

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395729	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Gardens at Easton, The		STREET ADDRESS, CITY, STATE, ZIP CODE 498 Washington Street Easton, PA 18042	

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>43883</p> <p>Based on observation, it was determined that the facility failed to store and serve food under sanitary conditions in the kitchen.</p> <p>Findings include:</p> <p>Observation of the kitchen and tray line service on April 16, 2024, at 7:43 a.m., revealed the following:</p> <p>There was a spatula with multiple chips on all sides of the rubber scraper. There were various items, which included boxes of gloves, bandages, Styrofoam bowls, and a bathroom key, on a counter surface. There was a black substance on the wall tiles adjacent to the dish machine. There were multiple areas of chipped tile.</p> <p>A subsequent observation of the kitchen and tray line service on April 17, 2024, at 12:10 p.m., revealed the following:</p> <p>There was a drainpipe that was dripping onto the shelf under the food preparation surface. There was a box of potatoes and a container of oatmeal stored on the shelf. There were various substances splattered on the wall behind that same food preparation surface.</p> <p>Dietary Employee (DE) 1 was wearing gloves and operating the tray line. DE 1 stepped away from the tray line, answered the phone, then returned to the tray line and continued handling resident meal plates and trays without changing gloves or performing hand hygiene. DE 2 was wearing gloves and operating the tray line. DE 2 touched ready to eat food for resident trays, walked away from the tray line, obtained and donned oven mitts for another task. DE 2 took off the oven mitts and returned to tray line wearing the same gloves and continued to plate resident meals, which included touching ready to eat foods, without changing gloves or performing hand hygiene.</p> <p>28 Pa. Code 201.18 (b)(3)(e)(2.1) Management.</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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