

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/20/2026
NAME OF PROVIDER OR SUPPLIER Transitions Healthcare Gettysburg		STREET ADDRESS, CITY, STATE, ZIP CODE 595 Biglerville 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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Based on observations, clinical record review, and resident and staff interviews, it was revealed that the facility failed to ensure that one of 3 residents reviewed received a therapeutic diet per physician order (Resident 1). Findings include: Review of facility provided extension sheet revealed residents on a low sodium diet should receive scrambled eggs in place of ham. Review of Resident 1's clinical record revealed clinical diagnoses that included cerebral infarction (stroke- blood flow to an area of the brain is blocked, depriving brain tissue of oxygen and glucose) and hypertension (elevated blood pressure). Review of Resident 1's current physician orders stated Resident 1 should receive a Low Sodium Diet, Regular texture, Regular/Thin consistency 2 Gram Sodium related to Essential (Primary) Hypertension. During an interview with Resident 1 on July 20, 2026, at 11:30 AM, Resident 1 stated that he received ham at breakfast and no scrambled eggs. Resident 1 stated that he asked where the scrambled eggs were and that he was told there are no scrambled eggs on Mondays. During an interview with Resident 2 on July 20, 2026, at 1:10 PM, who also receives a low sodium diet, he was asked if he received scrambled eggs for breakfast, and he replied no but he was unable to recall if he received ham. During an interview with Employee 1 (Nurse Aide) she confirmed that Resident 1 received ham for breakfast and remembered cutting the ham for the Resident. Employee 1 said that she didn't know he shouldn't have received the ham. Employee 1 denied telling Resident 1 the facility doesn't serve scrambled eggs on Mondays, and said the Resident didn't request scrambled eggs and was enjoying the ham. During an interview with Employee 2 (Dietary Manager) on July 20, 2026, at 1:00 PM, after Employee 2 reviewed the error in Resident 1's therapeutic diet, she stated that the person who calls out the diet during tray line meal preparation made the mistake in Resident 1's diet. Employee 1 added that scrambled eggs are available every morning. During an interview with Resident 1 on July 20, 2026, Resident 1 stated that he received ham at breakfast and no scrambled eggs. During an interview with the Director of Nursing (DON) on July 20, 2026, at 3:00 PM, the DON agreed that residents should receive the diet prescribed by the physician. 28 Pa. Code 201.18(b)(2) Management. 28 Pa. Code 211.6(a) Dietary Services.		

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