

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395833	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Hcc at White Horse Village		STREET ADDRESS, CITY, STATE, ZIP CODE 535 Gradyville Road Newtown Square, PA 19073	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50032</p> <p>Based on facility policy and procedure review, observations and staff interview it was determined the facility failed to store food in sanitary manner in the kitchen.</p> <p>Findings include:</p> <p>Review of facility policy (unnamed and undated) regarding food storage, revealed that all food items stored in the refrigerator or freezer should be covered, labeled, dated, and discarded once expired, or beyond their use by date.</p> <p>Observation of facility main kitchen walk-in refrigerator #1 on [DATE], at 1:00 pm revealed one container of expired lime juice that was opened without a date of first use and three unopened expired containers of lime juice. All were expired and dated for [DATE].</p> <p>Observation of facility main kitchen walk-in refrigerator #1 revealed a case of liquid egg cartons that were dated illegibly. These eggs were inside of a case that was dated for [DATE], Nursing Home Administrator and Employee E3 confirmed that the carton of eggs was illegible and discarded at the time of the findings.</p> <p>Observation of facility main kitchen walk-in freezer #1 on [DATE], at 1:15 p.m. revealed a box with a bag of unsealed frozen salmon.</p> <p>Observation on [DATE], at 1:15 pm in the presence of Nursing Home Administrator, Employee E3, and Employee E4 all confirmed the noted expiration dates and Employee E3 discarded these items.</p> <p>Interview with Employee E3 on [DATE] @ 1:30 pm revealed that the expired case of liquid eggs had recently arrived from the distributor and the case was opened and dated at the facility on [DATE].</p> <p>Interview with the Nursing Home Administrator on [DATE] @ 11:00 a.m. confirmed that all food in the freezers and refrigerators were to be sealed, labeled appropriately, and dated and discarded once expired.</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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