

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Sarah Reed Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 227 West 22nd Street Erie, PA 16502	
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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48496</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in one of two walk-in coolers and one of one dry storage areas reviewed in the kitchen.</p> <p>Findings include:</p> <p>Review of facility policy entitled Proper Storage of Fresh, Frozen, Leftover and Opened Food Products dated 2/6/24, indicated If a product is found that is past the use-by date, it is to be disposed of in a proper manner. Another policy entitled Food From Outside Sources dated 2/6/24, indicated unconsumed food will be disposed of consistent with the manufacturing guidelines, food labels .</p> <p>Observation of the kitchen areas on 6/5/24, at 10:10 a.m. revealed an open partially used container of pasta salad in the cooler with a use-by date of 5/30/24, observations in the dry storage area revealed eight cans of pureed ham with an expiration date of March 2024, one open gallon jug of molasses with a use-by date of 10/13/23, and two tubs of baking soda with an expiration date of 5/31/24.</p> <p>During an interview with the Dietary Manager on 6/5/24, at the time of the observations, he/she confirmed that the open container of pasta salad, eight cans of pureed ham, one open gallon of molasses, and two tubs of baking soda were beyond their use-by date and/or expiration dates. He/she also confirmed that the items should have been discarded by their use-by dates and/or expiration dates.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395206
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