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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395472 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/27/2025 |
| NAME OF PROVIDER OR SUPPLIER Lebanon Skilled Nursing and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 900 Tuck Street Lebanon, PA 17042 | |

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) |
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| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interview, review of facility documentation, and results of a test tray audit, it was determined that the facility failed to provide food and beverages that were at an appetizing temperature on one of five nursing units. ([NAME] unit)</p> <p>Findings include:</p> <p>In an interview on May 27, 2028, at 10:43 a.m., Resident 1 stated that he had a hard time getting coffee that was not cold.</p> <p>Review of facility documentation entitled, Food and Nutrition Services Test Tray Evaluation, revealed that the coffee should be greater than 140 degrees Fahrenheit (F) at point of service to the resident.</p> <p>Results of a test tray audit conducted on May 27, 2025, at 12:27 p.m., after the last resident meal tray was served from the dining cart, revealed the coffee at a temperature of 128 degrees F. The previously mentioned beverage was noted to be below 140 degrees F.</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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