

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395217	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Richboro Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Twining Ford Road Richboro, PA 18954	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>43883</p> <p>Based on resident interview, review of facility documentation, observation, and staff interview, it was determined that the facility failed to follow pre-approved menus and notify residents of changes to the pre-approved menus on one of three nursing units. (Front hall)</p> <p>Findings include:</p> <p>During interviews on June 17, 2024, from 11:26 a.m., through 11:40 a.m., Residents 26 and 35 stated that they often did not get the menu items they selected for their meals. Review of the facility menus for June 17, 2024, revealed that the lunch meal was to include steamed corn and frosted chocolate cake.</p> <p>Observation of Resident 35's select menu on June 17, 2024, at 11:51 a.m., revealed that the resident had selected alternate items of a chef salad with no meat and applesauce however the resident received a tuna fish sandwich, rice, cauliflower, apple juice, and soup. Review of the tray ticket revealed that the meal should have included steamed corn and fresh fruit. The resident stated she was dissatisfied with the tuna fish sandwich and cauliflower; she did not order those items. She also stated she did not receive the applesauce or fresh fruit. In an interview at 12:56 p.m., Resident 35 stated she was not notified of any substitutions or changes to the pre-approved menus or to her alternate meal selections.</p> <p>In an interview on June 17, 2024, at 11:58 a.m. Resident 26 stated that she received cauliflower on her lunch tray and a packaged chocolate cookie was observed on the tray. The resident stated that the tray ticket indicated the meal was to include steamed corn and frosted chocolate cake, and she was not notified of any meal changes or substitutions.</p> <p>Resident 184 was observed to have cauliflower and a packaged chocolate cookie on his tray, the resident stated he was not notified of any meal changes or substitutions.</p> <p>In interviews on June 17, 2024, at 12:05 p.m., nurse aide (NA) 1, NA 2, and staff member 3, stated that they were not notified of any changes to the pre-approved menus.</p> <p>In an interview on June 18, 2024, at 12:30 p.m., the regional Director of Dining Services confirmed that the residents were not notified of changes to the pre-approved menus for the lunch meal on June 17, 2024.</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
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 211.6(a) Dietary services.</p>

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>Based on policy review, observation, and staff interview, it was determined that the facility failed to properly store food items and maintain sanitary conditions in the kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, Labeling and Dating, last reviewed [DATE], revealed that foods were to be discarded by the use-by date and all foods were to be dated.</p> <p>Observation during the tour of the kitchen on [DATE], at 9:56 a.m., revealed the following:</p> <p>In the food preparation area, there were several flies observed around the hand sink area. There were two juice dispensers that had a dried sticky substance on the spouts. There was peeling paint on a ceiling tile above the meat slicer. There were several holes in the wall adjacent to the tile. There was a fan with a layer of dust on the fan shield, the fan was on at the time. There was an opened container of peanut butter with food debris outside of the lid and it was not dated.</p> <p>In the tray line cooler, there was an opened container of juice and jelly, seven cups of applesauce, and a poured apple juice that were not dated. The bottom of the cooler had a buildup of dried food and liquid.</p> <p>In the walk-in cooler, there was an opened bag of cheese and opened pie container stored on small cups of prune juice. There was a lettuce leaf that was directly touching the shelf. There was a wrapped head of lettuce, opened container of hard cooked eggs, and a pan of peeled potatoes that were not dated. There were five containers of yogurt with a use-by date of [DATE], six containers of yogurt with a use-by date of [DATE], and two containers of cottage cheese with a use-by date of [DATE]. There was food and dried liquid on the floor under the shelves. In the freezer, there were two tubs of ice cream with sticky food debris on the top of each lid.</p> <p>In the dry storage area, there were nine bags of yellow cake mix that were removed from the original packaging and not dated. The window air conditioning (A/C) unit was on and there were several spider webs with debris and a dead fly on the window sill. There was a section of wall below the window A/C unit that was crumbling. There were several areas of peeling paint above food storage areas. There was food debris underneath and on top of the lids of the bulk bins of flour, sugar, and breadcrumbs. The scoops for each bulk bin had food debris on them. There was a banana on the floor under a shelf. There was a package of opened taco seasoning and croutons that were not dated. A fly was observed in the storage area.</p> <p>In the paper product storage area, there was paper debris on the floor and a garbage bag with items in it on the floor in the corner. There was an area of a dark, dried sticky substance on the floor.</p> <p>In an interview at 11:00 a.m., the Dining Services Director confirmed that the items should have been dated and were not and the expired items should have been removed and were not.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>CFR 483.60(i) Food Safety Requirement</p> <p>Previously cited [DATE]</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p>