

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER King David Post Acute Nursing & Rehabilitation LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 27100 Cedar Rd Beachwood, OH 44122	

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37095</p> <p>Based on observation, staff interview, resident interview, and review of the facility policy, the facility failed to ensure residents received clean silverware with meals. This affected five (Residents #42, #183, #215, #261, and #261) of five residents observed for meal service. The facility census was 266 residents.</p> <p>Findings include:</p> <p>Observation on 07/15/24 at 8:25 A.M. of the dietary cart on the [NAME] unit revealed it contained breakfast trays which had not yet been served to residents. The trays for Residents #42, #183, #215, #261, and #261 revealed the silverware on each of the trays had a translucent yellowish color with occasional small bumps solidified onto the surface.</p> <p>Interview on 07/15/24 at 8:33 A.M with Dietary Manager (DM) #401 confirmed the silverware on the breakfast trays for Residents #42, #183, #215, #261, and #261 was dirty. DM #410 confirmed the dietary staff had been handwashing some dishes due to problems with their dishwasher.</p> <p>Interviews on 07/15/24 at 11:22 A.M. with Resident #75 and at 11:41 A.M. with Resident #73 confirmed sometimes the silverware was dirty when it arrived with meal trays.</p> <p>Review of the facility policy titled Dietary Sanitation dated November 2022 revealed utensils were to be kept clean and in good repair.</p> <p>This deficiency represents noncompliance investigated under OH00155123.</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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