

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395959	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Caring Place, The		STREET ADDRESS, CITY, STATE, ZIP CODE 103 N. Thirteenth Street Franklin, PA 16323	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on review of facility policy and documents, observations, and resident and staff interviews, it was determined that the facility failed to have adequate housekeeping staff to maintain clean and sanitary hallways on two of two floors observed and clean and sanitary resident rooms on one of two floors observed. Findings include: Facility policy entitled, Homelike Environment dated 5/27/25, revealed Residents are provided with a safe, clean, and comfortable homelike environment. The facility staff and management maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include clean, sanitary, and orderly environment. Review of the facility grievance logs revealed a grievance dated 11/13/25, that the resident's room was not being cleaned appropriately. Review of housekeeping schedules from 12/28/25, through 1/24/26, revealed several days with only one housekeeper scheduled for the entire 100 bed facility, which included resident rooms, bathrooms, common areas, hallways, and offices. Observations made at approximately 1:30 p.m. on 1/20/26, revealed the entry way was covered in a thick layer of a dry white substance which appeared to be tracked throughout the first floor. Interview conducted with Resident R1 on 1/20/26, at approximately 2:15 p.m. revealed he/she is very dissatisfied with the housekeeping and advised there is dry salad dressing and coffee on the floor next to his/her roommate's bed and that it has been there for a while. Observations in Resident R1's room made at the time of the interview, revealed a dry coffee stain on the floor, a dry dark stain on the floor that appeared to be fecal matter, the privacy curtain was soiled with a brown colored substance, and there was dirt, dust, and debris under the two wheelchairs stored in the corner of the room. Observations of the hallways on the second floor had a thick layer of dirt and a completely dry area on the floor where it appeared something had been spilled. There was debris in several resident rooms on the second floor. Observations during the visit revealed there was only one housekeeper observed cleaning on dayshift and there was only one housekeeper observed cleaning during the evening shift. During an interview and tour on 1/20/26, at approximately 3:35 p.m. the Nursing Home Administrator confirmed the dirty conditions in the entry of the building on the first floor and in the hallways and resident's rooms on the second floor of the facility. 28 Pa. Code 201.18 5(e)(2.1) Management 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
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