

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Gardens at Orangeville, The		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Berwick Road Orangeville, PA 17859	

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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to afford a resident the right to participate in the resident's treatment and health care decision making, including the right to refuse specific treatment, for one resident out of 15 reviewed. (Resident B1)</p> <p>Findings included:</p> <p>According to long term care regulatory requirements a resident has the right to select or refuse specific treatments options before the care plan is instituted, based on the information provided as required under S483.10(c)(1), (4)-(5), F552.</p> <p>A review of Resident B1's clinical record revealed that the resident was admitted to the facility on [DATE], with diagnoses that included type two diabetes [is a condition that results from insufficient production of insulin, causing high blood sugar], cirrhosis of the liver [is a degenerative disease of the liver resulting in scarring and liver failure], and major depressive disorder.</p> <p>A review of Resident B1' s Annual MDS (Minimum Data Set - a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 3, 2024, section C Cognitive Patterns revealed that the resident had a BIMS score (Brief Interview for Mental Status is a tool used to evaluate cognitive impairment and assist with dementia diagnosis) of 15, which indicated that the resident was cognitively intact.</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
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Dietary Note completed by Employee B1, the facility's Registered Dietitian (RD), dated March 29, 2024, at 12:06 p.m., revealed that she and dietary manager met with the resident regarding therapeutic diet compliance. The resident's current diet order was, CHO (consistent carbohydrate diet) 2-gram Na (sodium) [therapeutic diets that limit foods higher in sugar and simple carbohydrates and limits sodium to 2,000 milligrams per day by removing the salt packet from each meal trays] regular texture/thin liquids with 1800 cc (is a unit of measurement that is used to determine the volume of a substance; 1 cc = 1 mL) fluid restriction in place. According to the entry, the facility's 4-week menu cycle was provided and explained to resident with diet education included in a handout that explained carbohydrate choices. The progress note by Employee B1 also noted that Resident B1 remained non-compliant with the therapeutic diet restrictions, despite education and encouragement. The risks of uncontrolled diabetes explained to the resident, including kidney disease, heart disease/stroke, neuropathy (loss of sensation/feeling), and retinopathy (is a complication of diabetes where blood vessels in the eye are damaged). Resident B1 stated, I'm already dying, I am going to eat whatever I want. The Assistant Director of Nursing (ADON) was also present for the resident's dietary education and further discussed risks and wishes and Resident B1 verbalized understanding risks of non-compliance and was agreeable for the ADON to discuss liberalizing diet and fluid restrictions with the attending physician. Most recent labs reviewed from 2/21/24. HGB A1c, glucose, and triglycerides were elevated. Weights reviewed and no significant changes noted in 30, 90, or 180 days. No update to food preferences at this time and the resident would continue to utilize alternate menu as needed. Continue with current plan of care (POC) and continue to monitor and follow with interdisciplinary team (IDT).</p> <p>When reviewed at the time of the survey ending April 16, 2024, there was no evidence that the resident's attending physician addressed the resident's wishes for a liberalized diet. The resident was assessed as cognitively intact, and voiced the decision to refuse the therapeutic diet as part of treatment, after explanation of the risks by the facility's RD and ADON.</p> <p>During an interview with the Nursing Home Administrator (NHA) April 16, at 11:30 a.m., it was revealed that despite Resident B1's continued non-compliance with prescribed therapeutic diet and expressed wishes to be prescribed a liberalized diet, that the resident's attending physician would not agree to liberalizing her diet.</p> <p>The NHA confirmed that the resident was capable of making her own decisions and the confirmed that the facility failed to honor the resident's right to make informed decisions about her dietary treatment plan, and the resident's right to refuse this form of treatment.