

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 02/09/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, review of facility policy, and staff interview, it was determined that the facility failed to store and serve food/beverages in accordance with professional standards for food safety in the kitchen. Findings include: Review of facility policy, titled Personal Hygiene, revised January 2026, read, in part, cover facial hair with a beard guard, nails trimmed and clean with unpolished fingernails. Review of facility policy, titled Dress Code, not date marked, read, in part, disposable gloves are single use and changed between tasks. Observations on February 9, 2026, in the kitchen revealed the following: At 11:16 AM, Employee 2 (Food Service Director) was preparing food for the lunch meal, removed her gloves, utilized a cell phone, donned fresh gloves without completing hand hygiene and returned to preparing food. At that time Employee 2's fingernails were one inch long and contained nail polish. At 11:20 AM, Employee 1 (Dietary Aide) had a full beard and was walking through the kitchen without a beard covering. At 11:30 AM, Employee 3 (Dietary Aide) was wearing gloves, retrieved a # 10 can (3 quarts) of chocolate pudding from the storage rack; with the same gloved hand dished a portion of salad into a bowl; then proceeded to open the reach-in refrigerator; then the walk-in refrigerator; touched her face, hair, pants and sweater; opened a bag of grated cheese and touched cheese with the same gloved hand to transfer it to a container, and then topped the salad in the bowl with the cheese. Employee 3 didn't change gloves or complete hand hygiene. At 11:35 AM, Employee 4 (Dietary Aide) with gloved hands emptied a bag of lettuce on top of the lettuce already in a large metal bow; moved a cardboard box from the counter to the floor; opened a bag of red shredded cabbage and emptied it into the bowl of lettuce and tossed it with the lettuce; and portioned the lettuce out into bowls with the same gloved hands. Employee 4 didn't change gloves or complete hand hygiene. At 11:40 AM Employee 5 (Cook) with gloved hands opened frozen cauliflower, placed it into a steamtable pan; using a hot pad retrieved chicken from the oven; using the same gloved hand topped the chicken with grated cheese; delivered the pan of chicken to the steam table. Employee 5 didn't change gloves or complete hand hygiene. At 11:55 AM Employee 6 (Dietary Aide) with gloved hands operated the elevator (touching buttons, the door and security fence), and with the same gloved hand retrieved two crustless grilled cheese sandwiches from the food warmer and placed the sandwiches on a plate on the tray line. Employee 6 didn't change gloves or complete hand hygiene. Interview with the Nursing Home Administrator (NHA) and Assistant NHA on February 10, 2026, at 3:00 PM, it was revealed they were made aware of a social media post from a former Dietary Aide documenting concerns with hand hygiene, hair coverings, and other food sanitation concerns at the facility. The consultant Food Service Company completed training on hand hygiene and use of hair coverings the week prior. It was revealed that the facility training personnel would be completing additional training with the Dietary Department. 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 395290	Facility ID: 395290 If continuation sheet Page 1 of 2

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 02/09/2026
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, staff interviews, and review of pest control service reports, it was determined that the facility failed to maintain an effective pest control program so that the facility is free from pests in the dish room. Findings include: Observation on February 9, 2026, at 11:05 AM, in the dish room revealed there was a musty odor. There was standing water on the floor behind the dish machine, 40 floor tiles contained a black substance that couldn't be wiped away with a broom, and on the floor the cover to the sump pump contained food debris and food wrappers. The dustpan on the floor near the sump pump contained food wrappers and food particles. Under the right end of the food trough (dirty side of the dish machine) was a blue trash can filled with water. The exhaust unit from the top of the dish machine to the exterior wall was dripping water onto the floor. A dead roach was observed on the floor near the clean side of the dish machine under the wall shelf. Interview with Employees 1 and 3 (Dietary Aides) on February 9, 2026, at 11:10 AM and 11:30 AM, revealed they have observed bugs in the dish room. Observation in the dish room with Employee 7 (Maintenance Director) on February 9, 2026, at 2:30 PM, revealed the condition of the dish room was as stated above, and the dead roach remained on the floor. At that time, it was revealed that the facility is treated for pests, to include roaches weekly. It was also confirmed that standing water and food debris minimizes the effectiveness of pest control treatments. Review of the contract pest control service inspection reports revealed weekly service to the facility to include the kitchen and basement or the dish room, and targeted pests included roaches. Review of the report dated January 15, 2026, documented unable to apply treatment in the dish room because the floor was wet. Interview with the Nursing Home Administrator (NHA) and Assistant NHA on February 10, 2026, at 3:00 PM, the surveyor discussed the concern with the dead roach, standing water, and food debris on the floor of the dish room. It was revealed that the grout is scheduled to be replaced in the dish room, and that there shouldn't be standing water of food debris on the floor. 28 Pa. Code 201.18 (e)(1)(2.1) Management</p>