STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396111	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Concordia at Spiritrust Utz Terrace	2100 Utz Terrace Hanover, PA 17331

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, observations, and staff interviews, it was determined that the facility failed to store food in accordance with professional standards for food safety in the kitchen; failed to store clean dishes in a sanitary manner in one of one service kitchen; failed to provide a sanitary condition in the main kitchen, one of one nourishment room refrigerator, and one of one dining room refrigerators; and failed to serve food in a sanitary manner during one of one tray service line observations. Findings include: Review of facility policy, titled Date Marking for Food Safety Procedure, with a last revised date of September 11, 2025, and a last review date of April 1, 2026, revealed, in part, 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. 3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. 4. The marking system shall consist of the day/date of opening, and the day/date the item must be consumed or discarded. 5. The discard day or date may not exceed the manufacturer's use-by date, or four days, whichever is earliest. The date of opening or preparation counts as day 1. (For example, food prepared on Tuesday shall be discarded on or by Friday.) 6. A Head Cook, or designee, shall be responsible for checking the refrigerator daily for food items that are expiring, and shall discard accordingly. 7. The Dietary Manager, or designee, shall spot check refrigerators weekly for compliance, and document accordingly. Corrective action shall be taken as needed. Review of facility policy, titled Food Safety Requirements, with a last revised date of April 3, 2024, and a last review date of April 1, 2026, revealed, in part, Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety. Food safety practices shall be followed throughout the facility's entire food handling process. This process begins when food is received from the vendor and ends with delivery of the food to the resident. Elements of the process include the following: b. Storage of food in a manner that helps prevent deterioration or contamination of the food, including from growth of microorganisms. e. Equipment used in the handling of food, including dishes, utensils, mixers, grinders, and other equipment that comes in contact with food. f. Employee hygienic practices. Practices to maintain safe refrigerated storage include: Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; and v. Keeping foods covered or in tight containers. All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination c. Staff shall wash hands prior to handling clean dishes, and shall handle them by outside surfaces or touch only the handles of utensils. 7. Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects. a. Staff shall wash hands according to facility procedures. b. Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas. Tour of the main kitchen on May 26, 2026, between 9:43 AM and 10:00 AM, with Employee 9 (Cook) revealed the following observations:1) In the walk-in refrigerator there was an open bag of vanilla yogurt with no opened date indicated and a metal tray of biscuits dated May 23, 2026, with two tears noted in the foil covering the tray.2) In the walk-in freezer (continued on next page)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	there was a plastic bag of an unlabeled food item with no date indicated that had a tear in the plastic approximately four inches in length. Employee 9 identified the item as a soup.3) On a metal rack containing spices and seasoning there was an opened container of nutmeg dated July 25, 2025; an opened container of curry dated October 28, 2025; an opened container of ginger dated October 28, 2025; an opened container of ginger with no open date indicated but delivery label indicated that it was delivered on January 10, 2025; an opened container of coriander dated October 28, 2025; an opened container of sweet and smoky rotisserie seasoning dated September 5, 2025; an opened container of browning and seasoning sauce dated March 14, 2023, with a manufacturer best by date of July 14, 2024; and an opened bottle of fine [NAME] cooking wine dated September 19, 2025, with a manufacturer best by date of April 17, 2026. Employee 9 indicated that the spices are dated for the date they are received at the facility and that she thought spices were to be discarded after six months but would need to verify that with the dietary manager.4) The lid on the flour bin was slid to the side, creating an opening in the container, and the scoop was noted to be stored down inside the flour in the bin. Employee 9 reached in with her bare hands and removed the scoop from inside the flour.5) The test strips for the three-compartment sanitation sink expired on December 1, 2025.6) On a shelf in a food prep area was an opened bottle of vanilla flavoring dated May 30, 2025. Observation on