

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

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 04/14/2026
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on review of facility meal tray test form, review of resident council meeting minutes, review of the menu and select facility recipes, observations, completion of one meal test tray, and resident and staff interviews, it was determined that the facility failed to provide foods that are palatable, attractive, and at appetizing temperatures. Findings include: Review of the form, titled Resident Tray Assessment, revealed the standard optimal temperature for hot entree, starches, and vegetables at point of service is greater than 130 degrees. Interview with Resident 2 on April 13, 2026, at 11:35 AM, revealed she dislikes the food and it is always served cold. Interview with Resident 4 on April 13, 2026, at 11:37 AM, he stated the food is cold. Interview with Resident 6 on April 13, 2026, at 11:46 AM, she stated the food is usually cold and the plates are not hot. Review of resident council meeting minutes on February 24, 2026, revealed residents had concerns with the dietary department that the food is cold. Review of facility menu on April 13, 2026, revealed the main lunch meal consisted of Salisbury Steak with Mushroom Gravy, Scalloped Potatoes, Vegetable Blend, and Angel Food Cake. Interview with Employee 1 (Regional Foodservice Director) on April 13, 2026, at 12:09 PM, revealed there was a work order for the electrical socket next to the steam table in the kitchen, so the staff had to plug in the plate warmer elsewhere in the kitchen and then unplug it and bring it over to the tray line for meal service. Observation in the main kitchen on April 13, 2026, at 12:14 PM, revealed the plate warmer was next to the tray line meal service but it was not plugged in and the plates in the warmer were not warm. A test tray was completed on April 13, 2025, at 12:28 PM, with Employee 1 that included the Salisbury Steak with Mushroom Gravy, Scalloped Potatoes, Vegetable Blend, and Angel Food Cake. The test tray was placed on a meal cart and delivered to South Hall with other trays being delivered at that time. Employee 3 took temperatures of the food items at the time the test tray was served for evaluation. At that time, the Salisbury steak had a highest recorded temperature of 109 degrees Fahrenheit (F); the scalloped potatoes had a highest recorded temperature of 127 degrees F; and the vegetable blend had a recorded highest temperature of 109.2 degrees F. The Salisbury steak was a plain hamburger patty topped with gravy and was dry in appearance and taste, and the scalloped potatoes were made with diced potatoes and tasted bland. Review of the recipe provided for the Salisbury steak revealed it called for finely chopped garlic, onions, and peppers to be mixed in a mixer bowl with ground beef, eggs, and breadcrumbs. Review of the recipe provided for scalloped potatoes revealed it called for fresh peeled and sliced potatoes as well as various spices, onions, and parmesan cheese. During an interview with Employee 1 on April 13, 2025, at 12:39 PM, he revealed the facility had potatoes available to slice for the scalloped potatoes but the cook used diced potatoes instead. Interview with Employee 2 (Maintenance Director) on April 13, 2025, at 1:08 PM, revealed he received a work order for the outlet in the kitchen on March 7, 2026, and completed the replacement on March 9, 2026. It was determined that the plate warmer was incompatible with that socket, but the kitchen employees can plug it into a different socket, where it can still reach while sitting directly next to the steam table. He further revealed he had that discussion with Employee 1 and Employee 3 (Dietary Manager) at the time of the socket replacement, and that they verbalized understanding and stated that utilizing the other outlet would not affect normal operations. During an interview with the Nursing Home Administrator (NHA) on April 13, 2026, at 3:19 PM, the surveyor (continued on next page)		

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	revealed the concern with food palatability, the test tray results, as well as concerns with recipes being followed and improper use of the plate warmer. The NHA revealed they are working to improve meal service. 28 Pa. Code 201.14(a) Responsibility of licensee		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of facility temperature logs, email correspondence, and resident and staff interviews, it was determined that the facility failed to prepare, distribute and serve food in accordance with professional standards for food service safety at one of two meals reviewed. Findings include: During an interview with Resident 4 on April 13, 2026, at 11:37 AM, he revealed he was served a peanut butter and jelly sandwich with chips and pudding at lunch yesterday because he heard the turkey was raw. During an interview with Resident 6 on April 13, 2026, at 11:46 AM, she revealed she heard the turkey was undercooked at lunch yesterday so she had a peanut butter and jelly sandwich. Review of facility food temperature log for April 12, 2026, revealed food temperatures failed to be recorded for breakfast and lunch that day. During an interview with Employee 1 (Regional Dietary Manager) on April 13, 2026, at 12:42 PM, revealed he arrived at the facility around 2:00 PM yesterday and the Registered Nurse (RN) supervisor was in the kitchen helping make peanut butter and jelly sandwiches because they felt that the turkey was not properly cooked. He then tested the turkey in the steam table and it was at 169 degrees F (Fahrenheit- unit of measure), but it was already on the steam table for a while. He revealed a nurse aide took a picture of the turkey on her phone and showed it to him, and based on the picture, it did appear undercooked to him. He further revealed upon interviews with staff and residents, it was determined no one was served or consumed the undercooked turkey. Interview with Employee 3 (Dietary Manager) on April 13, 2026, at 1:47 PM, he revealed he cooked two turkey breasts for lunch yesterday, and he pulled them from the oven and sliced into one and noticed it was undercooked, so he put them both back into the oven. He further revealed he later took the temperature of one of the breasts at 183 degrees F but did not temp the other one and did not record the temperatures. He revealed shortly into meal service, four meal trays came back to the kitchen, two were untouched, and two had been cut into, and they appeared to be undercooked. Email correspondence between the Director of Nursing and Employee 5 (RN Supervisor) on April 12, 2026, revealed, issue with lunch: turkey was raw. Residents had seen the raw turkey so they did not want to eat it, even when cooked stuff came to floor. Got them peanut butter and jelly sandwiches with chips. Interview with Employee 4 (Registered Dietitian) on April 13, 2026, at 2:03 PM, revealed she heard that the turkey was potentially undercooked at lunch yesterday, but she was not aware of anyone who actually consumed the turkey. Interview with Employee 5 on April 13, 2026, at 2:11 PM, revealed Employees 6 and 7 (Nurse Aides) noticed the turkey was pink when they started slicing into the breast meat during set-up assistance, so they immediately removed the trays and stacked them up on the meal cart to show her. Employee 5 then went back to the kitchen with the trays and helped make peanut butter and jelly sandwiches in the kitchen. She further revealed residents were then offered turkey that was cooked to the proper temperature or a peanut butter and jelly sandwich with chips and pudding. During an interview with the Nursing Home Administrator (NHA) on April 13, 2026, at 3:19 PM, the surveyor revealed the concern with the temperatures not recorded at breakfast and lunch the day prior, and the overall concern with food safety and lunch yesterday. The NHA revealed that the facility is working towards improving meal service. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management		