

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Gardens at Millville, The		STREET ADDRESS, CITY, STATE, ZIP CODE  48 Haven Lane Millville, PA 17846	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41581</p> <p>Based on observation staff interviews, it was determined that the facility failed to provide housekeeping and maintenance services to maintain a clean and safe resident environment in two units out of four units observed. (A and C units)</p> <p>Findings include:</p> <p>An observation on August 27, 2024, at approximately 9:50 AM of the A hall nursing unit revealed the following:</p> <p>room [ROOM NUMBER] was noted to have a plastic three drawer bin covered with dried brown spots. The bathroom in this room had a plastic garbage bag tied to the grab bar by the toilet containing a soiled urinal with urine collected in the bottom of the plastic garbage bag. Another plastic garbage bag tied to the grab bar by the toilet contained a soiled foley catheter bag (urine drainage bag) with a brown substance observed in the bag. A toilet brush encrusted with a yellow substance was present in a plastic container once used for cottage cheese, on the floor in the bathroom.</p> <p>room [ROOM NUMBER] was noted to have a plastic garbage bag tied to the grab bar in the bathroom of this room. The plastic bag contained a graduated cylinder (container to measure volume of a liquid) this cylinder was covered in urine located in the bottom of this plastic garbage bag.</p> <p>Another graduated cylinder was sitting on top of the toilet stained with a yellow colored substance. A strong smell of urine was noted in this bathroom.</p> <p>room [ROOM NUMBER] was noted to have a plastic garbage bag tied to the grab bar in the bathroom of this room and a graduated cylinder was noted in the plastic garbage bag with urine collected at the bottom of the bag.</p> <p>An observation on August 27, 2024, at 10:18 AM of the C hall nursing unit revealed the following:</p> <p>room [ROOM NUMBER] a dark colored feces type substance was noted to be present in the toilet and covering the toilet seat. A plastic garbage bag was tied to the grab bar containing a soiled bed pan and urine was noted in the bottom of this garbage bag.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Gardens at Millville, The		STREET ADDRESS, CITY, STATE, ZIP CODE  48 Haven Lane Millville, PA 17846	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Nursing Home Administrator on August 27, 2024, at approximately 2:15 PM confirmed the facility failed to maintain a clean and sanitary environment for the residents.</p> <p>28 Pa. Code 201.18 (e)(2.1) Management</p>