

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Inners Creek Skilled Nursing and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Queen Street Dallastown, PA 17313	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on policy review, resident and staff interviews, and clinical record review, it was determined that the facility failed to ensure its residents the right to exercise his or her rights as a resident of the facility and as a citizen of the United States for voting in one election (local election) for three of four residents interested in voting (Residents 2, 5, and 6).</p> <p>Findings Include:</p> <p>Review of the facility's policy, titled Resident Rights Under Federal Law, revised February 1, 2023, revealed a purpose to Treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his/her self-esteem and self-worth. To incorporate the resident's goals, preferences, and choices into care. To recognize each resident's individuality as well as honor and value his/her input. To protect and promote the rights of the resident.</p> <p>Review of Resident 2's interdisciplinary plan of care revealed an activity preference that read It is important for me to vote, and I prefer to vote by absentee ballot while in the facility.</p> <p>An interview with Resident 2 on June 9, 2025, at 12:46 PM, revealed she was informed that her option to vote absentee/by mail was not pursued or honored by the facility during the most recent election.</p> <p>Review of Resident 5's interdisciplinary plan of care revealed an activity preference that read It is important for me to vote, and I prefer to vote by absentee ballot while in the facility.</p> <p>An interview with Resident 5 on June 9, 2025, at 12:26 PM, revealed she wanted to vote in the most recent local election and was informed by staff that the deadline to vote absentee/by mail had been missed.</p> <p>Review of Resident 6's interdisciplinary plan of care revealed an activity preference that read It is important for me to vote, and I prefer to vote by absentee ballot while in the facility.</p> <p>An interview with Resident 6 on June 9, 2025, at 11:15 AM, revealed she is an active voter. Resident 6 stated she did not have the option to vote in the most recent election and was informed that her application for an absentee/mail-in ballot had been shredded by the facility. The interview also revealed Resident 6 requested to be transported to her polling place and was unable due to the facility not having a means to transport her on the day of the election.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Inners Creek Skilled Nursing and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Queen Street Dallastown, PA 17313	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Employee 5 (Director of Therapeutic Recreation) on June 9, 2025, at 11:10 AM, revealed all resident applications for an absentee/mail in ballot were received in February 2025, placed in a basket and found by staff in May 2025, after the deadline for residents to apply for and/or vote absentee/mail in ballot. Employee 5 stated that when the applications were found, it was too late to return the applications for the residents interested in voting.</p> <p>The interview also revealed the facility does not have access to a van to transport residents to a polling place if requested.</p> <p>An interview with the Nursing Home Administrator (NHA) on June 9, 2025, at 1:29 PM, revealed an acknowledgement of the information provided by Employee 5 and confirmed that transportation to a polling place is not readily accessible. The NHA also stated that going forward, the facility would make arrangements for residents to exercise their right to vote either by mail or in person.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/09/2025
NAME OF PROVIDER OR SUPPLIER Inners Creek Skilled Nursing and Rehabilitation Ce		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Queen Street Dallastown, PA 17313	
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 - 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>Based on policy review, staff interview, and other documents review, it was determined that the facility failed to ensure food is served at a safe and appetizing temperature for one meal test tray completed (lunch meal).</p> <p>Findings Include:</p> <p>Review of the facility's policy, titled Food Handling, revised January 26, 2024, read, Foods are stored, prepared, and served in a safe and sanitary manner.</p> <p>The purpose of the policy read To prevent bacterial contamination and the possible spread of infection.</p> <p>The policy continued, food must remain at 135 [degrees] or above.</p> <p>Review of the facility's document titled Resident Council Minutes, dated May 1, 2025, revealed that residents reported concerns about the temperatures of food, and residents reported trays are cold.</p> <p>An interview with Employee 3 (Dietary Manager) on June 9, 2025, at 9:30 AM, revealed an awareness of the resident concerns regarding food temperatures. The interview revealed the facility has requested the replacement of a food/plate warmer to keep food at a safe and palatable temperature at delivery.</p> <p>An observation of a lunch meal test tray completed on June 9, 2025, at 12:16 PM, revealed the ham slices' temperature registered at 124 degrees Fahrenheit.</p> <p>An immediate interview with Employee 3 revealed the temperature of the ham was out of range per the facility's policy and expectation for safety and palatability.</p> <p>An interview with the Nursing Home Administrator on June 9, 2025, at 1:29 PM, revealed the facility is aware of resident complaints of cold food and the need to replace the food/plate warmer in the dining services department.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</p>		