

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Belmont Avenue Philadelphia, PA 19131	
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>06525</p> <p>Based on reviews of dietary policies and procedures, interviews with residents and staff and observations of the food and nutrition services, it was determined that foods were not prepared and served by methods to conserve nutritive value, flavor and appearance. (Residents R1, R2 and R3)</p> <p>Findings include:</p> <p>Review of the policy titled Food and Beverage Serving Temperature Requirements dated February 14, 2022, revealed that it was the responsibility of the food and nutrition services department to serve foods and beverages to the residents that were palatable, attractive and at safe and appetizing temperatures. The policy also indicated that serving temperatures for hot foods were 140 degrees Fahrenheit and cold foods 40 degrees Fahrenheit. This policy also indicated that the minimum holding temperatures for hot foods was 135 degrees Fahrenheit and the minimum holding temperature for cold foods was 41 degrees Fahrenheit.</p> <p>Interviews with Residents R1, R2 and R3 at 11:00 a.m., on April 10, 2024 revealed that hot foods were not being served hot. The residents reported that food items taste cold and unflavored, at point of service. These alert and oriented residents usually eat in their rooms for meals.</p> <p>A temperature test tray evaluation was completed on the three south nursing unit during the noon meal service. Fried breaded fish was served unappetizing dry, over cooked and cold. This hot food item was tested at 110 degrees Fahrenheit. Hush puppies, a breaded cheese balls were hard and over-cooked. This hot food item tested at 103 degrees Fahrenheit. Coffee, a hot beverage tested at 126 degrees Fahrenheit. Cole slaw a cold food item tested at 63 degrees Fahrenheit. The portion size of the Cole slaw was small and served in a two ounce plastic container; instead of regular tableware. The cole slaw was served along side the heated foods which contributed to the warm not cold cole slaw temperature. The temperatures, food flavor and appearance were confirmed with the Director of Dietary Services, Employee E5 during the noon meal service for the residents on the three south nursing unit on April 10, 2024.</p> <p>A review of the hot food holding temperatures, as recorded by the dietary staff on April 10, 2024 revealed that hot food items were being held between 165 and 180 degrees Fahrenheit. The hot and prolonged holding temperatures on the steam table added to the decreased nutritive value, unflavored and unacceptable appearance of the foods at point of service for the residents.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395134	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Inglis House		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 Belmont Avenue Philadelphia, PA 19131	
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>Observations of the equipment used to transport and serve foods and beverages for residents eating in their rooms, on the three south nursing unit revealed that a full thermal heating system was not available for use. Residents eating in their rooms received foods on a white plate with plastic wrap covering the plated foods.</p> <p>28 PA. Code 211.10(a)(b)(c) Resident care policies</p> <p>28 PA. Code 201.18(b)(1)(3) Management</p> <p>28 PA. Code 211.12(b)(d)(3)(5) Nursing services</p>		