the service kitchen on May 26, 2026, at 10:04 AM, with Employee 10 (Dietary Aide) revealed an uncovered serving rack of plates stored upright sitting directly under a window with an air conditioning unit present and running. Employee 10 indicated that this kitchen area had gotten so hot and that maintenance had just recently placed the unit there to help. Employee 10 said that staff do turn the unit off when serving food because it blows directly onto the food. Observation of a refrigerator located in the dining room by the beverage dispenser on May 26, 2026, at 10:10 AM, revealed a black colored splatter in the back of the refrigerator and a black colored spill in the bottom of the refrigerator. During an immediate staff interview with Employee 14 (Dietary Aide), she said that dietary staff wipe it down when they have time. Observation of the nourishment area near the main nursing desk on May 26, 2026, at 10:17 AM, revealed individual packets of jellies, salad dressings, and hot chocolate packets that had no dates noted on the packaging. In addition, the refrigerator was noted to have small brown colored spills on a shelf and in the bottom. During a staff interview with Employee 5 (Dietary Manager) on May 27, 2026, at 10:32 AM, he confirmed that the spices and seasoning should be discarded after six months and indicated that they were a little behind. In addition, Employee 5 acknowledged that he was aware that the air conditioning unit in the service kitchen was blowing over dishes and that he had reported this concern. During a tray line observation in the service kitchen on May 27, 2026, at 11:50 AM, Employee 10 was observed using her gloved hands to pick up the paper tray tickets, then touch the eating surface of plates twice, push spaghetti noodles back onto plate twice, and pick up garlic roll once. During an immediate staff interview with Employee 10 and Employee 5, both acknowledged the observations and confirmed that sanitary conditions were not followed. During a final staff interview with the Nursing Home Administrator on May 27, 2026, at 1:04 PM, he confirmed that he would expect food to be stored, prepared, and served in sanitary manner as well as appropriate sanitation of equipment. 28 Pa. Code 201.14 Responsibility of licensee.28 Pa. Code 201.18(b)(1)(3) Management.28 Pa. Code 211.6(f) Dietary services.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure staff implement transmission-based precautions to prevent the spread of infection for one of three residents (Residents 43) on transmission-based precautions; failed to perform control measures that include daily/weekly temperature checks, water system pressure, disinfectant testing of chlorine levels in the boiler room; and failed to perform weekly water temperature checks for the entire facility from July 1, 2025, through January 19, 2026.Findings Include: Review of facility policy, titled Transmission-Based (Isolation) Precautions, revised April 2, 2024, revealed, Contact Precautions- Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination. Review of Resident 43's clinical record revealed diagnoses that included pseudomonas aeruginosa (a major cause of serious, potentially fatal infections in hospitalized patients, individuals with weakened immune systems) and chronic obstructive pulmonary disease (COPD- a progressive, inflammatory lung disease that restricts airflow and causes breathing difficulties). Observation of Resident 43 on May 27, 2026, at 9:39 AM, revealed Resident 43 sitting in his room. Hanging on the wall outside of Resident 43's room was a sign indicating that Resident 43 was on contact precautions and that anyone entering the room was required to put on gloves and a gown and then remove the gloves and gown before exiting the room. Further observation at that time revealed Employee 3 entering the room without applying any of the required PPE (personal protective equipment) to administer Resident 43's medications. Review of Resident 43's care plan failed to reveal a care plan regarding Resident 43's need for contact precautions. Interview with the Nursing Home Administrator (NHA) on May 28, 2026, at 1:10 PM, revealed an expectation that staff would use the correct PPE when entering residents' rooms that require it. A review of the facility policy, titled Water Management Policy, last reviewed April 1, 2026, stated the purpose is to reduce the risk for Legionnaires disease and other water pathogens associated with building water systems and devices based on the risk assessment as outlined below. Maintaining water temperatures outside the ideal range for Legionella growth (greater than 140 degrees Fahrenheit)Prevent water stagnation (flush any areas weekly such as rooms that are unoccupied) Ensure adequate disinfection (checking free and total chlorine levelsMaintain devices to prevent sediment, corrosion, and biofilm, all of which provide a habitat and nutrients for Legionella The facility water management plan included control measures to minimize the risk of hazardous conditions