

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395899	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/01/2025
NAME OF PROVIDER OR SUPPLIER: GARDENS AT ORANGEVILLE, THE		STREET ADDRESS, CITY, STATE, ZIP CODE: 200 BERWICK RD ORANGEVILLE, PA 17859		
STATE LICENSE NUMBER: 379502				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on an abbreviated complaint and state revisit survey completed on April 1, 2025, at The Gardens at Orangeville it was determined there were no federal deficiencies, related to the Health portion of the survey process, identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care as they relate to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations..	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	Facility cannot retroactively correct this deficiency. New scheduling system in place to assist with replacing call offs and filling open shifts via automatic blasts to staff. New scheduling system also has the ability to post open shifts to all staff including agency. Agency call offs are attempted to be replaced by the agency with additional bonus as needed. Recruitment of nursing staff will continue via facility website, Indeed, recruiting group, social media websites, local newspaper, job fairs, open house and off site recruiters. Agency utilized for open shifts. Retention efforts made with any resignation. Agency rates are reviewed weekly to ensure marketable and adjustments made as necessary. Text Blast for all open shifts. Facility recruiters have purchased list of nursing and aide staff to reach out to for recruitment. New onsite HR Director hired with extensive retention and recruitment experience.	Completion Date: 05/05/2025 Status: APPROVED Date: 04/16/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395899	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 04/01/2025
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P 5520	Continued from page 2	P 5520	<p>Calculation of daily PPD and shift ratios will be completed and reviewed daily for accuracy by the scheduler/back up scheduler, DON/ADON and NHA. All efforts will be made to meet PPD and staffing ratios. If call offs occur, all efforts will be made to attempt to fill that position.</p> <p>Daily PPD and ratios will be audited weekly x4, then monthly x2. Results to QA for review and recommendations.</p>	

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P 5520	Continued from page 3 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum nurse aide staff to resident ratio was provided on each shift for 18 shifts out of 21 reviewed. Findings include: A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:10 on the day shift, based on the facility's census: March 25, 2025, 7.72 NAs on the day shift, versus the required 8, for a census of 80. March 27, 2025, 7.62 NAs on the day shift, versus the required 8.2, for a census of 82. March 28, 2025, 6.94 NAs on the day shift, versus the required 8.2, for a census of 82. March 29, 2025, 6.34 NAs on the day shift, versus the required 8.2, for a census of 82. March 30, 2025, 5.66 NAs on the day shift, versus the required 8.3, for a census of 83.	P 5520		

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P 5520	Continued from page 4 March 31, 2025, 7.38 NAs on the day shift, versus the required 8.3, for a census of 83. A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:11 on the evening shift, based on the facility's census: March 25, 2025, 7.16 NAs on the evening shift, versus the required 7.36, for a census of 80. March 26, 2025, 6.97 NAs on the evening shift, versus the required 7.36, for a census of 81. March 28, 2025, 6.5 NAs on the evening shift, versus the required 7.45, for a census of 82. March 29, 2025, 6.06 NAs on the evening shift, versus the required 7.55, for a census of 82. March 31, 2025, 6.81 NAs on the evening shift, versus the required 7.27, for a census of 83. A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum nurse aide staff of 1:15 on the night shift, based on the facility's census:	P 5520		

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P 5520	Continued from page 5 March 25, 2025, 4.69 NAs on the night shift, versus the required 5.4, for a census of 80. March 26, 2025, 4.62 NAs on the night shift, versus the required 5.4, for a census of 81. March 27, 2025, 4.69 NAs on the night shift, versus the required 5.4, for a census of 82. March 28, 2025, 3.56 NAs on the night shift, versus the required 5.47, for a census of 82. March 29, 2025, 4.56 NAs on the night shift, versus the required 5.53, for a census of 82. March 30, 2025, 4.69 NAs on the night shift, versus the required 5.53, for a census of 83. March 31, 2025, 4.25 NAs on the night shift, versus the required 5.33, for a census of 83. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator, on April 1, 2025, at approximately 1:30 PM, confirmed the facility had not met the required NA	P 5520		

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P 5520	Continued from page 6 to resident ratios on the above dates.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 7 Nursing services. (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight. This REGULATION is not met as evidenced by:	P 5530	Facility cannot retroactively correct this deficiency. New scheduling system in place to assist with replacing call offs and filling open shifts via automatic blasts to staff. New scheduling system also has the ability to post open shifts to all staff including agency. Agency call offs are attempted to be replaced by the agency with additional bonus as needed. Recruitment of nursing staff will continue via facility website, Indeed, recruiting group, social media websites, local newspaper, job fairs, open house and off site recruiters. Agency utilized for open shifts. Retention efforts made with any resignation. Agency rates are reviewed weekly to ensure marketable and adjustments made as necessary. Text Blast for all open shifts. Facility recruiters have purchased list of nursing and aide staff to reach out to for recruitment. New onsite HR Director hired with extensive retention and recruitment experience. LPN call outs are the issue with fulfilling this need	Completion Date: 05/05/2025 Status: APPROVED Date: 04/16/2025

