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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395074 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                        | (X3) DATE SURVEY COMPLETED<br><br>03/11/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Spring Creek Rehabilitation and Nursing Center |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1205 South 28th Street<br>Harrisburg, PA 17111 |                                              |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG                                                                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48484</b></p> <p>Based on review of select facility grievances, review of the menu and select facility recipes, observation, completion of one meal test tray, and resident and staff interviews, it was determined that the facility failed to provide foods that are palatable, attractive, and at appetizing temperatures at one of one meal observed.</p> <p>Findings include:</p> <p>Review of facility grievance log from January 2025, revealed a grievance filed on January 16, 2025, that stated, Resident stated meals are frequently cold. Chicken noodle soup last evening was cold, and bowl was only half full. Also stated tomato soup Monday evening was cold and watery.</p> <p>Review of facility grievance log from January 2025, revealed another grievance filed on January 16, 2025, on behalf of another resident, that states, French toast and bacon was cold when received this morning. Resident stated food is frequently cold.</p> <p>Review of facility menu on March 11, 2025, revealed the lunch menu consisted of Chicken with Lemon Pepper, Fluffy Steamed Rice, Peas &amp; Carrots, and Fruit Jello &amp; Topping.</p> <p>Review of the recipe that was provided for Lemon Pepper Chicken, read, in part, Place chicken in a roasting pan, brush with oil and rub well with seasoning, bake at 350 [degrees Fahrenheit - F] for 45-60 minutes until chicken begins to brown.</p> <p>Review of the recipe that was provided for Steamed Rice, read, in part, Place rice in stock pot or kettle, add water. Bring water to a boil, reduce heat, cover pot &amp; simmer rice 20-25 minutes until done, rice tender, water absorbed &amp; internal temperature of 140 [degrees Fahrenheit]. Fluff rice with service fork, add margarine &amp; season with salt &amp; pepper. The recipe also contained an alternate steamer method for the cooking process.</p> <p>A test tray was completed on March 11, 2025, at 1:17 PM, with Employee 10 (Food Service Director) that included the Chicken with Lemon Pepper, Fluffy Steamed Rice, Peas &amp; Carrots, Fruit Jello (without topping), Milk, and Coffee. The test tray was placed on a meal cart and delivered to [NAME] 3 unit with other trays being delivered at that time; 18 minutes had elapsed between with the test tray was prepared from the service line and presented for evaluation.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Spring Creek Rehabilitation and Nursing Center                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1205 South 28th Street<br>Harrisburg, PA 17111 |                                              |
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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Employee 10 took temperatures of the food items at the time the test tray was served for evaluation. At that time, the chicken had a recorded highest temperature of 121.4 degrees F and the rice had a recorded highest temperature of 114.7 F; both the chicken and rice were not at appetizing temperatures. In addition, the chicken was opaque white in color, not browned, and tasted and appeared under seasoned. The rice tasted and appeared under seasoned, as well as undercooked. The surveyor discussed the results of the test tray with Employee 10.</p> <p>During an interview with Resident 2 on March 11, 2024, at 1:20 PM, he revealed his lunch lacked flavor and wasn't warm enough. He further revealed that his food is never warm enough.</p> <p>During an interview with the Nursing Home Administrator and the Director of Nursing on March 11, 2025, at 2:18 PM, the surveyor revealed the concern with food palatability and the test tray results. No further information was provided.</p> <p>28 Pa. Code 201.14. Responsibility of licensee</p> |                                                                                             |                                              |