STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395290	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Acres Rehabilitation and Nursing Center	118 Pleasant Acres Rd,rd7 York, PA 17402

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(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 - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on review of facility meal tray test form, select facility grievances, review of resident council meeting minutes, review of the menu and select facility recipes, observations, completion of one meal test tray, and resident and staff interviews, it was determined that the facility failed to provide foods that are palatable, attractive, and at appetizing temperatures.Findings include: Review of form, titled Food and Nutrition Services Test Tray and Accuracy Evaluation last revised January 3, 2025, revealed Standard Temperatures for hot foods at point of service is greater or equal to 135 degrees Fahrenheit (F- unit of measure); and the Standard Temperature for milk at point of service is less than or equal to 45 degrees F. Interview with Resident 1 on April 6, 2026, at 11:33 AM, revealed she dislikes the food, and was served items she dislikes. Interview with Resident 29 on April 6, 2026, at 12:23 PM, he stated the hot food is served cold, and the vegetables are hard. Interview with Resident 133 on April 6, 2026, at 12:35 PM, it was stated that hot food is served cold. Interview with Resident 241 on April 6, 2026, at 12:10 PM, he doesn't like the taste of the food. Interview with Resident 8 on April 7, 2026, at 9:44 AM, revealed the temperature and taste of the food are poor. Review of resident council meeting minutes on January 23, 2026, read, in part, Residents have concerns with food temperatures/timing of trays. Review of facility grievance log from February 2026 revealed a grievance filed on February 3, 2026, that stated, Meal on lunch tray was cold today. Meals are always cold. Review of facility grievance log from March 2026, revealed a grievance filed on March 23, 2026, that stated, Food not palatable. Review of facility menu on April 7, 2026, revealed the main lunch meal consisted of Roast Turkey, Mashed Potatoes, Lima Beans, and Chilled Pears. Observation of Resident 8's meal tray on April 7, 2026, at 1:31 PM, revealed he had eaten everything on his plate except for the lima beans, which were left untouched, and appeared opaque white, overcooked, dry, and blistered. Review of facility menu on April 8, 2026, revealed the main lunch meal consisted of Polish Sausage, Mac-N-Cheese, Braised Cabbage, Cornbread, and Pineapple Tidbits. A test tray was completed on April 8, 2025, at 12:46 PM, with Employee 3 (Certified Dietary Manager) that included the Polish Sausage, Mac-N-Cheese, Braised Cabbage, Cornbread, Pineapple Tidbits, Milk, and Coffee. The test tray was placed on a meal cart and delivered to M4 unit with other trays being delivered at that time. Employee 3 took temperatures of the food items at the time the test tray was served for evaluation. At that time, the sausage had a highest recorded temperature of 123 degrees F; the macaroni and cheese had a highest recorded temperature of 119 degrees F; the cabbage had a recorded highest temperature of 116 degrees F; and the milk had a lowest recorded temperature of 51.8 degrees F. The aforementioned food and the milk were not served at appetizing temperatures. The macaroni was not cheesy with a sauce and was bland and covered in small green specks of seasoning. During an interview with Employee 3 on April 8, 2025, at 12:46 PM, at 12:49 AM, he revealed the aforementioned food and beverage temperatures were not within acceptable ranges. Review of the recipe that was provided for Macaroni-N-Cheese, read, in part, [NAME] macaroni in salted boiling water until tender. Do not overcook. Rinse with cold water. Prepare white sauce in a large pot by bringing milk to a simmer. Add all 4 cheeses. Stirring occasionally to avoid from sticking or burning. Add seasonings to cheese sauce. Add macaroni and stir gently. Further review of the recipe failed to reveal any green seasoning. During an interview with the Nursing Home Administrator, the Director of Nursing, and (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

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employee 1 (Assistant Nursing Home Administrator) on April 9, 2026, at 10:44 AM, the surveyor revealed the concern with food palatability and the test tray results. No further information was provided. 28 Pa. Code 201.14(a) Responsibility of licensee