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P 5530	Continued from page 8	P 5530	<p>consistently, so all efforts are made to replace this hole when it occurs.</p> <p>Calculation of daily PPD and shift ratios will be completed and reviewed daily for accuracy by the scheduler/back up scheduler, DON/ADON and NHA . All efforts will be made to meet PPD and staffing ratios. If call offs occur, all efforts will be made to attempt to fill that position.</p> <p>Daily PPD and ratios will be audited weekly x4, then monthly x2. Results to QA for review and recommendations.</p>	

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P 5530	Continued from page 9 Based on a review of nurse staffing and staff interview, it was determined the facility failed to ensure the minimum licensed practical nurse ratio to resident ratio was provided on each shift for four shifts out of 21 reviewed. Findings include: A review of the facility's weekly staffing records revealed that on the following dates the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:25 on the day shift based on the facility's census. March 27, 2025, 3.22 LPNs on the day shift, versus the required 3.28, for a census of 82. March 29, 2025, 3.06 LPNs on the day shift, versus the required 3.28, for a census of 82. A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:30 on the evening shift based on the	P 5530		

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P 5530	Continued from page 10 facility's census. March 28, 2025, 2.69 LPNs on the evening shift, versus the required 2.73, for a census of 82. A review of the facility's weekly staffing records revealed that on the following date the facility failed to provide minimum licensed practical nurse (LPN) staff of 1:40 on the night shift based on the facility's census. March 28, 2025, 1.88 LPNs on the night shift, versus the required 2.05, for a census of 82. On the above dates mentioned no additional excess higher-level staff were available to compensate this deficiency. An interview with the Nursing Home Administrator, on April 1, 2025, at approximately 1:30 PM, confirmed the facility had not met the required LPN to resident ratios on the above dates.	P 5530		

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P 5640		P 5640		

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P 5640	Continued from page 12 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	Facility cannot retroactively correct this deficiency. New scheduling system in place to assist with replacing call offs and filling open shifts via automatic blasts to staff. New scheduling system also has the ability to post open shifts to all staff including agency. Agency call offs are attempted to be replaced by the agency with additional bonus as needed. Recruitment of nursing staff will continue via facility website, Indeed, recruiting group, social media websites, local newspaper, job fairs, open house and off site recruiters. Agency utilized for open shifts. Retention efforts made with any resignation. Agency rates are reviewed weekly to ensure marketable and adjustments made as necessary. Text Blast for all open shifts. Facility recruiters have purchased list of nursing and aide staff to reach out to for recruitment. New onsite HR Director hired with extensive retention and recruitment experience.	Completion Date: 05/05/2025 Status: APPROVED Date: 04/16/2025

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P 5640	Continued from page 13	P 5640	<p>Calculation of daily PPD and shift ratios will be completed and reviewed daily for accuracy by the scheduler/back up scheduler, DON/ADON and NHA . All efforts will be made to meet PPD and staffing ratios. If call offs occur, all efforts will be made to attempt to fill that position.</p> <p>Daily PPD and ratios will be audited weekly x4, then monthly x2. Results to QA for review and recommendations.</p>	

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P 5640	Continued from page 14 Based on a review of nurse staffing and resident census and staff interview, it was determined the facility failed to consistently provide minimum general nursing care hours to each resident daily on five out of the seven days reviewed. Findings include: A review of the facility's staffing levels revealed that on the following dates the facility failed to provide minimum nurse staffing of 3.2 hours of general nursing care to each resident: March 27, 2025 - 3.09 direct care nursing hours per resident. March 28, 2025 - 2.74 direct care nursing hours per resident. March 29, 2025 - 2.80 direct care nursing hours per resident. March 30, 2025 - 2.85 direct care nursing hours per resident. March 31, 2025 - 3.05 direct care nursing hours	P 5640		

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P 5640	Continued from page 15 per resident. The facility's general nursing hours were below minimum required levels on the dates noted above. An interview with the Nursing Home Administrator on April 1, 2025, at approximately 1:30 PM confirmed that the facility failed to consistently provide minimum general nursing care hours to each resident daily.	P 5640		

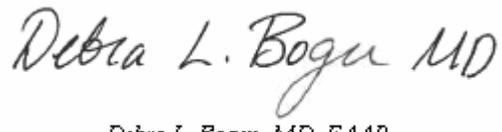


Certified End Page

**GARDENS AT ORANGEVILLE, THE
STATE LICENSE NUMBER: 379502
SURVEY EXIT DATE: 04/01/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY