

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  09/24/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide care and services necessary to maintain adequate personal hygiene and grooming for care-dependent residents for two out of 10 residents reviewed (Residents 1 and 3). Findings Include: Review of Resident 1's clinical record revealed diagnoses that included hypertension (elevated blood pressure) and chronic obstructive pulmonary disease (a group of lung diseases that cause ongoing inflammation and narrowing of the airways, leading to difficulty breathing). Review of Resident 1's Kardex (a concise, portable document used to record and organize essential patient information) revealed that it is important for the Resident to choose between a tub bath, shower, bed bath or sponge bath. Review of Resident 1's clinical record revealed a shower task indicating Resident 1's shower days are on Mondays and Thursdays. Further review of the task revealed on August 28, 2025; September 4, 8, and 11, 2025, it was marked not applicable, indicating the Resident did not receive a shower on those days. Review of Resident 3's clinical record revealed diagnoses that included dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) and hypertensive heart disease (problems with your heart that can develop if you have high blood pressure). Review of Resident 3's comprehensive care plan revealed a focus area where the Resident stated it is important that he has the opportunity to engage in daily routines that are meaningful relative to their preferences; with an intervention to include that it is important to the Resident to choose between a tub bath, shower, bed bath or sponge bath, both created on August 29, 2025. Review of Resident 3's clinical record revealed a shower task indicating Resident 3's shower days are on Mondays and Fridays. Further review of the task revealed on August 29, 2025; September 5, 8, 15, 19, and 22, 2025, it was marked not applicable, indicating the Resident did not receive a shower on those days. During an interview with Nursing Home Administrator on September 24, 2025, at 1:40 PM, she revealed that if a resident refused to get a shower on their shower days, she would expect it to be marked as a refusal instead of not applicable. 28 Pa Code 211.12(d)(1)(3)(5)Nursing services.28 Pa. Code 201.29(j) Resident rights.</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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