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on facility policy review, observations, and staff interviews, it was determined that the facility failed to store food and utilize equipment in accordance with professional standards for food service safety in five of five nourishment areas.Findings include: Review of facility policy, titled Food from Home- Safety last revised April 3, 2023, read, in part, It is the policy of this facility to provide safe and sanitary storage, handling, and consumption of all food including food and fluids brought to residents by family and other visitors. Facility staff will be appointed to check resident refrigerators for proper temperatures, food containment and quality, and disposal of items per facility policy. Proper labeling and dating of each item. Leftover foods will be used within 3 days or discarded. Food requiring refrigeration will be received by the facility designee for proper and immediate storage including labeling and dating. Observation in the M1 pantry area refrigerator on April 6, 2026, at 10:33 AM, revealed a plastic bag that was not dated and contained slices of pizza with green spots on them consistent with mold; a container of sour cream not dated; and a container of soup not labeled with a residents name or dated. Observation in the M2 pantry area refrigerator on April 6, 2026, at 10:43 AM, revealed one bag of sliced cheese with a sell by date of March 2, 2026; one container of desserts not dated; two containers of food not dated; one plastic bag of food items in containers not dated; one egg salad sandwich not dated; one bag of Styrofoam take out containers not labeled with a resident's name or dated; two grocery bags of food not labeled with a resident's name or date; one bag of Styrofoam containers of takeout dated March 24, 2026, and three containers of yogurt from an outside source not labeled with a resident's name. Observation in the M3 pantry area freezer on April 6, 2026, at 10:55 AM, revealed one box of takeout pizza from November 2025. Observation in the M3 pantry area ice machine April 6, 2026, at 10:58 AM, revealed black and orange spots on the white part of the ice machine under the door that were able to be wiped away. Observation in the M5 pantry area ice machine April 6, 2026, at 11:03 AM, revealed black and orange spots on the white part of the ice machine under the door that were able to be wiped away. Observation in the M5 pantry area freezer on April 6, 2026, at 11:04 AM, revealed one container of ice cream from an outside source with a best by date of December 3, 2025; one packet of pancake syrup not dated; and one bag of food for a resident not dated. Observation in the M5 pantry area refrigerator on April 6, 2026, at 11:06 AM, revealed one container of rice without a resident's name or date; one black bag of food wrapped in foil without a resident's name or date; one ham sandwich not dated; one paper box container of food not dated; food wrapped in foil without a resident's name or date; one container of pizza without a date; and one Styrofoam container from an outside source not dated. Further observation in the M5 refrigerator revealed it was heavily soiled and had brown liquid spilled on the top shelf. Observation in the M4 pantry area freezer on April 6, 2026, at 11:11 AM, revealed foil wrapped food items with a resident's name but not dated; one container of sherbet labeled use by January 8, 2026; one ice cream cake not dated; one ice cream cake not labeled with a resident's name or date and not properly sealed; and one ice cream bar from an outside source not labeled with a resident's name or date. Observation in the M4 pantry area refrigerator on April 6, 2026, at 11:15 AM, revealed one package of chocolate candy without a resident's name and a best by date of November 2024; one danish without a resident's name or date; one container of chocolate candy bars not labeled with a resident's name or date; one fruit tart not labeled with a residents name or date; and one container of food not labeled with a resident's name or date. During an interview with the Nursing Home Administrator on April 7, 2026, at 2:11 PM, he revealed his expectation that expired items are discarded, foods items are labeled and dated per facility policy, and equipment is kept clean in accordance with professional standards. 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1) Management

