

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395393	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2025
NAME OF PROVIDER OR SUPPLIER Cedarwood Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 951 Washington Avenue Tyrone, PA 16686	

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>42079</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to store food in accordance with professional standards for food service safety for three of three resident refrigerators.</p> <p>Findings include:</p> <p>The facility's policy regarding food and snacks kept on nursing units, dated January 30, 2025, revealed that all foods stored in the refrigerator or freezer will be labeled with the resident's name and use-by dates, and all food items are to be kept at or below 41 degrees Fahrenheit (F).</p> <p>Observations of the second floor resident refrigerator on March 5, 2025, at 9:30 a.m. revealed a white plastic bag dated February 17, 2025, with Resident 1's name, that contained a piece of fried chicken between two paper plates and a plastic container of barbecued ham. Interview with Nurse Aide 1 on March 5, 2025, at 9:43 p.m. confirmed that the food should have been discarded within three days.</p> <p>Observations of the resident refrigerator on the third floor on March 5, 2025, at 9:47 a.m. revealed a salad in a plastic bowl with lid and pizza in box dated February 27, 2025, labeled with Resident 2's name. There was a container with one half of a cheesesteak sandwich dated February 13, 2025, with Resident 3's name. There were also four containers of facility-prepared soup dated February 28, 2025. The temperature on the thermometer on the refrigerator door read 48 degrees F. Interview with Nurse Aide 2 on March 5, 2025, at 9:55 a.m. confirmed that the dietary department was to clean out the refrigerators and that the temperature of the refrigerator was 50 degrees F. There were no temperatures documented since the morning of March 3, 2025.</p> <p>Observations of the resident refrigerator on the fourth floor on March 5, 2025, at 10:05 a.m. revealed a temperature of 48 degrees F. There were no temperatures documented since the morning of March 3, 2025. There was a meal plate brought in from home for Resident 4 dated March 4, 2025. Interview with Nurse Aide 3 on March 5, 2025, at 10:20 a.m. confirmed that the temperature was 49 degrees F, but she had it open for a little while to get things out of it, and that the temperature logs were only completed until the morning of March 3, 2025.</p> <p>There was a notice on all the refrigerators (orange colored) that stated resident use only, attention, any and all food in the refrigerator must include the resident's name and date brought in. No name and no date get thrown out after three days.</p> <p>(continued on next page)</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 - Few</p>	<p>Interview with Dietary Director on March 5, 2025, at 10:43 and 10:48 a.m. confirmed that temperatures for the third and fourth floor refrigerators were currently 42 degrees F and not at the required temperature. She explained that nursing staff may have kept the door open during the morning meal. The Dietary Director also confirmed that all food over three days should be thrown out, that the refrigerator temperatures should be recorded twice a day, and that she had not seen the units since the weekend.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</p>		