

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395006	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER St Joseph's Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 Huntingdon Pike Meadowbrook, PA 19046	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>17709</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to store and serve foods in a sanitary manner in the dietary department to prevent the potential for foodborne illness.</p> <p>Findings include:</p> <p>Review of the facility policy entitled Food Storage, last reviewed March 8, 2024, revealed that food was to be stored immediately after receipt and maintained in a manner to prevent damage, spoilage, infestation, or bacterial contamination.</p> <p>Observation during the initial kitchen tour on February 11, 2025, at 10:00 a.m., revealed the following:</p> <p>There was debris on the bottom of the stand up ice cream freezer.</p> <p>There were four bins of dry goods that included white rice, flour, thickened liquid product, sugar and brown rice. The scoops for the dry goods were stored inside the bins on top of the dry goods.</p> <p>There was a container of whipped cream in a refrigerator that was not labeled or dated.</p> <p>In the dry goods storage room at 10:06 a.m, there was a bag of cereal that had been opened and re-sealed, but was not labeled or dated. There was also a bag of spaghetti and a bag of penne pasta that had been opened and re-sealed but was not labeled or dated. There was a bag of long grain rice that had been opened, had not been re-sealed and was not dated. There was a bag of tortilla chips that had been opened, was re-sealed, and was not dated.</p> <p>In the same dry goods storage room, there was a box of kosher salt that was opened and stored on a shelf on a rack that was not sealed or dated. There was a container of old bay seasoning on the same shelf that was opened, did not have a lid on it, and was not dated.</p> <p>In an interview on February 11, 2025, at 10:10 a.m., the Director of Dietary Dining Services stated that all food that had been opened was to be re-sealed, labeled, and dated. In addition, he stated that the scoops for the dry goods were not to be stored inside the dry storage bins.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>28 Pa.Code 201.14(a) Responsibility of licensee.</p>

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on review of the facility assessment and dietary policies and procedures, it was determined that the facility failed to implement the facility wide assessment to ensure that there was an inventory of resources. These resources included an adequate supply of sustenance, food and beverages, in the event of an emergency/disaster for residents and staff.</p> <p>Findings include:</p> <p>Review of the facility assessment dated [DATE], revealed that the facility was to maintain and manage a documented inventory of resources that may be needed in an emergency. There was a reference in the facility assessment to the facility emergency preparedness plan.</p> <p>Review of the current, referenced emergency preparedness plan revealed, the facility was to ensure that adequate sustenance needs for residents and staff were to be available during an emergency.</p> <p>In addition, review of the policy entitled Food and Nutrition Disaster Plan, last reviewed March 8, 2024, revealed that the purpose was to allow for advance planning in possible emergency/disaster situations. The procedure involved preparedness that included ensuring that there was an inventory of food on hand including perishable and non-perishable food. The inventory was to include adequate supplies for all current service points and additional staff and visitors.</p> <p>Observations in the kitchen on February 11, 2025, at 10:15 a.m., and review of facility documentation regarding the emergency food supply list revealed that the required number of listed food items were not available per the facility par listing. In an interview on February 11, 2025, at 10:30 a.m. the general manager of the dietary department stated that the facility did not have the required listed food items per the facility par listing. In an interview on February 13, 2025, at 9:30 a.m., the Administrator stated that the facility did not have the required supply of food/beverages in the event of an emergency/disaster on hand in the building as per the facility assessment, emergency preparedness plan and the dietary policy and procedure.</p> <p>201.14(a) Responsibility of Licensee</p> <p>201.18(b)(1) Management.</p>		