

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395123	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Gardens at Camp Hill, The		STREET ADDRESS, CITY, STATE, ZIP CODE 46 Erford Road Camp Hill, PA 17011	

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 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>48484</p> <p>Based on observation, completion of a test tray, and resident and staff interviews, it was determined that the facility failed to provide beverages that were palatable temperatures for one of one meals tested .</p> <p>Findings include:</p> <p>An interview with Resident 1 on April 1, 2024, at 10:54 AM, revealed the meals could be better and items are often served cold.</p> <p>Review of facility grievance logs from January 2024 to present, revealed a grievance filed on March 26, 2024, related to a prison style food system and that his meals are typically 45 minutes late.</p> <p>Observation of second floor meal service on April 1, 2024, at 12:44 PM, revealed all residents had been served on the unit.</p> <p>A test tray was completed on April 1, 2024, at 12:44 PM, utilizing a lunch tray served from the tray line steam table on the unit. The test tray included: meatloaf, mashed potatoes, peas and carrots, ice cream, milk, and coffee. Temperatures taken by Employee 1 (Dietary Manager) revealed the milk was 55.2 degrees and coffee was 116.2 degrees. Consequently, items were not palatable.</p> <p>During an interview with Employee 1 on March 20, 2024, at 12:48 PM, he revealed when the staff are passing drinks they don't keep the cold beverages submerged in the ice, and that leads to the rise in temperature. He further revealed he has some new coffee carafes that he plans to open and use that might help to keep the coffee hot during service.</p> <p>During an interview with the Nursing Home Administrator on April 1, 2024, at 1:19 PM, the surveyor revealed the concerns with the test tray. No further information was provided.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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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