

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 07/31/2024
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 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>33305</p> <p>Based on clinical record review, facility policy review, and staff interview, it was determined that the facility failed to provide the highest practicable care regarding physician ordered weights for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A review of the facility policy, titled Weights and Heights, last revised June 15, 2022, required staff to weigh the resident on admission and on readmission, adding the hospital discharge weight may be used for the admission or readmission weight. The policy also required staff to weigh all new admissions to the facility weekly for 4 weeks, and then weigh monthly after the 4 weeks.</p> <p>A review of the closed clinical record for Resident 1 revealed diagnoses that included a stage 4 sacral pressure ulcer (ulcer involving loss of skin layers, exposing muscle and bone), type 2 diabetes mellitus (a form of diabetes that is characterized by high blood sugar, insulin resistance, and relative lack of insulin), and dementia (irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability).</p> <p>A review of Resident 1's care plan dated July 10, 2024, revealed Resident 1 with a nutritional risk due to decreased oral intake, dementia diagnosis, increased nutrient needs related to wound, and required a mechanical altered diet.</p> <p>A closed clinical record review for Resident 1 revealed a physician's order dated July 7, 2024, that staff were to complete weekly weights on day shift every Saturday for the next four weeks.</p> <p>On July 6, 2024, the day of admission, Resident 1's weight was 118.4 pounds, and on July 15, 2024, Resident 1's weight was 116.2 pounds, revealing a 2.2 pound weight loss.</p> <p>Review of Resident 1's clinical documentation revealed that staff did not complete Resident 1's weights on the following dates: July 13, 20, and 27, 2024.</p> <p>The Resident was discharged from the facility on July 29, 2024.</p> <p>During email communication with the Nursing Home Administrator (NHA) on July 31, 2024, at 3:38 PM, the NHA agreed that Resident 1's weights should have been obtained as ordered by the physician and per the facility policy.</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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 211.12(c)(d)(1)(5) Nursing services		