that can promote growth of Legionella and other waterborne pathogens. Employee 13 (Director of Buildings and Grounds) presented the log forms that should have been completed. The control measures included - free chlorine checks at the point of entry (Boiler Room) to be completed daily including hot water and cold-water temperature checks. Pressure checks of the water system daily. Additionally, four randomly chosen resident rooms are to have hot and cold-water temperature checks weekly. Per the facility water management plan, if any control measures are out of limits the Supervisor or Director of Buildings and Grounds will be notified immediately During an interview with the Employee 13 (Director of Buildings and Grounds), the Employee stated that the facility was unable to provide any documented control measures from July 1, 2025, through January 19, 2026, and added that control measures were not performed because of newly hired employees and a failure to assign the task to any staff from July 1, 2025, through January 19, 2026. During an interview with the NHA on May 28, 2026, at 10:08 AM, the NHA agreed that the waterborne pathogen control measures should have been assigned and completed based on the facility water management plan. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(1)Management

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, clinical record review, policy review, and staff interview, it was determined that the facility failed to ensure each resident the right to a dignified existence and be treated in a manner and environment that enhances his or her quality of life for one of five residents observed for the use of a foley catheter (Resident 4). Findings Include: Review of the facility's policy, titled Catheter Care, Urinary, dated July 2015, read, in part, Be sure the catheter tubing and drainage bag are kept off the floor and in a dignity bag. Review of Resident 4's physician's orders revealed diagnoses that included chronic kidney disease (gradual loss of kidney function impairing their ability to filter waste) and bladder neck obstruction (a blockage in the neck at the very bottom of the bladder). Review of Resident 4's interdisciplinary plan of care revealed the need for the use of a suprapubic catheter (a thin, hollow tube made of rubber, silicone, or plastic that allows urine to bypass the urethra and drain directly from the bladder through an incision in the lower abdomen, typically a few inches below the navel). An observation on May 26, 2026, at 10:44 AM, revealed Resident 4 ambulating with his rolling walker, in the hallway with his catheter bag and tubing exposed. Both the bag and the tubing contained visible urine. An interview with the Nursing Home Administrator on May 27, 2026, at 10:11 AM, revealed that Resident 4's catheter bag should have been covered with a dignity bag. 28 Pa. Code 211.12 (b) (1) (2) (5) Nursing services

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observations, review of facility provided documentation, and staff interviews, it was determined that the facility failed to ensure the resident environment is free from accident hazards in the activity room.Findings include: Observation of the Activity Room on May 26, 2026, at 10:15 AM, revealed the presence of a stove. Upon the surveyor turning one of the burners to the on position, the burner was noted to begin heating. Employee 11 (Activity Director), who was noted to be in her office in the corner of the same Activity Room with the door and window blinds closed, was notified immediately of the observation. Employee 11 accompanied the surveyor to the stove and acknowledged that the stove burners and oven could be turned on. Employee 11 indicated that the main power to the stove was controlled by a key lock box located in her office. There was a key noted in the lock box and it was turned to the on position. Employee 11 immediately turned the key to the off position, and recheck of the stove revealed that it could not be turned on. When asked when the stove had last been utilized, Employee 11 indicated that she would have to investigate and follow-up with surveyor. There were no residents noted in the area at the time of the observation. Review of the facility May Activity Calendar revealed a cooking activity on May 13, 2026, at 2:00 PM. During a staff interview with the Nursing Home Administrator (NHA) on May 27, 2026, at 10:30 AM, he confirmed that the last cooking activity was on May 13, 2026, as per the Activity Calendar. He further indicated that he had removed the key from the lock box in the Activity Director's office and was in the process of writing a policy to address the safe use of the stove. During a final staff interview with the NHA on May 27, 2026, at 1:06 PM, he confirmed that he would have expected the power to the stove to be turned off when staff are not present, but that he believed that there would not be a resident in that area unattended. 28 Pa. Code 201.18(b)(1)(3) Management.28 Pa. Code 211.10(d) Resident care policies.