</p> <p>28 Pa. Code 201.29 (a) Resident rights</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 211.2 (d)(7) Medical Director</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on a review of grievances lodged with the facility, observations and staff and resident interview, it was determined that the facility failed to provide housekeeping services to maintain a clean and orderly environment for residents, including Residents B2 and B3.</p> <p>Findings include:</p> <p>A review of a grievance that roommates, Residents B2 and B3, lodged with the facility dated March 26, 2024, revealed that the residents expressed their concerns that their room is not thoroughly cleaned, especially on the weekends.</p> <p>During interviews with the two cognitively intact residents, Resident B2 and Resident B3, on April 16, 2024, at 10:40 a.m., the residents stated that their bathroom is not always cleaned and that the windows and window treatments in their room are very dirty.</p> <p>Observations conducted on April 16, 2024, at 10:55 a.m., revealed that the bathroom, inside of resident room [ROOM NUMBER], there was a strong smell of urine, a soiled rag laying on the floor in front of the toilet, and the floor felt sticky. The base of the toilet was stained with a yellow urine like substance. Several soiled briefs were observed in the bathroom garbage receptacle.</p> <p>Observations of the west recreation lounge revealed that the windows were heavily coated with a white colored film and the window treatments were dusty. Dust and cobwebs were observed on the windowsills.</p> <p>Observation of the bathroom in resident room [ROOM NUMBER] revealed a pink substance inside of the sink, which had also dripped onto the floor. The floor felt sticky, and the base of the toilet had yellow-colored urine like stains. The windows were heavily coated with a white colored film and an accumulation of dust on the window blinds.</p> <p>Interview with the Nursing Home Administrator (NHA) on April 16, 2024, at 12:15 p.m., confirmed that resident rooms, bathrooms and common areas were to be maintained in a clean and sanitary manner.</p> <p>28 Pa. Code 201.18 (e)(2.1) Management</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on a review of clinical records and the Resident Assessment Instrument and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set Assessments (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) accurately reflected the status of one resident out of 13 sampled (Resident 62).</p> <p>Findings included:</p> <p>A review of Resident 62's clinical record revealed she was admitted [DATE], with diagnosis to include vertigo, osteoarthritis, gastro-esophageal reflux disease (GERD), and diabetes.</p> <p>A review of the residents' plan of care, date initiated February 12, 2024, indicated that's her wishes were to return home after completion of her therapeutic stay.</p> <p>A Social Service note dated February 12, 2024, at 10:11 PM revealed that Resident 62's goal was to be rehabilitated and return to the community, back to her daughter's home.</p> <p>A review of an Activities progress note dated February 15, 2024, at 11:28 AM, indicated that the resident's wishes were to return home.</p> <p>A review of Resident 62's Admission MDS assessment dated [DATE], Section Q - Participation in Assessment and Goal Setting, question Q0310 Residents overall goal, revealed that her overall goal for discharge was coded as a 2 indicating that the resident's goal was to remain in the facility.</p> <p>Interview with Employee 1 (Social Services) on April 16, 2024, at approximately 12:52 PM confirmed that Resident 62's Admission MDS assessment dated [DATE], was inaccurate accurate with respect to the resident's discharge goals.</p> <p>Interview with the Nursing Home Administrator (NHA) on April 16, 2024, at approximately 1:26 PM confirmed that the residents discharge goal was to return home, and that the Admission MDS assessment dated [DATE], was inaccurate, with respect to completion of Section Q - Q0310 related to goal setting.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39235</p> <p>Based on observation and staff interview it was determined that the facility failed to maintain an environment free of potential accident hazards and obstacles to safe mobility, assistance devices, on one of three nursing units (200 hall).</p> <p>Findings include:</p> <p>An observation of the 200-nursing unit, on April 16, 2024, at approximately 10:35 AM revealed that one side of the hallway from resident room [ROOM NUMBER] to 207, was lined with mechanical lifts, linen carts, soiled linen and trash hampers, and wheelchairs. These items obstructed access to the corridor handrails on that side of the hallway, which are to be used for resident ambulation or mobility assistance.