

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Robert Packer Hospital Skilled Care and Rehabilitt		STREET ADDRESS, CITY, STATE, ZIP CODE 91 Hospital Drive Towanda, PA 18848	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>36798</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement an individualized person-centered care plan to address dementia and cognitive loss displayed by one of three residents reviewed (Resident 61).</p> <p>Findings include:</p> <p>Clinical record review for Resident 61 revealed the facility admitted her on January 2, 2025, with diagnosis of Dementia (loss of memory, language, problem-solving, and other thinking abilities that interfere with daily life). A review of Resident 61's admission Minimum Data Set Assessment (MDS, a form completed at specific intervals to determine care needs) dated January 8, 2025, indicated that the facility assessed Resident 61 as having a diagnosis of dementia. The facility determined that a care plan for dementia and cognitive loss would be developed.</p> <p>A review of Resident 61's care plan entitled, psychosocial needs initiated January 4, 2025, revealed that there was no indication that the facility had developed and implemented a person-centered care plan to address the resident's dementia and cognitive loss. Resident 61's clinical record also had a care plan entitled, Anxiety-Cognitive, initiated on January 10, 2025, that failed to address individualized person-centered approaches to address Resident 61's dementia and cognitive loss.</p> <p>The findings were reviewed with the Nursing Home Administrator on February 12, 2025, at 12:10 PM and she confirmed that Resident 61 did not have an individualized care plan for dementia and cognitive loss.</p> <p>483.40(b)(3) Dementia Treatment and Services</p> <p>Previously cited 3/8/2024</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 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>38839</p> <p>Based on observation and staff interview, it was determined that the facility failed to store food and maintain food service equipment in accordance with professional standards for food service safety in the facility's main kitchen.</p> <p>Findings include:</p> <p>Observation of the facility's main kitchen on February 9, 2025, at 10:15 AM with Employee 1, dietary supervisor, revealed the following:</p> <p>The lower shelf of the food preparation table beside the steamer was observed with a large clear plastic container with a white powdery substance filling half of the container. The exterior of the contained had dried food on it, was dusty, and sticky to touch. The container was labeled with a sticker indicating flour was in the bin, and dated August 4, 2024, with a use by date of January 4, 2025.</p> <p>An additional large clear plastic container beside the flour also with a dirty exterior on the sides and lid of the container with dried food, and dust, partially filled with rice labeled with a May 21, 2024, as to when it was placed in the bin, with a use by date of November 4, 2024.</p> <p>The exterior side of the steamer was observed with dried food splatter.</p> <p>A white plastic pipe extending from behind the ice machine along the wall behind a preparation table was dirty and dusty and dried food debris was observed collected between the pipe and the wall.</p> <p>The open area behind the steamers, oven, and stove, was observed with dust and debris buildup.</p> <p>A large metal rack was observed hanging from the ceiling over a food preparation table. Multiple pans, ladles, spoons and whisks were observed hanging from the rack with food contact surfaces stored open to air, with no cover. The ceiling tiles directly above the rack contained dried food splatter.</p> <p>The exterior base of the food warmer contained a buildup of dried food particles and dust.</p> <p>Two white potholders were observed on a preparation table significantly stained and blackened.</p> <p>A small upright cooler by the food service tray line contained dried food and liquid on the exterior.</p> <p>The lower shelves in the walk-in cooler were soiled with debris and dried food and liquid spots.</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>Review of the main kitchen's temperature monitoring log for the walk-in freezer, walk-in cooler salad refrigerator, line refrigerator, cooks' refrigerator, and juice refrigerator, revealed no documented temperature monitoring for February 6, 7, 8, or as of the time of observation on February 9, 2025. The last documented temperatures for the items were listed as February 5, 2025.</p> <p>The above information was reviewed with the Nursing Home Administrator and Director of Nursing on February 11, 2025, at 2:10 PM.</p> <p>28 Pa. Code 201.14 (a) Responsibility of Licensee</p>		