

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395597	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Pickering Manor Home		STREET ADDRESS, CITY, STATE, ZIP CODE  226 North Lincoln Ave Newtown, PA 18940	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</b></p> <p>Based on policy review, staff interview, and observation, it was determined that the facility failed to properly store food and maintain sanitary conditions in the main kitchen and in the rehabilitation unit kitchen.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled, Refrigerated Storage Checkpoints, dated [DATE], revealed that foods were to be labeled, dated and used by the use-by date or discarded. An interview with the Director of Dining Services (DDS) on [DATE], at 10:15 a.m., revealed all opened food products were to have an opening date noted on them.</p> <p>Observations during the tour of the main and rehabilitation unit kitchens on [DATE], at 10:14 a.m., revealed the following:</p> <p>In the main kitchen walk-in cooler, there was a puddle of a red liquid substance on the floor under the shelves where meat was thawing. There was a pan of sliced ham steaks that was not dated. In the walk-in freezer, there was an unwrapped chicken patty and an ice cream sandwich on the floor under the shelves. There were two dished containers of macaroni and cheese and stewed tomatoes with a use-by date of [DATE]. In the dry storage area, there was a sugar packet and syrup container on the floor and an opened ketchup packet that had dried ketchup splattered on the wall behind the condiment box shelves. There was a single glove on a shelf next to a container of opened shredded coconut. In the cooks' preparation area, there was a drawer with clean whisks that had a layer of food debris along the bottom of it.</p> <p>In the rehabilitation unit kitchen upright cooler, there was an opened container of sour cream with a use-by date of [DATE], and an uncovered broken egg. In the upright freezer, there were three undated, opened bags of a cinnamon raisin bagel, sliced angel food cake, and home fries. There was a roast pork with a use-by date of [DATE]. In the rehabilitation dining room serving area, in the reach-in cooler, there were three undated, opened containers of orange juice concentrate, liquid egg product, and butter packages. In the reach-in freezer, there was an opened plain bag with one onion bagel in it that was not dated.</p> <p>In an interview on [DATE], at 11:00 a.m., the DDS confirmed these items should have been dated, expired items should have been removed, and the food items were for use in the skilled areas.</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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