

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2025
NAME OF PROVIDER OR SUPPLIER Monterey Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3929 Hoover Road Grove City, OH 43123	

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 - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50536</p> <p>Based on observation, record review, and staff interviews, the facility failed to store, prepare, distribute, and serve foods in accordance with professional standards for food service safety. This had the potential to affect all residents in the facility except one (Resident #34) who was ordered nothing by mouth (NPO) and didn't receive food from the kitchen. The facility census was 111.</p> <p>Findings include:</p> <p>Observation of the kitchen on 03/31/25 at 11:20 A.M. revealed Staff #41 was preparing lunch trays without wearing a beard restraint over his beard.</p> <p>Interview on 03/31/25 at 11:20 A.M. Staff #41, verified he wasn't wearing a beard restraint, and one was required when preparing food for the residents.</p> <p>Interview on 03/31/25 at 11:26 A.M. with the Dietary Manager #500, verified Staff #41 was preparing lunch plates without a beard restraint in place. Dietary Manager #500 stated it was the facility's policy for all food service employees to wear hair and beard restraints while working in the food preparation and service areas of the kitchen.</p> <p>Review of the facility's policy titled Employee Sanitary Practices dated 06/26/20 revealed all nutrition and food service employees would practice good personal hygiene and safe food handling procedures. It was the responsibility of the Food Service Manager or designee to ensure all employees complied with the facility's procedures and all federal, state and local requirements. Food service employees would wear hair restraints such as hairnets, hats, and beard restraints to prevent hair from contacting exposed foods.</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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