

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395646	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Oak Hill Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 827 Georges Station Road Greensburg, PA 15601	

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 - 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>19102</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to store and prepare food under sanitary conditions.</p> <p>Findings include:</p> <p>The facility's policy for sanitization, dated February 19, 2025, revealed that the food service area was to be maintained in a clean and sanitary manner. All kitchens, kitchen areas, and dining areas were to be kept clean, free from garbage and debris, and protected from rodents and insects. All utensils, counters, shelves, and equipment were to be kept clean, maintained in good repair and free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning.</p> <p>Observations in the main kitchen on April 21, 2025, at 9:20 a.m. revealed that two meal serving carts had a build up of food and debris on the lower metal edge in between the bumpers, a large black box (grease trap) located under the three-compartment sink had a large build up of food and debris on the top of the box, and a wall-mounted fan in the corner near the food prep area had a build up of black dust and debris on the cage and was blowing towards the food prep area while staff prepared food.</p> <p>Observations of the dishwasher temperature log, dated April 2025, revealed that the dishwasher wash temperatures (150 degrees Fahrenheit (F)) and rinse temperatures (180 degrees F) were to be recorded every day at breakfast, lunch, and dinner. The log did not include dishwasher wash or rinse temperatures for all meals April 9 through 12, 2025, and did not include any dishwasher wash or rinse temperatures for any meals on April 13 through April 20, 2025.</p> <p>Interview with the Dietary Manager on April 21, 2025, at 9:31 a.m. and 10:36 a.m. confirmed that the food carts and black grease box had a build up of food and debris on them, the fan was dirty and needed cleaned, and staff were to document the dishwasher temperatures on the log everyday for every meal.</p> <p>28 Pa. Code 211.6(f) Dietary Services.</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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