

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395687	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
NAME OF PROVIDER OR SUPPLIER York Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7101 Old York Road Philadelphia, PA 19126	
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, resident and staff interviews, it was determined that the facility failed to provide food and drink that was palatable and served at palatable temperatures for seven of thirty-four residents reviewed (Residents R1, R2, R3, R5 and R6). Findings include: Review of the Food Temperatures policy, effective January 17, 2019, revealed that foods sent to the units for distribution (such as meals, snacks, nourishments, oral supplements) will be transported and delivered to maintain temperatures at or below 50 degrees for cold foods and at or above 125 degrees for hot foods. Point of service temperatures should be palatable to the taste. A tour of the nursing units on June 4, 2026, revealed the following: Interview with Resident R1, at 11:17 a.m. revealed that he thought the food sucks, that it's cold all the time and was just terrible. Interview with Resident R2, at 11:25 a.m. revealed that she thought the food was not great, it was always late and not very warm when it comes. Interview with Resident R3, at 11:30 a.m. revealed that food sucks, they don't care what we ask for they just send us whatever they want. The menu is monotonous, it seems like it is always chicken. I'm a diabetic and I always get starchy things like pasta, spaghetti and meatballs, etc. Breakfast today was after 9:00 a.m., what happened to 8:30 a.m. When they deliver the carts, they just push them off the elevator and don't tell anyone, no wonder our trays are always late. Interview with Resident R5, at 11:36 a.m. revealed that they give him foods that he is allergic to. The meal trays are late, the food is cold by the time we get it. They do not provide me an alternative to the foods that I do not like or can't have, like pork. Interview with Resident R6, at 11:17 a.m. revealed that the food is the same thing all the time. The food is not warm when it comes and overcooked, the fish is like a brick. Observations during a test tray conducted with the Assistant Food Service Director, (AFSD) Employee E12, on June 4, 2026, at 12:05 p.m. revealed that the mixed vegetable was 122 degrees, Cheesesteak sandwich was 124 degrees. The rice was served with gravy and was not appetizing, the hot food was barely warm and not an appetizing temperature. Interview with the AFSD on June 4, 2026, at 12:25 p.m. confirmed the above findings and that these food items were outside the acceptable temperature range and therefore not palatable. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management		

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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