

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Gettysburg Center		STREET ADDRESS, CITY, STATE, ZIP CODE 867 York Road Gettysburg, PA 17325	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>33605</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to inform and assist in making transportation arrangements based on financial conditions for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A review of the clinical record for Resident 1 on April 15, 2024, revealed clinical diagnoses that included displaced bimalleolar (two of the three parts of the ankle are fractured) fracture of right lower leg and hypertension (elevated blood pressure).</p> <p>A review of the clinical record for Resident 1 revealed that she required transportation to four medical orthopedic appointments while a Resident at the facility. The appointments occurred on February 6, 8, 13, and 27, 2024. The Resident was never informed on admission that she was responsible financially for the transportation cost, or that she had the option of having family transport her to the appointments. Resident 1 received an unexpected bill for the cost of those transports.</p> <p>During interviews with the Director of Nursing (DON) on April 15, 2024, the DON confirmed that there was no Admissions Director for the facility when Resident 1 was admitted . The DON stated that, because Resident 1 had commercial insurance coverage, the Resident would normally have been informed by the Admissions Director that the Resident was responsible for the cost of transportation if her insurance didn't cover it, as well as would have been informed of other options for transport.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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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