

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2025
NAME OF PROVIDER OR SUPPLIER  Oak Glen Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Ridgecrest Circle Lewisburg, PA 17837	

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.  (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:  395283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2025
NAME OF PROVIDER OR SUPPLIER  Oak Glen Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Ridgecrest Circle Lewisburg, PA 17837	
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>Based on observations, and resident and staff interview, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures on one of three open nursing units (Evergreen, Residents 2 and 3). Findings include: Interview with Resident 2 on September 24, 2025, at 11:16 AM revealed the resident chooses to eat meals in his room. Resident 2 stated sometimes the coffee and food are cold. Interview with Resident 3 on September 24, 2025, at 11:40 AM revealed the resident chooses to eat meals in the dining room and stated the coffee is cold. Observation of the lunch meal service on the Evergreen unit on September 24, 2025, at 12:17 PM, where Residents 2 and 3 reside, revealed dietary and nursing staff serving resident's lunch in the unit dining room from a steam table located in the same room. Nursing staff were observed passing beverages to residents seated in the dining room from a beverage cart that had pitchers water, and iced tea, as well as plastic gallon containers of milk, and air pots (containers utilized to hold hot beverages and dispense them) of hot water, coffee, and decaffeinated coffee. As resident meal service for those seated in the dining room was nearing completion at 12:40 PM nursing staff in the dining room were observed setting up trays on three small carts in the dining room that held three trays in the interior of the cart. Staff were placing two resident meals on one tray beside one another in the cart. Trays were also placed on the top of the cart. The staff poured beverages into cups and placed them on the trays without covers. Staff were observed obtaining coffee from one of the air pots on the beverage cart with coffee only sputtering out of the air pot, half filling a coffee cup, and placing it uncovered on one of the trays on a cart. Staff were overheard stating to another staff member that all the coffee was gone. At 12:49 PM the coffee above was placed on the tray that was still being assembled with food that dietary staff were plating from the steam table. The plates of food were placed on trays in the cart and trays on top of the cart. Two trays on top of the cart were observed to have all food/beverages served in disposable foam items. The beverage cups did not have lids, nor did a foam bowl of tomato soup, a plastic lid was over the foam plate of the main meal. Hot food inside the cart was plated on non-disposable plates and placed on the trays, the last meal did not have a lid over the hot entree. At 12:51 PM Employee 1, nurse aide, was observed wheeling this cart to a hallway on the unit and began passing the trays to resident rooms with the trays containing foam products served first to isolation rooms. At 1:17 PM Resident 2's tray was taken off the cart as staff were obtaining it to pass to the resident. Resident 2's meal/side dishes and beverages were on the tray with another resident meal to the other side of the tray with no cover over the meal on the plate. Employee 1 indicated the meal was not covered as there were not enough plate covers in the dining room. Resident 2's meal was also observed to have plastic utensils. Employee 2 indicated there was not enough silverware in the dining room for all the trays, Employee 2 also indicated there were no lids available for the coffee mugs or cold beverage cups. Employee 2's meal was tested for temperature and palatability as follows, beef stroganoff was lukewarm at 104 degrees Fahrenheit (F), carrots were mushy and lukewarm at 103.5 degrees F, half-filled cup of coffee was 99.1 degrees F, tomato soup was lukewarm at 104.8 degrees F, and the milk was only slightly chilled at 53.7 degrees F. Interview with Employee 2, food service manager, on September 24, 2024, at 2:00 PM confirmed an adequate supply of silverware, food and beverages, and lids should be available for service on the nursing units and the temperatures noted above were outside acceptable temperatures for palatability at the time of service. The above information was reviewed with the Nursing Home Administrator on September 24, 2025, at 2:35 PM. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management</p>		