

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  03/14/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51168</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that resident assessments accurately reflect the residents' status for five of 24 residents reviewed (Residents 1, 39, 45, 58 and 74).</p> <p>Findings include:</p> <p>Review of Resident 1 quarterly MDS (Minimum Data Set - periodic assessment of resident needs) dated February 2, 2025, revealed under section N0415 - High Risk Drug Classes, that the resident was marked as receiving anticoagulant medication.</p> <p>Review of Resident 1's physician orders revealed that the resident was not ordered an anticoagulant.</p> <p>Review of the Medication Administration Record (MAR) revealed that the resident did not receive an anticoagulant.</p> <p>Review of Resident 39's quarterly MDS dated [DATE], revealed under section N0350 - Insulin, that the resident was marked as receiving insulin medication.</p> <p>Review of Resident 39's physician's orders revealed that the resident was not ordered insulin.</p> <p>Review of the MAR revealed that the resident did not receive insulin.</p> <p>Review of Resident 45's admission MDS of December 26, 2024, section N0415 - High Risk Drug Classes, indicated that the resident was receiving an anticoagulant. Further review of the December 2024 physician's orders and MAR revealed no evidence that the resident received an anticoagulant.</p> <p>Review of Resident 58's quarterly admission MDS of January 30, 2025, section N0415 - High Risk Drug Classes, indicated that the resident was receiving an anticoagulant. Further review of the January 2025 physician's orders and MAR revealed no evidence that the resident received an anticoagulant.</p> <p>Review of Resident 78's discharge MDS dated [DATE], revealed under section A2105-Discharge Status, that the resident was marked as being discharged to a short-term general hospital.</p> <p>Review of Resident 78 closed records revealed resident was discharged home.</p> <p>(continued on next page)</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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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with licensed staff, E3, on March 14, 2025, at 12:33 p.m. confirmed that the assessments were coded inaccurately for Residents 45 and 58.</p> <p>Interview with the licensed staff, Employee E3, on March 14, 2025, at 2:10 p.m. confirmed that the MDS assessments for Resident 39, Resident 1 and Resident 78 were coded incorrectly.</p> <p>483.20 Accuracy of Assessments</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code 211.12(c) Nursing services</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22502</b></p> <p>Based on review of facility policy, resident interviews, clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to provide the necessary services to maintain personal hygiene for residents unable to carry out activities of daily living for four of 24 residents reviewed (Residents 2, 6, 14, and 25).</p> <p>Findings include:</p> <p>Review of facility policy, Shower/Bathing Policy, revised August 2018 revealed that resident's preferences will be considered and shower/bath/bed bath shall be provided at least weekly.</p> <p>Interview during a group meeting on March 12, 2024, at 1:30 p.m. with alert and oriented Residents 2, 6, 14, revealed that they do not receive showers as scheduled because of staffing shortages. Additional interview with Resident 25 on March 13, 2025, at 9:45 a.m. indicated that the resident does not receive showers.</p> <p>Review of Resident 2's admission MDS (Minimum Data Set - periodic assessment of resident needs) dated February 10, 2025, indicated that the resident had moderate cognitive impairment and was dependent on staff to shower/bathe. Review of resident's bathing records from February 26 - March 13, 2025 (16 days), revealed that the resident did not receive a shower, but did receive bed baths. There was no documentation that the resident refused showers.</p> <p>Review of Resident 6's quarterly MDS assessment dated [DATE], indicated that the resident had moderate cognitive impairment and required substantial/maximal assistance to shower/bathe. Review of resident's bathing records from February 26 - March 13, 2025 (16 days), revealed that the resident did not receive a shower, but did receive bed baths. There was no documentation that the resident refused showers.</p> <p>Review of Resident 14's significant change MDS dated [DATE], indicated that the resident had moderate cognitive impairment and required partial/moderate assistance to shower/bathe. Review of resident's bathing records from February 26 - March 13, 2025 (16 days), revealed that the resident did not receive a shower, but did receive bed baths. There was no documentation that the resident refused showers.</p> <p>Review of Resident 25's quarterly MDS assessment dated [DATE], indicated that the resident was cognitively intact and required partial/moderate assistance to shower/bathe. Review of resident's bathing records from February 26 - March 13, 2025 (16 days), revealed that the resident did not received a shower on February 26, 2024, and also received bed baths. There was no documentation that the resident refused showers.</p> <p>Interview with the Director of Nursing on March 14, 2025, at 1:45 p.m. indicated that residents are to receive showers twice a week and are to be offered a bed bath if a shower is refused.</p> <p>483.24 Quality of Life</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Previously cited 1/21/25</p> <p>28 Pa. Code: 211.5(f) Clinical records</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code: 211.12(d)(1)(5) Nursing services</p> <p>Previously cited 2/1/24</p>

