STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395899	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens at Orangeville, The	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26142 Based on review of clinical records and staff interviews it was determined that the facility failed to provide nursing services consistent with professional standards of quality to ensure that licensed nurses properly evaluated and provided nursing care for one resident (Resident 1) out of 5 residents reviewed. According to the Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.11 (a)(1)(2)(4) indicates that the registered nurse was to collect complete ongoing data to determine nursing care needs, analyze the health status of individuals and compare the data with the norm when determining nursing care needs, and carry out nursing care actions that promote, maintain, and restore the well-being of individuals. The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing, 21.145 Functions of the Licensed Practical Nurse (LPN) (a) The LPN is prepared to function as a member of the health-care team by exercising sound judgement based on preparation, knowledge, skills, understandings and past experiences in nursing situations. The LPN participates in the planning, implementation and evaluation of nursing care in settings where nursing takes place. 21.148 Standards of nursing conduct (a) A licensed practical nurse shall: (5) Document and maintain accurate records. A review of clinical record revealed Resident 1 was admitted to the facility on [DATE] with diagnosis to include acute respiratory failure (a condition where you don't have enough oxygen in the tissues in your body), atrial fibrillation (a heart condition that causes the upper chambers of the heart to beat irregularly and often rapidly), bradycardia (a condition where the heart beats slower than 60 beats per minute while at rest), and adult failure to thrive (a syndrome that describes a gradual decline in a person's physical and mental health). A Quarterly MDS (Minimum Data Set - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated September 6, 2024, revealed Resident 1 to be cognitively intact and required staff assistance for activities of daily living. (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident's clinical record revealed on August 26, 2024, at 7:30 PM nursing staff tried to arouse Resident 1 by using a sternal rub (a firm rub on someone's sternum used when testing an unconscious person's responsiveness). Further it was indicated at 9:30 PM, Resident 1 was in respiratory distress. The resident's blood oxygen level (SPO2) was noted to be 60% (normal levels are 90% to 100%) on room air. Four liters of oxygen was administered via nasal canula (a device that delivers extra oxygen through a tube and into your nose). The residents SPO2 came up to 78%. The physician was notified, and the resident sent to the hospital for evaluation and treatment. The resident was admitted to the hospital for acute respiratory distress and pneumonia. A review of the resident's clinical record revealed the resident was readmitted to the facility on [DATE] at 4:05 P.M. Nursing documentation dated September 13, 2024, at 10:33 PM, revealed, Resident 1 was in bed during the shift. The resident told a nurse aide that he thought he was dying. The resident was noted to be having trouble breathing. The nursing note indicated that the licensed nurse took the residents vital signs at that time however there were no documented vital signs noted at that time. The nurse supervisor was notified at that time of the resident's condition. A nursing note dated September 16, 2024, at 5:22 PM, revealed that the residents was exhibiting bradycardia. The nurse practitioner was notified and a stat (as soon as possible) EKG (a test that measures the electrical activity of the heart) was ordered. A review of a nurse practitioner assessment note dated September 16, 2024 at 5:32 PM revealed, the resident was experiencing low heart rate and complained of generalized weakness and fatigue (tiredness, exhaustion). The resident was confused, and his response was minimally. A review of documented vital signs dated October 13, 2024, at 1:30 PM, revealed the resident's BP (blood pressure) was 124/70, pulse rate was 62, respirations were 18 and SPO2 was 96%. There was no further nursing documentation associated with the noted vital signs. A review of nursing documentation dated October 14, 2024, at 5:39 AM, revealed, the resident had increased lung secretions. In response, nursing staff elevated the head of bed and gave the resident a drink of water. There were no documented vital signs, or a physical assessment of Resident 1 completed at the time the increased lung secretions were identified. A nurse practitioner note dated October 14, 2024, at 1:28 PM, revealed, Resident 1 was noted to be difficult to arouse with sternal rub and unresponsive. He was noted with increased secretions, low BP, 84/58 and SPO2 in the low 80's with six liters of oxygen. The nurse practitioner's assessment identified the resident was experiencing acute respiratory failure with hypoxia. A new order was written to send the resident to the hospital for evaluation and treatment. During an interview October 17, 2024 at approximately 2:00 PM, the Nursing Home Administrator and Director of Nursing confirmed the facility staff failed to timely assess and provide care to Resident 1 after a change in condition was noted. 28 Pa Code 211.12 (d)(1)(3)(5) Nursing Services