

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/22/2024
NAME OF PROVIDER OR SUPPLIER  Liberty Pointe Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 252 Belmont Avenue Doylestown, PA 18901	

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 0804</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>43883</p> <p>Based on facility policy review, resident and staff interview, observation, and results of a test tray audit, it was determined that the facility failed to provide food that was palatable and at appetizing temperatures on three of five nursing units. (Stations one, three, and four)</p> <p>Findings include:</p> <p>A review of the facility policy entitled, Food: Quality and Palatability, last reviewed November 22, 2023, revealed that food would be palatable, attractive, and served at a safe and appetizing temperature.</p> <p>During interviews on February 22, 2024, from 10:28 a.m. through 10:50 a.m., Residents 1, 2, 3, and 4, stated that the food was often cold and not palatable.</p> <p>Results of a test tray audit conducted on February 22, 2024, at 12:35 p.m., revealed chicken at a temperature of 112 degrees Fahrenheit (F), stuffing at a temperature of 100 degrees F, and Brussels sprouts at a temperature of 100 degrees F. In an interview during this observation period, Dietary Director 1 stated that the hot foods should have achieved a temperature of 130 degrees F or higher.</p> <p>On February 22, 2024, from 12:45 p.m. through 1:10 p.m., Residents 5 and 6 had received lunch in their rooms and stated the hot food was cold and Resident 7 had received lunch in the dining room and stated it was cold which was consistently a problem.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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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