

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Grove at North Huntingdon, The		STREET ADDRESS, CITY, STATE, ZIP CODE 249 Maus Drive North Huntingdon, PA 15642	
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)		
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. 26071 Based on staff interviews, and review of the Food Service Director's Job description, it was determined that the facility failed to employ a full-time qualified Food Service Director for two of two months (April, May 2024 to current June 18, 2024). Finding include: Review of the facility's Food Service Director's Job Description indicated that the Food Service Director: Must be a graduate of an accredited course in dietetic training approved by the American Dietetic Association. Must be registered as a Food Service Director in Pennsylvania. Must provide documentation of registry/certificate upon application for the position. During an interview on 6/18/2024 at 11:15 a.m. Food Service Director (FSD) Employee E1, stated that she was not a Certified Dietary Manager (CDM) and did not have any formal education or certificates in food service management. FSD Employee E1 stated that she has been a dietary aide in the facility but was promoted to FSD about two months ago. FSD Employee E1 also clarified that she is not currently enrolled in any classes to become a CDM. During an additional interview on 6/18/2024, at 12:30 p.m. FSD Employee E1 stated that the facility does employ a Registered Dietitian (RD), but that RD Employee E2 comes into the facility on ly one day per week. During an interview on 6/18/2024, at 1:45 p.m. Nursing Home Administrator (NHA) confirmed that Food Service Director Employee E1 did not possess the appropriate qualifications as required. 28 Pa. Code: 211.6(c)(d) Dietary services.		

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