

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/16/2026
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)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on review of select facility policy, Resident Council meeting minutes, grievance logs, and resident and staff interviews, it was determined the facility failed to thoroughly investigate a grievance, ensure prompt, ongoing efforts to resolve a grievance, provide timely status updates regarding the grievance resolution progress, and closed the grievance as resolved without providing a written decision or follow-up to the residents while the residents continued to experience severe delays in care for three of seven residents reviewed (Residents 2, 3, and 4). Findings include: A review of the facility's policy titled Grievance Policy last reviewed by the facility on May 1, 2026, indicated that residents have the right to prompt efforts to resolve grievances. The reasonable timeframe the resident can expect a completed review of the grievance is within 5 to 7 business days. The Grievance Official will be responsible to oversee the grievance process, receive and track grievances through their conclusion, lead any investigations by the facility, issue written grievance decisions to the resident, and take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated. The Grievance Official shall ensure all written grievance decisions include: the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of pertinent findings or conclusions regarding the resident's concerns, a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued. Review of Resident Council meeting minutes dated March 31, 2026, revealed five residents complained about call bells not being answered timely. A grievance form was filed on behalf of the residents and submitted to the proper departments. Review of the Resident Council meeting minutes dated May 26, 2026, revealed three residents, Residents 2, 3, and 4, reported that their call bells were still not answered in a timely manner. All three residents were cognitively intact with a BIMS score between 13-15 (Brief Interview for Mental Status, a tool that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13 through 15 indicates intact cognition). A grievance was filed on their behalf. Review of the facility's grievance logs from May through June 2026 revealed four grievances filed regarding call bell response times, all marked as resolved. A specific review of the grievance filed on behalf of Residents 2, 3, and 4, dated May 26, 2026, indicated the steps taken to investigate the grievance: Random call bell audits will be completed. Summary of the pertinent findings or conclusions regarding the resident's concerns: Random call bell audits will be completed to ensure they're answered in an appropriate amount of time. The grievance substantiation was marked as not confirmed. Corrective action taken or to be taken by the facility as a result of the grievance: Will continue random call bell audits to improve waiting time. The resolution of the grievance was dated June 1, 2026. There was no documented evidence the facility actively investigated the grievance, interviewed the affected residents, or provided a written decision or follow-up conversation to the residents prior to closing the file on June 1, 2026. During consecutive interviews conducted on June 16, 2026, residents confirmed facility failed to make good faith efforts to investigate or resolve their concerns. During an interview on June 16, 2026, at 12:35 PM, Resident 2 (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated that since the May 26, 2026, meeting, no staff member had approached her regarding her call bell complaint. She stated she still waits a long time, sometimes up to an hour noting it happens more on the later shifts, and confirmed there has been no resolution. During an interview on June 16, 2026, at 1:00 PM, Resident 3 reported zero follow-up from the facility regarding her complaint reported during the Resident Council meeting in May. She stated the facility never interviewed her to gather additional details regarding long wait times. She expressed frustration, stating that a few days prior, she, rang the bell from 9:30 AM to 12:15 PM and not a single soul come in here, leaving her feeling uncomfortable with her care. During an interview on June 16, 2026, at 1:45 PM, Resident 4 reported she continues to wait one hour or more for her call bell, stating, I'm tired of peeing in my clothes. She noted that the wait times are significantly longer during the second shift. She confirmed no one from administration had interviewed her or provided a status update regarding the May Resident Council meeting. During an interview on June 16, 2026, at 2:15 PM the Nursing Home Administrator (NHA) was unable to provide evidence of prompt, good faith efforts to investigate or resolve the residents grievance, nor could the NHA provide evidence that the residents were kept appropriately apprised of the resolution progress. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.10 (c) Resident care policies.		