

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Pleasant Acres Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 118 Pleasant Acres Rd,rd7 York, PA 17402	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>37116</p> <p>Based on observations and staff interview, it was determined that the facility failed to maintain a clean, comfortable, homelike interior on one of five units observed (5th floor).</p> <p>Findings include:</p> <p>Observations on August 27, 2024, at the noted times revealed the following:</p> <p>11:28 AM and 1:30 PM - debris and soiled areas on the floor were noted under and around the head of Resident 1's bed.</p> <p>11:33 AM and 1:30 PM - a dried liquid spill was present on the door of Resident 3's room. A vitals monitor located in the hallway outside of Resident 3's room was observed to have spots of debris on the machine, and the base of the stand had multiple spots of debris and dried soiled areas. Additionally, a dried liquid spill was present on the wall and baseboard in the hallway outside of Resident 3's room.</p> <p>11:37 AM and 1:30 PM - multiple ants were gathered around a dropped piece of food next to Resident 4's bed, dried spills were present on the legs of Resident 4's bed, and multiple spots/smears of debris were present on the fall mat next to Resident 4's bed. Debris was present around and under Resident 2's bed.</p> <p>11:50 AM and 1:30 PM - soiled and/or rusty areas were present on the leg of Resident 5's overbed table.</p> <p>11:53 AM - cobwebs were present in window at the end of the west hallway.</p> <p>During a tour with the Nursing Home Administrator and Director of Nursing on August 27, 2024, at approximately 1:30 PM, they acknowledged the aforementioned concerns, and stated they would be addressed.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(3)(e)(2.1) 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
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