed that resident uses oxygen at night or when napping. Resident 1 also revealed that tubing was last changed on April 17, 2026. Observation in presence of licensed Employee E2 on April 28, 2026, at 12:00 p.m. confirmed that the date on the oxygen tubing was April 17, 2026. Review of Resident 2's diagnosis list included diagnoses of but not limited to COPD and centrilobular emphysema (form of chronic lung disease affecting the upper lobes of the lungs). Review of Resident 2's physician's order dated January 2, 2025, instructed staff to apply oxygen at 2 liters via nasal cannula to maintain saturation above 92% every shift. Observation in presence of licensed Employee E2 on April 28, 2026, at 12:05 p.m. revealed that the date on the oxygen tubing was illegible. Further review of Resident 2's physician orders revealed no order for changing the oxygen tubing. Review of Resident 3's diagnosis list included diagnoses of but not limited to COPD and obstructive sleep apnea (sleep disorder characterized by repeated interruptions in breathing during sleep). Review of physician's order dated January 16, 2026, instructed staff to monitor oxygen saturation every shift. An additional order dated January 17, 2026, instructed staff to change oxygen tubing and humidification bottle, clean oxygen bottle, and inspect easy foam wraps every night shift every Friday. Review of Resident 3's TAR indicated that the oxygen tubing was changed on April 24, 2026. However, observation in presence of licensed Employee E2 on April 28, 2026, at 12:10 p.m. revealed that the date on the oxygen tubing was April 17, 2026. The above information was presented to the Nursing Home Administrator on April 28, 2026, at 1:00 p.m. and it was confirmed that Resident 2 had no orders for changing the oxygen tubing. 28 Pa. Code 211.5(f) Clinical Records Previously cited 2/27/2628 Pa. Code 211.12(d)(1)(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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