

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Altenheim		STREET ADDRESS, CITY, STATE, ZIP CODE 18627 Shurmer Road Strongsville, OH 44136	

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>44457</p> <p>Based on observation, interview, and facility policy review, the facility failed to ensure appropriate food storage in the kitchen's main freezer and the memory care unit refrigerators. The kitchen area had the potential to affect all residents receiving meals from the kitchen. The facility identified three residents (#36, #78, and #96) who had nothing by mouth (NPO) diet orders. The facility identified 24 residents (#16, #18, #19, #21, #24, #31, #37, #39, #50, #52, #55, #56, #59, #60, #66, #67, #69, #71, #72, #80, #83, #87, #90, and #95) on the memory care unit. The facility census was 115.</p> <p>Findings include:</p> <p>Observation on 07/22/24 from 8:15 A.M. to 8:30 A.M. with Assistant Director of Dietary Services #857 revealed the main freezer had an internal thermometer reading negative 19 degrees Fahrenheit. Inside the main freezer was significant amounts of frozen water drips across the ceiling of the freezer. There were ice crystals formed on boxes of stored food products along the top racks of the freezer. There was ice buildup noted on the two condensers. Assistant Director of Dietary Services #857 indicated she had previously put in a work order with maintenance; however, the freezer had not yet been inspected. There was a box of pretzel rolls spilled onto the floor of the freezer. All kitchen findings were verified at time of observation with Assistant Director of Dietary Services #857.</p> <p>Observation on 07/22/24 at 8:42 AM with Assistant Director of Dietary Services #857 on the secure memory care unit revealed a mini refrigerator freezer located in the nursing station. There was noted ice buildup in the freezer portion of the mini refrigerator freezer. There was a residential refrigerator with a freezer adjacent to the dining area on the memory care unit. There was a large, dried spill of an unidentified brown substance on the bottom shelf of the refrigerator. Assistant Director of Dietary Services #857 removed several staff lunches and beverages from the refrigerator including several bottled beverages, bagged lunches, a box of pizza, and a frozen dinner. The food and beverage products removed were not labeled with a name or date. Assistant Director of Dietary Services #857 indicated the refrigerator was only for resident foods, and staff were not permitted to store their food in the refrigerator. All findings were verified at time of observations with Assistant Director of Dietary Services #857.</p> <p>Review of the undated facility policy labeled Freezer Storage revealed all food would be stored to prevent freezer burn. The freezer should be maintained at a temperature of zero degrees to negative 10 degrees Fahrenheit.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2024
NAME OF PROVIDER OR SUPPLIER Altenheim		STREET ADDRESS, CITY, STATE, ZIP CODE 18627 Shurmer Road Strongsville, OH 44136	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility policy labeled Care and Monitoring of Unit Refrigerators, dated August 2017, revealed resident food or beverages brought in from the outside will be labeled with the resident's name, room number, and dated by nursing. The policy did not address cleanliness of unit refrigerators.		