STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395751	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Residence and Care Center	174 Virginia Avenue Rochester, PA 15074

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to properly monitor weight and nutrition status by failing to address weight loss for one of three residents (Residents R1).Finding include: Review of the facility policy, Weight Monitoring dated 1/7/25, indicated that a weight monitoring schedule will be developed upon admission for all residents. Weights should be recorded at the time obtained. Monitor weight monthly. A significant change in weight is defined as: 5% change in weight in 1 month7.5% change in weight in 3 months10% change in weight in 6 months Review of Resident R1's admission record indicated admission to the facility on 9/19/24, and readmitted on [DATE]. Review of Resident R1's Minimum Data Set (MDS-periodic assessment of care needs) assessment dated [DATE], included diagnoses of high blood pressure, hyperlipidemia (high fat in the blood) and low back pain. Review of Resident R1's clinical record revealed that weight were recorded as followed:11/12/24 = 177.5 pounds12/16/25 = 171.5 pounds1/14/25 = 183.0 pounds2/4/25 = 175.5 pounds3/5/25 = 170.0 pounds4/2/25 =170.0 pounds5/4/25 = 157.0 pounds , loss of 7.6% in one month, loss of 10.5% in three months, and 11.5% loss in six months Review of Resident R1's clinical record did not reveal any documentation or interventions for May 2025 significant weight loss. During an interview completed on 8/12/25, at 2:31 p.m. Registered Dietitian Employee E5 confirmed that the facility failed to properly monitor weight and nutrition status by failing to address Resident R1's May 2025 significant weight loss. 28 Pa. Code: 201.18(b)(1)(e)(1) Management.28 Pa. Code: 211.12(d)(5) Nursing services.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395751	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Residence and Care Center	174 Virginia Avenue Rochester, PA 15074

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 - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on a review of facility menu, and resident and staff interviews, it was determined that the facility failed to follow the facility menu, and serve palatable food for the lunch meal served on 8/7/25, breakfast meal served on 8/9/25, and dinner meal served on 8/9/25.Findings include: Review of facility menu indicated that on 8/7/25, at lunch the following was to be served:Tossed salad with dressingChicken fettuccini alfredo Review of facility menu indicated that on 8/9/25, at dinner the following was to be served:Beef chili with beans Review of a Resident Representative concern dated 8/7/25, stated He was served a scoop of buttered noodles and a salad with no dressing for lunch. During an interview on 8/12/25, at 12:34 p.m. Nurse Aide (NA) Employee E1 stated This weekend the kitchen served scrambled eggs and poured chicken soup over top of them. When asked why this was done NA Employee E1 stated To keep them moist I guess. It looked disgusting. During an interview on 8/12/25, at 12:35 p.m. NA Employee E2 stated The residents were supposed to get Chicken [NAME] and all they got was plain noodles and a salad with no dressing. And on Saturday they got a bowl of ground beef with beef broth poured over it. During an interview on 8/12/25, at 2:21 p.m. Registered Dietitian (RD) Employee E5 confirmed that the above food items were served to residents, and that the items served would not be palatable. RD Employee E4 confirmed that the facility failed to follow menus and provide attractive, palatable food to meet acceptable standards. PA Code: 201.14 (a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395751	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochester Residence and Care Center	174 Virginia Avenue Rochester, PA 15074

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observations and resident and staff interviews it was determined that the facility failed to provide residents food products based on their preferences for two of two nursing units (The Gardens, and Scenic Heights).Findings include: During an observation on 8/12/25, at 12:30 p.m. Nurse Aide (NA) Employee E2 brought a lunch tray to The Gardens Nurses Station and stated to Unit Clerk (UC) Employee E3 Look at this. They did it again. State Agency inquired as to the what the problem was, and NA Employee E2 stated They gave Resident R2 minced and pureed food, and she is on a regular diet. They do this all the time. Review of Resident R2's clinical record revealed a physician's order dated 11/18/24, for a regular diet. During an observation on 8/12/25, at 12:28 p.m. UC Employee E3 placed a call while on speaker phone to the Dietary Department to inform them that the wrong food was provided to Resident R2. The call was answered with a recording of The person at this extension is unavailable. The call did not leave an opportunity or an ability to leave a message for the Dietary Department. During an interview on 8/12/25, at 12;20 p.m. UC Employee E3 stated that in regards to the phone not being answered in Dietary, and not being able to leave a message for the department This happens all the time. You have to call three and four times. It can take an hour or two to get someone what they want. During an interview on 8/12/25, at 12:46 p.m. Resident R2 confirmed that she was provided the incorrect food items at lunch. She added This happens all the time where they are giving me things I won't eat. During an interview at the Scenic Heights Nursing Station on 8/12/25, at 1:04 p.m. Licensed Practical Nurse (LPN) Employee E4 stated that she also could not get through to the dietary department via telephone to request food items for residents. I don't think the phone is working or it is off the hook. During an interview on 8/12/25, at 1:20 p.m. Resident R3 stated I didn't get my salad again. I never get what I ask for. During an interview of 8/12/25, at 2:34 p.m. Registered Dietitian (RD) Employee E5 stated that if residents would like to have a different menu item, or request additional foods, it would be expected that the resident or staff member would call the kitchen and leave a message. RD Employee E5 confirmed that the facility failed to provide the correct diet to Resident R2 as she is not pureed or minced, and that the facility failed to honor preferences for both nursing units, by not being to take phone calls for food requests. Pa Code: 201.14(a) Responsibility of licensee