

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395793	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2025
NAME OF PROVIDER OR SUPPLIER  Orchard Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 20 Orchard Drive Grove City, PA 16127	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide a resident and/or his/her representative with a summary of the baseline care plan including physician's orders and medications for one of 21 residents reviewed (Resident R60). Findings include: A facility policy entitled Care Plans - Baseline dated 4/01/25, revealed a baseline plan of care to meet the resident's immediate needs shall be developed for each resident within forty-eight (48) hours of admission. To assure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within forty-eight (48) hours of the resident's admission. The interdisciplinary team will review the healthcare practitioner's orders (e.g., dietary needs, medications, routine treatments, etc.) and implement a baseline care plan to meet the resident's immediate care needs including, but not limited to the following: Initial goals based on admission orders; Physician orders; Dietary orders; Therapy services, Social services; and PASARR recommendations, if applicable. The resident and their representative will be provided a summary of the baseline care plan that includes, but is not limited to the following: The initial goals of the resident; A summary of the resident's medications and dietary instructions; Any services and treatments to be administered by the facility and personnel acting on behalf of the facility; and Any updated information based on the details of the comprehensive care plan, as necessary. Resident R60's clinical record revealed an admission date of 3/28/25, with diagnoses that included Parkinson's disease (a disorder of the central nervous system that affects movement, often including tremors), high blood pressure, orthostatic hypotension (a sudden drop in blood pressure when you stand from a seated or lying down position), and high cholesterol. Review of Resident R60's clinical record lacked evidence that the resident and/or the resident representative was provided a copy of the baseline care plans to include physician orders and medications. During an interview on 9/05/25, at approximately 12:10 p.m. the Director of Nursing confirmed there was no evidence that a copy of the baseline care plan including physician orders and medications was provided to Resident 60 and/or their representative. 28 Pa. Code 211.10(c) Resident Care Plan 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing Services</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 395793	If continuation sheet Page 1 of 3

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on review of facility policy and clinical records, observations, and staff interview, it was determined that the facility failed to provide oxygen and change/date of oxygen tubing according to physician's orders for one of two residents reviewed for respiratory services (Resident R26). Findings include: Review of facility policy entitled Oxygen Administration Procedure dated 4/1/25, indicated Nasal Cannula: generally replaced every 7 days and when visibly soiled or compromised, and Tubing (extension/primary): usually every 14 days unless visibly soiled, cracked, or per manufacturer's guidance. Resident R26's clinical record revealed an admission date of 3/31/23, with diagnoses that included Atrial Fibrillation (A-Fib - irregular and often rapid heartbeat that can lead to stroke, heart failure, and other complications), heart failure (condition when your heart does not pump the blood as well resulting in difficulty breathing, tiredness, and swelling), and high blood pressure. Resident R26's clinical record revealed a physician's order dated 8/29/25, for oxygen at two liters per minute (2L/min) via nasal cannula (N/C - a tube that delivers oxygen to your nose through soft prongs) continuous at HS (bedtime) for shortness of breath; a physician's order dated 8/28/25, to change oxygen concentrator tubing every 2 weeks on 2nd and 15th of each month on 11-7 shift. Observations on 9/2/25, at 11:27 a.m. and 9/3/25, at 9:00 a.m. revealed Resident R26 lying on his/her bed with supplemental oxygen in place and the oxygen concentrator liter flow set at 2 L/min via nasal cannula. Further observation of the oxygen tubing revealed a date of 7/15/25. During an interview on 9/3/25, at 9:00 a.m. Licensed Practical Nurse Employee E1 confirmed that Resident R26's nasal cannula was dated 7/15/25 and it should have been changed. 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on review of facility policy, manufacturer's recommendations, observations, and staff interviews, it was determined that the facility failed to ensure that medications were properly dated when opened and discarded in a timely manner for one of three medication carts reviewed (B Wing medication cart 2). Findings include: Review of a facility policy entitled Labeling of Medication Containers dated 4/01/25, revealed all medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations. Manufacturer's recommendations for Humalog insulin (a type of short-acting insulin), indicated that an opened multiple-dose vial stored at room temperature should be discarded after 28 days. Observations of the B Wing's medication cart 2 on 9/02/25, at 2:10 p.m. revealed an opened vial of Humalog insulin without an open date, therefore the staff were unable to determine the discard date. The Assistant Director of Nursing confirmed at that time, that the opened Humalog insulin vial lacked an opened date, and staff were unable to determine the discard date. During an interview with the Director of Nursing on 9/05/25, at 12:10 p.m. it was confirmed that insulins should be properly labeled with an opened date for staff to determine the discard date. 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.10(c) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		