

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  04/23/2026
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, policy review, and staff interviews, it was determined that the facility failed to ensure each resident the right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely, in one of three shower rooms observed (Station 3). Findings Include: Review of the facility's policy, titled Safe and Homelike Environment, reviewed November 14, 2025, read, in part, The resident/patient has the right to a safe, clean, comfortable and homelike environment. The policy continued, The Center must provide. Housekeeping and Maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. An observation in the shower room on Station 3 on April 20, 2026, at 9:30 AM, revealed one shower head wrapped with tape and a large piece of white linen. The observation also revealed non-working showers in other areas of the shower room. An interview with the Licensed Practical Nurse (Employee 6) revealed that the shower heads had been reported to be out of order and in need of repair. An interview with the Nursing Home Administrator on April 23, 2026, at 9:41 AM, revealed that the facility has ordered 15 new showerheads to replace the non-functioning ones throughout the facility. 28 Pa. Code 201.18 (b) (1) 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.

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, policy review, and staff interviews, it was determined that the facility failed to ensure food is stored, prepared, and distributed in accordance with professional standards for food service safety for one nourishment room observed (Station 3) and observations of two items of equipment in the kitchen (one ice machine and one three-compartment sink). Findings Include: Review of the facility's policy, titled Ice Chests, reviewed July 15, 2025, read, in part, Use an ice scoop to access ice. Grasp the handle of the scoop only and avoid touching the portion that contacts the ice. Store the ice scoop in a clean, uncovered holder. An observation in the Station 3 nourishment room on April 20, 2026, at 9:26 AM, revealed a non-working ice machine. The observation revealed the staff's use of a cooler, sitting on the counter, with melted ice inside. The observation revealed the scoop used for dispensing the ice to residents was sitting directly on top of the cooler. The observation also revealed a towel on the floor under the ice machine, as well as areas of debris and dirt surrounding the ice machine. An observation in the Station 2 nourishment room on April 20, 2026, at 10:07 AM, revealed multiple cups and lids on the floor under the ice machine as well as debris and dirt. An interview with the Nursing Home Administrator (NHA) on April 20, 2026, at 12:16 PM, revealed that the housekeeping department is responsible for cleaning the nourishment rooms. The interview also revealed the ice scoop should be contained and not exposed in order to prevent contamination. Review of the facility's policy, titled Food and Nutrition Services Policies and Procedures, dated May 1, 2023, read, in part, Food services areas are maintained in a clean and sanitary condition at all times. Observations in the facility's kitchen on April 20, 2026, at 10:49 AM, revealed an area in front of the ice machine with a significant amount of water on the floor. An immediate interview with the Dining Services Manager (Employee 3) revealed the ice machine to be out of order. The observations also revealed one large dish tub and one silver pan under the ice machine. Employee 3 revealed that those items were on the floor to catch the leaking water. An additional interview in the kitchen with Employee 3, revealed a plastic tub under the 3-compartment sink. Employee 3 revealed that the drain was leaking, and the plastic tub was placed there to catch the water from the sink to prevent spillage onto the kitchen floor. An interview with the NHA on April 23, 2026, at 9:42 AM, revealed the facility has plans in place to address the concerns observed in the kitchen. 28. Pa. Code 201.18 (b) (1) (3) Management</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observations, policy review, and staff interviews, it was determined that the facility failed to maintain an effective pest control program so that the facility is free of pests in two of five resident areas observed (Station 3 and the Rehabilitation area) and one kitchen area observed. Findings Include: Review of the facility's policy, titled Safe and Homelike Environment, reviewed November 14, 2025, read, The resident/patient has the right to a safe, clean, comfortable and homelike environment. Review of the facility's policy, titled Pest Control, dated February 2025, read, A program will be established for the control of insects and rodents for the Dining Services Department. Also, All preparation, service, and storage areas will be monitored regularly for any signs of pest/vermin. The center staff will be notified immediately of any concern verbally and in writing. An observation in the Station 3 nourishment room on April 20, 2026, at 9:26 AM, revealed multiple gnats, both alive and dead, on the room wall, on the floor, and equipment stored by staff for resident use. An observation on the Rehabilitation Hall on April 20, 2026, at 9:48 AM, revealed flying gnats in the hallway outside of resident rooms. An observation in the facility's kitchen on April 20, 2026, at 10:38 AM, revealed gnats, both alive and dead, flying in the kitchen and stuck on wall areas. An interview with the Food Service Director (Employee 2) at 10:40 AM, confirmed the kitchen drain produces gnats, and there are roaches in the kitchen coolers and/or refrigerator fans. An interview with the Nursing Home Administrator on April 20, 2026, at 12:19 PM, revealed that the facility is seeking out a new pest control company. The interview also revealed that kitchen staff were recently educated on pest control and were required to institute a cleaning schedule for that area. 28 Pa. Code 201.18 (b) (1) Management</p>		