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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395379 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/13/2025 |
| NAME OF PROVIDER OR SUPPLIER Wecare at Sycamore Rehabilitation and Nursing Cent | | STREET ADDRESS, CITY, STATE, ZIP CODE 1445 Sycamore Road Montoursville, PA 17754 | |

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) |
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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of select policies and procedures, observation, and resident and staff interview, it was determined that the facility failed to serve food that is palatable on four of six nursing units (Nursing Units [NAME], Little League, Sycamore, and Grampian; Residents 1, 2, 3, 4, 5, 6, and 7). Findings include: The current facility policy entitled Food Temperature Recording, revealed all hot foods will be held and served at or above 135 degrees Fahrenheit, and all cold foods will be held and served at or below 41 degrees Fahrenheit. Interview with Residents 1 and 2 on December 13, 2025, at 6:37 AM revealed their food is frequently cold, they said the time they receive their meal trays is different every day. Interview with Resident 4 on December 13, 2025, at 7:02 AM revealed that her food is occasionally cold. She stated she just doesn't eat it if it is cold. Interview with Resident 3 on December 13, 2025, at 8:53 AM revealed that her meal tray is frequently late and is cold when she gets it. Interview with Resident 5 on December 13, 2025, at 9:09 AM revealed that her food is frequently cold, stating the food would taste better if it was not cold. Interview with Resident 6 on December 13, 2025, at 9:17 AM revealed that she doesn't always get what she orders and it is frequently cold. Interview with Resident 7 on December 13, 2025, at 9:31 AM revealed that she is a new admission to the facility, she confirmed her food has been cold at times. Observation of the breakfast meal on December 13, 2025, revealed that the meal cart left the kitchen and arrived on Little League nursing unit at 7:34 AM. Staff began passing trays at 7:41 AM and passed the last resident food tray at 8:21 AM. The surveyor began testing the food temperatures of Resident 1's tray at this time with Employee 1 (food service director) with the following results: The puree eggs were 91.2 degrees Fahrenheit and tasted coldThe puree bread was 97.8 degrees Fahrenheit and tasted coldThe milk was 59.2 degrees and tasted warmThe coffee (poured from the beverage cart) was 102.7 degrees and tasted tepid These findings were reviewed with the Nursing Home Administrator and Director of Nursing on December 13, 2025, at 9:55 AM. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) 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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on observations and interview with residents and staff, it was determined the facility failed to reasonably accommodate residents who may wish to eat outside of scheduled meal service times on six of six nursing units (Residents 1, 2, and 4). Findings include: Interview with Residents 1 and 2 on December 13, 2025, at 6:37 AM revealed that they do not receive snacks. They stated staff tell them there are no snacks in the nourishment rooms. Interview with Resident 4 on December 13, 2025, at 7:02 AM revealed that she does not receive snacks. Interview with Employee 1 (food service director) and observation of the nutrition rooms on each nursing unit on December 13, 2025, from 8:30 to 8:45 AM confirmed there were no snacks available for residents who wish to eat outside of scheduled meal service times. Employee 1 confirmed these findings at this time. The above information was reviewed with the Nursing Home Administrator and Director of Nursing on December 13, 2025, at 10:00 AM. 28 Pa. Code 201.14(a) Responsibility of licensee</p> | | |