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident assessment accurately reflected the resident's status for two of 35 residents reviewed (Residents 13 and 176).Findings Include: Review of Resident 13's clinical record revealed diagnoses that included bipolar disorder (a chronic mental health condition characterized by intense, fluctuating mood episodes, ranging from extreme highs to severe lows) and dementia (a general term for severe mental function loss). Review of Resident 13's quarterly MDS (Minimum Data Set is part of federally mandated process for clinical assessment of all Medicare and Medicaid certified nursing homes) dated February 11, 2026, indicated in Section N0450 Antipsychotic Medication Review, section E, that Resident 13 had a GDR (gradual dose reduction) declined by the physician on December 17, 2025. Review of Resident 13's clinical record failed to reveal any evidence that Resident 13 had an antipsychotic GDR recommended or declined on December 17, 2025 Interview with the Director of Nursing (DON) on April 8, 2026, at 11:45 AM, revealed that it was marked in error and a correction was being completed. Review of Resident 176's clinical record revealed diagnoses that include muscle weakness (weakness in the muscles not explained by any medical diagnosis) and major depressive disorder (a serious, common mood disorder characterized by persistent sadness, loss of interest, and fatigue, lasting at least two weeks and impairing daily life) Review of Resident 176's Significant change MDS dated [DATE], indicated in Section J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), that Resident 176 had one fall with no injury and one fall with major injury during the look-back period. Review of Resident 176's clinical record failed to reveal any falls during the lookback period. Interview with the DON on April 8, 2026, at 11:45 AM, revealed that Resident 176's MDS was marked in error, and it referred to falls that happened prior to the look-back period and that an MDS modification would be completed. 28 Pa Code 211.12 (d)(3)(5) Nursing Services.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on policy review, observation, clinical record review, and resident and staff interviews, it was determined that the facility failed to ensure professional standards were followed when medications were left in the resident's room for one of 35 residents reviewed (Resident 41), and failed to accurately document the location of the treatment on the physician orders, the location of the skin tear on the care plan, and failed to apply a dressing as ordered by the physician for one of 35 residents reviewed (Resident 252).Findings include: Review of the facility policy, titled Self-Administration of Medications, last review date March 2026, stated, If the resident desires to self-medicate or is appropriate for self-administration teaching for discharge, an assessment will be completed by the nurse and reviewed by the IDT prior to implementing. Review of Resident 41's clinical record revealed diagnoses that included bipolar disorder (a chronic mental health condition characterized by intense mood shifts) and mixed obsessional thoughts and acts (a type of obsessive-compulsive disorder). Review of Resident 41's physician orders failed to include an order to self-administer medications. Observations made during an interview with Resident 41 on April 6, 2026, at 11, 2025, at 10:44 AM, revealed Systane Ultra Ophthalmic Solution 0.4-0.3 % on the Resident's bedside stand. Resident 41 said he does not pay for them, and added sometimes he administers the drops and sometimes the staff administers the drops. A review of the clinical record failed to reveal a resident assessment to self-administer medications. Observation on April 7, 2026, at 12:50 PM, revealed no eye drops on the bedside stand. Resident was asked about his eye drops that were present the day before. Resident 41 said he is no longer allowed to self-administer his eye drops and that staff placed them in the medication cart. During an interview with the Director of Nursing (DON) on April 8, 2026, at 2:33 PM, it was confirmed Resident 41 was not permitted to self-administer his medications and added that she spoke with a nurse who informed her that she forgot to take the Systane from Resident 41's room during the AM medication pass on April 6, 2026. Review of facility policy, titled Clean Non-sterile Dressing Change, last reviewed January 2026, read, in part, review the resident's care plan, current orders, and diagnoses. Check the treatment record. Review of Resident 252's clinical record documented diagnoses that included diabetes mellitus (the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine), obesity, and abnormal gait. Review of Resident 252's physician orders included to cleanse left elbow with normal saline solution, apply a non-adherent dressing, and secure in place with roll gauze one time a day and as needed, with a start date of April 2, 2026, and a discontinued date of April 7, 2026, at 3:07 PM. Review of Resident 252's treatment administration record documented the aforementioned treatment to the left elbow was completed April 2nd through 7th, 2026. Review of Resident 252's care plan included a focus area for open skin areas: incontinence-associated dermatitis on sacral crease and a skin tear to his left elbow, date-initiated March 6, 2026, and revised April 1, 2026. Review of Resident 252's progress notes documented a fall on April 1, 2026, he sustained a skin tear on his right elbow. Observation of Resident 252's elbows on April 6, 2026, at 10:07 AM, revealed a foam dressing on the right elbow; not marked with a date or initials, and the upper right corner was rolled back; no dressing to left elbow. Additional observation on April 7, 2026, at 2:59 PM, with Employee 8 (Registered Nurse, Unit Manager) revealed Resident 252 had a scabbed area on his right elbow that didn't contain a dressing. At that time, Employee 8 revealed the physician order and care plan documented the incorrect area of the skin tear and the area on the right elbow should contain a dressing. Interview with the Nursing Home Administrator and DON on April 8, 2026, at 3:10 PM, it was revealed the physician's order and care plan documented the incorrect location of the treatment and skin tear, and the treatment to Resident 252's right elbow should've been in place. The facility failed to accurately document the location of the skin tear on the physician orders and the care plan and failed to apply a dressing as ordered by the physician. 28 Pa. Code 201.18(b)(1) Management.28 Pa. Code 211.12(d)(1) Nursing services

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, facility policy review, product packaging, and staff interview, it was determined that the facility failed to store medication in accordance with manufacture guidelines for two of five medication carts reviewed (5th floor, South hall medication cart and 5th floor, North hall medication cart).Findings Include: Review of facility provided policy, titled Medication Storage, revised March 2021, revealed, Medications requiring refrigeration must be stored in a refrigerator located in the drug room at the nurses' station or other secured location. Observation of the 5th floor, South hall medication cart on April 8, 2026, at 10:57 AM, revealed one insulin aspart (diabetic medication) pen that was removed from refrigeration on December 24, 2025; two insulin aspart pens with no date removed from refrigeration; one Humulin (diabetic medication) 70/30 pen with no date removed from refrigeration; two Lispro (diabetic medication) pens with no date removed from refrigeration; one Lantus (diabetic medication) pen with no date removed from refrigeration; and one Lantus vial with no date removed from refrigeration. Observation of the 5th floor, North hall medication cart on April 8, 2026, at 10:57 AM, revealed one Humalog (diabetic medication) 75/25 with no date removed from refrigeration; four insulin aspart pens with no date removed from refrigeration; one lispro pen with no date removed from refrigeration; and two Lantus pens with no date removed from refrigeration. Review of Lantus product packaging on February 26, 2025, revealed when opened or removed from refrigeration, Lantus should be discarded after 28 days. Review of insulin aspart product packaging on February 26, 2025, revealed unopened medication should be stored in a refrigerator at a temperature between 36 to 46 degrees Fahrenheit (F) and should be discarded 28 days after removed from refrigeration. Review of Humalog product packaging, revised August 14, 2017, revealed unopened medication should be stored in a refrigerator at a temperature between 36 to 46 degrees F and should be discarded 28 days after removed from refrigeration. Review of Humulin 70/30 product packaging, revised December 2025, revealed a Humulin 70/30 pen can only be used for a total of 10 days after removed from refrigeration, whether opened or unopened. Interview with the Director of Nursing on April 9, 2026, at 10:35 PM, revealed an expectation that the product instructions would be followed, and the medication would be stored properly. 28 Pa. Code 201.18(b)(1) Management28 Pa. Code 211.9(a)(1) Pharmacy services.