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<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>35913</p> <p>Based upon clinical record review and interview, it was determined the facility failed to monitor resident's fluid restriction and complete treatments according to physician orders for two of 24 residents reviewed (Residents 4 and 45).</p> <p>Findings include:</p> <p>Review of Resident 4's diagnosis list revealed diagnoses including congestive heart failure (excessive body/lung fluid caused by a weakened heart muscle).</p> <p>Review of Resident 4's physician's orders dated January 28, 2025, revealed an order for Fluid Restriction: 1500 ml (milliliters) total per 24 hours as follows: Dietary Dept. 1080 ml on meal trays: (breakfast 360 ml; lunch 360 ml; dinner 360 ml); Nursing Dept. 420 ml: (days 180 ml; p.m.'s 150 ml, night 90 ml).</p> <p>Review of Resident 4's clinical record including January, February and March 2025 Medication Administration Record (MAR) failed to reveal evidence that nursing was monitoring Resident 4's total daily fluid intake in conjunction with the Dietary department.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on March 14, 2024, at 11:00 a.m. confirmed the nursing department was not monitoring Resident 4's total fluid intake to monitor Resident 4's physician ordered 1500 ml daily fluid restriction.</p> <p>Review of Resident 45's wound assessment report of February 10, 2025, revealed a full thickness wound to the right heel with 100% eschar (collection of dry, dead tissue within a wound) and a full thickness wound to the right dorsal/medial foot with 100% eschar. Physician's orders received February 11, 2025, were to cleanse right foot wound with cleansing solution, apply 4x4 non adherent pad, Kerlix (gauze), and tape once daily.</p> <p>Review of Resident 45's February 2025 MAR revealed that the treatment was not documented as completed on six of 18 occasions. Review of the March 2025 MAR revealed that the treatment was not documented as completed on seven of 12 occasions.</p> <p>Interview with the Director of Nursing on March 14, 2024, at 2:00 p.m confirmed that the treatment was not documented as being done on the above occasions.</p> <p>483.25 Quality of Care</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services</p> <p>(continued on next page)</p>		

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Previously cited 2/1/24, 4/3/2024, 1/21/2025		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>35913</p> <p>Based upon review of facility policy and procedure and clinical record review, it was determined the facility failed to ensure routine nutrition was monitored by failing to obtain re-weights and follow recommendations made by registered dietitian for one of eight residents reviewed (Resident 66).</p> <p>Findings include:</p> <p>Review of policy and procedure titled Weight Assessment and Intervention, revealed Any weight change of 5 pounds or more since the last weight assessment will be retaken for confirmation. If the weight is verified, nursing will notify the physician and dietitian.</p> <p>Further review of this policy revealed The threshold for significant unplanned and undesired weight loss will be based on the following criteria - a) 1 month - 5% weight loss is significant; b) 3 months - 7.5% weight loss is significant and c) 6 months - 10% weight loss is significant.</p> <p>Review of Resident 66's Weight Summary revealed a weight of 122.8 pound on February 26, 2025, and a weight of 116.2 pounds on March 7, 2025.</p> <p>Clinical record review revealed a dietitian note dated March 7, 2025, stating Resident with a weight of 116.2# which reflects an unconfirmed weight loss of 7.9% x 30 days. BMI 16.7. Diet is mech soft with fortified foods. Receive ice cream with lunch/supper. Resident has refused house supplement and nutritious shakes previously. Intakes 51-75% of most meals w/ occ lower intakes. Will review weight loss with nursing and add to weekly weights x 3. Will monitor.</p> <p>Clinical record review failed to reveal evidence of an order for weekly weights x 3 as of March 7, 2025, and failed to reveal evidence that a reweight was obtained after March 2, 2025, per facility policy.</p> <p>Review of Resident 66's physician's orders revealed an order dated March 10, 2025, for weekly weights x 3.</p> <p>Further review of Resident 66's weight summary revealed that, as of March 14, 2025, no further weights were obtained since March 2, 2025.</p> <p>Interview with the Director of Nursing and the Nursing Home Administrator on March 14, 2025, at 12:20 p.m. confirmed no re-weight was obtained after the March 2, 2025 identified a significant weight loss and no further weights were obtained in accordance with the physician's order dated March 10, 2025.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>35913</p> <p>Based upon review of Pharmacy Medication Management Reviews (MRR), clinical record reviews, and staff interviews it was determined the facility failed to ensure the pharmacy reviewed the medication regimen of each resident monthly and failed to ensure the physician addressed all recommendations with rationales for disagreeing with recommendations timely for four of five residents reviewed (Resident 5, Resident 28, Resident 34 and Resident 59).</p> <p>Findings include:</p> <p>Review of Resident 5's clinical record revealed the pharmacist reviewed Resident 5's medications and made recommendations on March 18, 2024, June 21, 2024, September 16, 2024, and February 8, 2025.</p> <p>Further review of Resident 5's clinical record failed to reveal evidence the physician responded to the March 18, 2024, and September 16, 2024, pharmacy recommendations.</p> <p>Review of Resident 5's clinical record revealed a pharmacy recommendation dated June 21, 2024, to evaluate multiple medications for pain. Further review of this recommendation revealed the physician failed to supply a rationale for disagreeing with the pharmacy recommendations.</p> <p>Further review of the pharmacy recommendation also failed to reveal a date that the review was completed.</p> <p>Review of Resident 5's MMR's revealed a pharmacy recommendation dated February 8, 2025, regarding the use of Hydroxyzine for the use of pruritis (itching).