

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395853	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Crawford Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 20881 State Highway 198 Saegertown, PA 16433	

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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on review of facility policy, facility documents, and facility meal schedule, observations, and resident and staff interviews, it was determined that the facility failed to ensure that alternate meals were served comparable to normal mealtime in accordance with resident preference and request for two of 24 residents (Residents R55 and R123). Findings include: Review of facility policy entitled Dining and Food Preferences dated 1/22/26, revealed The alternate meal and/or beverage selection will be provided in a timely manner. Review of facility meal schedule revealed that the scheduled time for lunch delivery starts at 11:00 a.m. and the last delivery is at 1:15 p.m. which identified that tray line would not be completed until 1:15 p.m. Observations on 4/27/26, and 4/28/26, revealed a sign on the dining services door indicating Alternate meals will be made at the end of tray line. Tray line does not stop! During an interview on 4/27/26, at approximately 12:45 p.m. Resident R55 stated, I have asked for an alternate meal, and it has taken over 30 minutes to get it, and it was only a peanut butter sandwich. I was told that I would have to wait until tray line was done before I would get the sandwich. During an interview on 4/27/26, at approximately 1:00 p.m. Resident R123 and his/her representative stated, We asked for a grilled cheese sandwich in place of [Resident R123's] meal and was told that we would have to wait until tray line was completed. They also stated that it took over 30 minutes to get the grilled cheese sandwich and that all the other residents were done eating their meals by the time Resident R123 received his/her sandwich. During an interview on 4/28/26, at 11:30 a.m. the Dietary Manager confirmed that an alternate meal would not be made until tray line was completed. During an interview on 4/30/26, at 11:24 a.m. the Nursing Home Administrator confirmed that when a resident requests for an alternate meal that it should be prepared and delivered timely. 28 Pa. Code 201.14(a) Responsibility of licensee</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