

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER Midtown Oaks Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 Green Avenue Altoona, PA 16601	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on a review of facility policies, observations, and staff interviews, it was determined that the facility failed to serve food items that were palatable.</p> <p>Findings include:</p> <p>The facility's policy regarding food temperatures, dated April 29, 2025, revealed that hot food should be palatable at point of delivery.</p> <p>Observations of the supper meal on June 16, 2025, at 4:55 p.m. revealed that dietary staff began to prepare the second floor low-hall cart. At 5:35 p.m. the second floor low-hall cart was complete and left the kitchen at 5:36 p.m. The cart arrived on second floor and staff began to pass the trays at 5:40 p.m. At 5:52 p.m. all supper trays were passed.</p> <p>A test tray was completed on June 16, 2025, at 5:52 p.m. revealing the milk was 41.4 degrees Fahrenheit and tasted cold, the salsa salad was 41.4 degrees Fahrenheit and tasted cold, the coffee was 133.3 degrees Fahrenheit and tasted hot, the taco beef was 109.3 degrees Fahrenheit and tasted cold and was not palatable, and the rice was 113.2 degrees Fahrenheit, tasted cold and was not palatable.</p> <p>Interview with the Dietary Manager on June 16, 2025, at 5:55 p.m. confirmed that the taco beef and the rice were cold and not palatable.</p> <p>28 Pa. Code 201.18(b)(1)(2)(e) Management.</p> <p>28 Pa. Code 211.6(c) 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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