STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395138	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mifflin Center	500 East Philadelphia Avenue Shillington, PA 19607

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840 Based on clinical record review and staff interview, it was determined that the facility failed to develop or implement a comprehensive care plan and/or interventions that addressed individual resident needs as identified in the comprehensive assessment for three of 27 sampled residents. (Resident's 15, 17, 21) Findings include: Clinical record review revealed that Resident 15 had diagnoses that included malignant neoplasm of prostate and Alzheimer's disease. Review of the current care plan revealed Resident 15 was at risk for skin breakdown with an intervention for staff to apply Geri-Sleeves (sleeves to protect skin from damage caused by friction and shearing) to bilateral arms in the morning and remove during provision of care. Multiple observations on November 12, 13, and 14, 2024, between 9:30 a.m. and 1:45 p.m., revealed Resident 15 sitting in a wheelchair, in the day room, shirt sleeves pushed up, and Geri-Sleeves not applied. Clinical record review revealed that Resident 17 was admitted to the facility on [DATE], and had diagnoses that included Parkinson's disease, multiple sclerosis, and metabolic encephalopathy. The Minimum Data Set (MDS) Care Area Assessment (CAA) summary dated October 10, 2024, noted that the resident's activities, dehydration/fluid maintenance, nutritional status, pain, pressure ulcer/injury, and psychosocial well-being were to be addressed in the care plan. There was no evidence that interventions to address Resident 17's activities, dehydration/fluid maintenance, nutritional status, pain, pressure ulcer/injury, and psychosocial well-being were included in the current care plan. Clinical record review revealed that Resident 21 had diagnoses that included polyneuropathy and muscle weakness. Review of the current care plan revealed Resident 21 demonstrated loss of range of motion in bilateral lower extremities and was at risk for functional deterioration with an intervention for restorative range of motion. There was no evidence that interventions were developed or implemented to address Resident's 21's risk for functional deterioration. In an interview on November 15, 2024, at 9:40 a.m., the Director of Nursing confirmed there was no documented evidence that the care areas were addressed in the residents' current care plans. CFR 483.21(b)(1) Comprehensive Care Plans (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395138	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mifflin Center	500 East Philadelphia Avenue Shillington, PA 19607

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Previously cited 12/7/23 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395138	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mifflin Center	500 East Philadelphia Avenue Shillington, PA 19607

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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 39422 Based on facility documentation, resident interview, results of a test tray, and staff interview, it was determined that the facility failed to provide food that was palatable and at an appetizing temperature in the main dining room. Findings include: Review of the facility policy entitled, Dining Service Operations: Test Trays, last reviewed April 8, 2024, revealed that food would be palatable, attractive, and served at a safe and appetizing temperature. Review of Dining Council Minutes from September 30, 2024, and October 6 and 14, 2024, revealed that residents had stated that their food gets served cold and was not palatable. In a group interview on November 13, 2024, at 10:30 a.m., Residents 54 and 62 reported that food served in the main dining room was often served cold and not palatable. Results of a test tray audit conducted on November 13, 2024, at 11:33 a.m., after the last resident meal tray was served in the main dining room from the main kitchen, revealed a smothered chicken breast was served at a temperature of 110.0 degrees Fahrenheit, mashed potatoes at 115.1 degrees Fahrenheit, and ravioli pasta at 124.0 degrees Fahrenheit. All food items were cool to taste. In an interview during this observation period, the Dietary Director stated that the hot food should have achieved a temperature of 135 degrees Fahrenheit or higher. 28 Pa. Code 201.14(a) Responsibility of licensee.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395138	A. Building B. Wing	11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mifflin Center	500 East Philadelphia Avenue Shillington, PA 19607

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 39422 Based on policy review and observation, it was determined that the facility failed to properly serve food and maintain sanitary conditions in the main kitchen. Findings include: Review of the facility policy entitled, Food: Preparation, last reviewed April 8, 2024, revealed that all staff were to practice proper hand hygiene and glove use. Dining Services staff were responsible for food preparation procedures and using serving utensils appropriately to prevent cross contamination. Observation of the tray line service on November 13, 2024, at 11:00 a.m., revealed the following: Dietary Employee 1 (DE 1) was wearing gloves and operating the tray line. DE 1 grabbed a smothered chicken breast without a serving utensil. DE 1 then walked away from the tray line to open a bag of hot dog buns, she then opened and closed a drawer of utensils, and wiped food substance off her apron without changing gloves or performing hand hygiene between each task. DE 1 then placed a small metal container of food from the steam table directly top of the cooked meat. CFR 483.60(i) Food Safety Requirement Previously cited 12/7/23 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(e)(2.1) Management.