

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2025
NAME OF PROVIDER OR SUPPLIER  Neffsville Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2829 Lititz Pike Lancaster, PA 17601	

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>30934</p> <p>Based on facility policy and procedure review, observations, and staff interview it was determined the facility failed to maintain a sanitary environment in the kitchen.</p> <p>Findings Include:</p> <p>Review of facility policy and procedure titled Cleaning and Sanitation of Food Service Area, last revised July 2023 revealed the food service staff will maintain the sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule.</p> <p>Observation of the dishwashing area on March 25, 2025 at 2:45 p.m. revealed a large brown colored substance covering the wall behind the dishwashing machine.</p> <p>Interview with Dietary Employee E3 on March 25, 2025 at 3:10 p.m. confirmed that the walls were dirty and that there had been a buildup of debris behind the dish washing machine.</p> <p>28 Pa. Code: 201.18(b)(3) Management</p> <p>28 Pa. Code 211.6(f) Dietary services</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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