

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396009	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Norriton Square Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Pine Street Norristown, PA 19401	

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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews with staff, and a review of facility policy, it was determined that the facility failed to store food, in accordance with professional standards for food service safety.</p> <p>Findings Include:</p> <p>Review of facility Policy titled, Food Storage: Cold Foods, last revised February 2023 states, Policy Statement- All Time/Temperature Control for Safety (TSC) foods, frozen and refrigerated, will be appropriately stored in accordance with guidelines of the FDA Food Code. Procedures- 5. All foods will be stored wrapped or covered in containers, labeled and dated, and arranged in a manner to prevent cross contamination.</p> <p>A tour of the facility kitchen area was conducted on July 2, 2025, at 10:05 a.m. with the Director of Dining Employee E3. During observation several items were observed in the walk-in refrigerator undated or labeled improperly. The first item was a container of prepared shredded carrots that had a labeled date of June 10, 2025 but no Use By date. When asked if the food is supposed to be labeled Employee E3 stated, I was told that we didn't need to label the fresh items, but we do throw them out when they look like they start getting slimy. When the container of carrots were uncovered they did appear to be very dry with some having with residue on them.</p> <p>Continued review of the walk-in refrigerator revealed, a large portion of deli ham unsliced with a date of June 30, 2025, but no Use By date label. A container of finely chopped mix ham and cheese with a date of June 27, 2025, but no Use By date label. A container with a block of deli cheese with a date of June 30, 2025, but no Use By date label. A container thawed raw ground beef with a date of July 2, 2025, but no Use By date label. A package of hard-boiled eggs with a Use By label of June 30, 2025. A container of finely chopped fresh fruit small with a date of June 30, 2025, but no Use By date. A container of prepared peas with a date of June 30, 2025, but no Use By date label. A container with raviolis with an Opened date labeled June 26, 2025, but no Use By date. A container of finely chopped herbs with a use by date of June 12, 2025.</p> <p>The Director Dining Services Employee E3 confirmed at 10:21 a.m. that the herbs and hard-boiled egg should have been discarded, and the other items were labeled incorrectly.</p> <p>28 Pa. Code: 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(3) Management</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, and staff interview, it was determined that the facility failed to ensure that essential equipment was maintained in safe and operating conditions related to the refrigerators in dining rooms for two of two floors reviewed. (Second and Third Floors).</p> <p>Findings Include:</p> <p>An initial tour of the third floor Dining Room was made on 11:55 a.m. on July 2, 2025. Observation of the dining service area for the third floor revealed the ice machine was leaking and had a towel on floor that was saturated as well as visible water around the area, this was confirmed by the Dietary staff, Employee E4. When asked what happens when there is a leak, Employee E4 stated, well, I do not know, that is a different department. Further review of the service area revealed two refrigerators not currently operable. One refrigerator underneath the counter had a Do Not Use sign on it and it had wet condensation on the outside of it. The other clear display refrigerator was in the front of the service area. Employee E4 stated they have not been working.</p> <p>An initial tour of the second floor Dining Room was made on 12:07 p.m. on July 2, 2025. Observation of the dining service area for the second floor revealed three refrigerators not currently operable. There were two refrigerators under the cabinets and one clear display refrigerator in the front of the service area. When asked how long they have been inoperable Dietary staff, Employee E5 stated they have not been working for at least a few months.</p> <p>Observation of the second floor Dining Room lunch service revealed dietary staff expressing Resident R1 at 12:20 p.m. needed a turkey and cheese sandwich due to both main courses being protein options he does not eat. The dining room service refrigerator was broken therefore there were no cold sandwiches on hand. The sandwich was requested to the Director of Dining Employee E3, and a sandwich was deliver to the resident from the dietary department brought by Dietary staff, Employee E3 at 12:32 p.m.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		