</p> <p>A second observation of the 200-nursing unit, on April 16, 2024, at approximately 10:50 AM revealed that one side of the hallway from resident room [ROOM NUMBER] to 207, was lined with mechanical lifts, linen carts, soiled linen and trash hampers, and wheelchairs. These items obstructed access to the corridor handrails on that side of the hallway, which are to be used for resident ambulation or mobility assistance.</p> <p>Interview with the Nursing Home Administrator (NHA) on April 16, 2024, at approximately 10:55 AM confirmed the hall of the resident unit was lined with equipment, which prevented access to the handrails, which created an impediment to resident mobility and potential accident hazard.</p> <p>During an interview with the facility's maintenance director, on April 16, 2024, at approximately 11:30 AM, the distance between resident room [ROOM NUMBER] to 207, is approximately 91 feet as measured by the maintenance director.</p> <p>28 Pa. Code 205.9(c) Corridors</p> <p>28 Pa. Code 201.18 (e)(2.1) Management</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>43944</p> <p>Based on observations, a review of facility's planned menus and concerns/grievances lodged with the facility and resident and staff interviews it was determined that the facility failed to plan menus that accommodate residents' food preferences, to the extent possible, to increase resident satisfaction with meals for residents which included four residents of 15 residents reviewed (Resident B2, B3, B4, and B5).</p> <p>Findings included:</p> <p>A review of the facility's grievance log dated March 26, 2024, revealed that Resident B2 lodged a concern regarding the lack of variety on the facility's planned menu. Resident B5 lodged a concern with that there are too many eggs served at breakfast.</p> <p>An interview with the dietary manager on April 16, 2024, at 10:15 a.m., revealed that the facility's cycle menus were developed and adjusted by the facility's corporate dietitian. The dietary manager revealed that residents in the facility expressed their feelings that that their preferences aren't always being considered in the development of the menus for their facility.</p> <p>During an interview with Residents B2, B3, and B4 April 16, 2024, at 10:40 a.m., the residents complained that the facility's cycle menus lacked variety, were repetitious, and did not consider the residents' preferences for meals and foods served.</p> <p>These residents reported that they regularly attend Food Committee meetings and voice their meal preferences and menu ideas, but their ideas, preferences and suggestions are not implemented by the facility.</p> <p>Resident B4 stated the meals are awful, no variety.</p> <p>Resident B2 and B3 stated, we have beef for meals in row, just made (prepared) different.</p> <p>A review of the facility's regular 4-week menu cycle Spring/Summer Menu: Week 1 Regular Diet, revealed the following meal patterns:</p> <p>Sunday lunch the planned meal was meatloaf and at dinner a hot turkey (poultry) sandwich and then on Monday at lunch chicken tenders (poultry) and Monday dinner hamburger on a bun.</p> <p>Wednesday dinner was spaghetti and meatballs and lunch on Thursday was Salisbury steak (beef two meals in a row).</p> <p>A review of Spring/Summer Menu: Week 2 Regular Diet, revealed the following meal patterns:</p> <p>Monday dinner was chicken Monterey and Tuesday dinner was herbed turkey and on Wednesday lunch was chicken parmesan and a turkey sandwich was served Thursday dinner.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Week 2 Saturday lunch was meatloaf and then on for Sunday week 3 dinner a meatball hoagie (beef).</p> <p>A review of Spring/Summer Menu: Week 3 Regular Diet, revealed the following meal patterns:</p> <p>Sunday week 3 lunch orange glazed turkey, and Monday week 3 lunch was BBQ chicken, and for Tuesday dinner a chicken salad sandwich.</p> <p>Tuesday lunch was hamburger on a bun and then on Wednesday dinner was lasagna and meat sauce.</p> <p>Thursday week 3 dinner was baked macaroni and cheese with stewed tomatoes and then for lunch on Friday was cheese pizza.</p> <p>A review of Spring/Summer Menu: Week 4 Regular Diet, revealed the following meal patterns:</p> <p>Monday week 4 lunch was chicken and biscuits, and Tuesday dinner was a turkey sandwich. Monday Week 4 dinner was beef chili and Tuesday lunch was spaghetti and meatballs.</p> <p>Thursday week 4 lunch was ranch chicken and Saturday lunch was chicken parmesan with penne.</p> <p>Friday week 4 lunch was baked macaroni and cheese with stewed tomatoes and for Friday dinner a cheese pizza.</p> <p>Interview with the Nursing Home Administrator (NHA) on April 16, 2024, at 12:30 p.m., confirmed that the facility's menu lacked variety, meal patterns were repetitious, and failed to consider the preferences of the resident specific population served at the facility.</p> <p>28 Pa. Code 201.18 (a) Resident rights</p>