</p> <p>Further review of this recommendation revealed it was not reviewed and signed until March 13, 2025, one and half months after the recommendation was made.</p> <p>Review of Resident 28's clinical record revealed the pharmacist made recommendations on March 18, 2024, July 19, 2024, August 14, 2024, and December 12, 2024.</p> <p>Further review of Resident 28's clinical record failed to reveal evidence of physician's response to the pharmacy recommendations for dates indicated.</p> <p>Interview with the Nursing Home Administrator on March 14, 2025, at 1:10PM confirmed that the pharmacy recommendations for Resident 28 on March 18, 2024, July 19, 2024, August 14, 2024, and December 12, 2024, were not addressed by the physician.</p> <p>Review of Resident 34's clinical record revealed the pharmacist made recommendations regarding medication changes on March 18, 2024, September 16, 2024, and October 20, 2024.</p> <p>Further review of Resident 34's clinical record failed to reveal evidence that Resident 34's physician reviewed the above recommendations and no changes were made.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 59's clinical record revealed the pharmacist made recommendations for medication changes on March 18, 2024, and September 16, 2024.</p> <p>Further review of Resident 59's clinical record failed to reveal evidence that Resident 59's physician addressed the above-mentioned pharmacist recommendations.</p> <p>Interview with the Nursing Home Administrator and Director of Nursing on March 14, 2025, at 10:30 a.m. confirmed that the above-mentioned pharmacist recommendations were not addressed by the residents' physician.</p> <p>28 Pa. Code 211.9(a)(1)(f)(3) Pharmacy services</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>22502</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to timely provide dental services for one of three residents reviewed (Resident 19).</p> <p>Findings include:</p> <p>Review of Resident 19's progress note of January 6, 2025, revealed that the resident's lower dentures fell on the floor and back part of the denture broke. Dentures were placed at the nursing station.</p> <p>Review of Resident 19's progress note of March 13, 2025, revealed that the resident's POA (power of attorney) felt that dentures would be beneficial and requested that process be initiated. Resident was added to the dentist list to be seen.</p> <p>Further review of the clinical record revealed no evidence that the resident was referred for dental services for the broken dentures.</p> <p>Interview with Employee E4 on March 14, 2025, at 12:20 p.m. confirmed that the resident had not been referred for dental services.</p> <p>28 Pa. Code: 211.5(f) Clinical records</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code: 211.12(d)(1)(3)(5) Nursing services</p> <p>Previously cited 2/1/24</p> <p>28 Pa. Code: 211.15(a) Dental services</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35913</p> <p>Based upon review of facility policy and procedure, observation and clinical record review, it was determined the facility failed to ensure appropriate personal protective equipment was available and appropriate door notification was in place for residents on Enhanced Barrier Precautions for two of five residents reviewed (Resident 4 and Resident 63).</p> <p>Findings include:</p> <p>Review of facility policy and procedure titled Enhanced Barrier Precautions revealed Enhanced Barrier Precautions (EBP) are utilized as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents. EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization.</p> <p>Further review of this policy revealed Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include dressing; bathing/showering; transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) and wound care (any skin opening requiring a dressing).</p> <p>Further review of this policy revealed Staff are trained prior to caring for residents on EBPs. Communication related to EBP precautions will be by either signage, Kardex or assignment sheets; PPE (personal protective equipment) is available at the resident's room for use.</p> <p>Review of Resident 4's clinical record revealed Resident 4 had a Stage II sacral wound.</p> <p>Observation of Resident 4's room, doorway and hallway area failed to reveal evidence that Resident 4 was utilizing EBPs for the above-mentioned wound.</p> <p>Interview with the Director of Nursing on March 14, 2025, at 11:00 a.m. confirmed Resident 4 had a Stage II sacral wound present and further confirmed that no EBPs were being utilized for the treatment of Resident 4's Stage II sacral wound.</p> <p>Review of Resident 63's admission MDS (Minimum Data Set - periodic assessment of resident needs) dated December 15, 2024, revealed the resident had a nephrostomy tube (small catheter placed directly into the kidney through the back for removing urine).</p> <p>Observations of Resident 63's room on all days of the survey failed to reveal evidence of enhanced barrier precautions.</p> <p>Interview with the DON on March 14, 2025, at 2:02 p.m confirmed enhanced barrier precautions were not in place for Resident 63.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services</p> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>35913</p> <p>Based upon review of employee records, it was determined the facility failed to ensure that nurse aides completed 12 hours of annual inservice training for five of five employee files reviewed.</p> <p>Findings include:</p> <p>Five nurse aide employee files were reviewed for completion of the 12 hour annual inservice training.</p> <p>Review of the five nurse aide employee files failed to reveal evidence that the five nurse aides completed the required 12 hour annual inservice training.</p> <p>Interview with the Nursing Home Administrator on March 14, 2025 at 12:00 p.m. confirmed the five nurse aides did not complete the 12 hour annual inservice training required.</p>		