## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 11/20/2025 Form Approved OMB No. 0938-0391

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|--|--|--|---|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365033  | (X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing | (X3) DATE SURVEY<br>COMPLETED<br>08/30/2025 |  |
| NAME OF PROVIDER OR SUPPLIER   |  | STREET ADDRESS, CITY, STATE, ZIP CODE            |   |  |
| Cedarwood Plaza  |  | 12504 Cedar Road<br>Cleveland Heights, OH 44106  |   |  |
| For information on the nursing home's  | plan to correct this deficiency, please con  | tact the nursing home or the state survey        | agency.                                     |  |
| (X4) ID PREFIX TAG   |  |  |   |  |
| Evel of Harm - Minimal harm or potential for actual harm Residents Affected - Many | Each deficiency must be preceded by full regulatory or LSC identifying information)  Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.  Based observation, staff interview, and policy review, the facility failed to maintain the kitchen in a clean and sanitary condition. This had the potential to affect all 104 residents residing in the facility. The facility census was 104 Findings include: Observation of the kitchen area with Dietary Aide (DA) #750 on 08/30/25 beginning at 9:02 A.M. revealed the following that was verified at the time of discovery. Observation of the walk-in cooler revealed a spiral ham with no date, an onion chopped in half and stored in plastic wrap with no date, a large plastic container of diced turkey with no date, a metal container with butter that had no label or date, a metal container of bacon bits with no label or date, and a large plastic container of fat from the preparation of a beef roast with no label or date. Observation of the walk-in freezer revealed a box of beef slabs which was opened and the slabs of beef were sitting on the cardboard box and not in a plastic bag or any sort of container. The exposed beef slabs showed signs of significant freezer burn. Further observation of the walk-in freezer revealed a plastic bag of cookie dough bites were in a plastic bag that were open to air. Continued observation of the kitchen revealed multiple light fixtures through out the area that had various amounts of dust, debris, and dead bugs in them. Observation of the six burner cook top had a thick layer of black food buildup around each of the burners and underneath the burner. The microwave used to hat up and defrost residents food was extremely dirty with brown residue all over it. Interview with DA #750 confirmed all of the above findings at the time of discovery on 08/20/25. Review of the undated policy titled, Food Preparation and Storage, revealed food items will be prepared to co |  |   |  |

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 365033

If continuation sheet Page 1 of 2

## Department of Health & Human Services Centers for Medicare & Medicaid Services

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|  |  |  | NO. 0930-0391  |  |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365033  | (X2) MULTIPLE CONSTRUCTION  A. Building B. Wing  | (X3) DATE SURVEY<br>COMPLETED<br>08/30/2025  |  |
| NAME OF PROVIDER OR SUPPLIER Cedarwood Plaza   |  | STREET ADDRESS, CITY, STATE, ZIP CODE  12504 Cedar Road Cleveland Heights, OH 44106  |  |  |
| For information on the nursing home's  | plan to correct this deficiency, please con  | tact the nursing home or the state survey  | agency.  |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFIC   | ENT OF DEFICIENCIES be preceded by full regulatory or LSC identifying information)   |  |  |
| F 0814  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many | Dispose of garbage and refuse pro  Based observation and staff intervi condition. This had the potential to Findings include: Observation of th beginning at 9:45 A.M. revealed to significant amounts of debris, inclu noticeable food residue), brown ba dumpster, approximately fifteen fee have been run over multiple times used to store excess oil and grease pot of water placed on top of it.Inte | perly.  ew, the facility failed to maintain its duraffect all 104 residents residing in the e outside dumpster area with Dietary Atheleft of the dumpster area, outside ding plastic gloves, used plastic silvery gs, and various other pieces of plastic away, was a cardboard box on the g by vehicles. To the right of the dumpster from the kitchen, and it was observed rview with DA #750 on 08/30/25 confirof discovery. This deficiency represents | mpster area in a clean and sanitary facility. The facility census was 104. Aide (DA) #750 on 08/30/25 of the physical dumpster, were ware, paper plates (many with laying around. In front of the round and the box appeared to er was the facility's grease barrel, it to be open to the air with a stock med the above findings of the |  |
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