

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Mount Carmel Senior Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  2616 Locust Gap Highway MT Carmel, PA 17851	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 18229</b></p> <p>Based on observation and staff interviews, it was determined that the facility failed to serve food timely and at a palatable temperature on four of four resident hallways (Maple, Marble, Oak, and [NAME] hallways).</p> <p>Findings include:</p> <p>Observation of the posted meal serving times revealed the residents would receive their lunch trays at the following times:</p> <p>Early trays at 11:45 AM</p> <p>Marble Hall at 12:00 PM</p> <p>Oak Hall at 12:10 PM</p> <p>[NAME] Hall at 12:18 PM</p> <p>Maple Hall at 12:35 PM</p> <p>Observation of lunch meal on October 10, 2024, revealed that the meal carts arrived on the resident hallways at the following times:</p> <p>Early trays arrived at 12:30 PM (45 minutes late)</p> <p>Marble Hall trays arrived at 1:20 PM (an hour and 20 minutes late)</p> <p>[NAME] Hall trays arrived at 1:00 PM (42 minutes late)</p> <p>Oak Hall trays arrived at 1:35 PM (an hour and 25 minutes late)</p> <p>Maple Hall trays arrived at 1:42 PM (an hour and seven minutes late)</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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of meal service on the Maple Hall on October 10, 2024, at 12:30 PM revealed that the early tray cart arrived at 12:30 PM and staff began immediately serving meals. At 12:39 PM staff passed the last tray, and the surveyor pulled the test tray from the cart and began testing tray temperatures.</p> <p>The shepherd's pie was 122.7 degrees Fahrenheit and tasted lukewarm.</p> <p>The surveyor reviewed the above information during an interview with the Nursing Home Administrator and Director of Nursing on October 10, 2024, at 2:38 PM.</p> <p>28 Pa. Code 211.6 (d) Dietary services</p>		