STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365152	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Schoenbrunn Healthcare	2594 East High Avenue New Philadelphia, OH 44663

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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, review of the facility menu and diet spreadsheet, and interviews the facility failed to ensure menus were followed as prepared in advance and failed to ensure residents were notified of substitutions in advance. This affected nine residents (Resident #14, #18, #25, #28, #31, #42, #46, #56, and #73) of 91 residents who received meals from the kitchen. The facility identified one resident (#9) who did not eat by mouth. The facility census was 92.Findings include:Review of the facility menu for week four Thursday (05/21/26) revealed the lunch meal was planned for honey glazed ham, sauteed asparagus cuts, whipped sweet potatoes, dinner roll and butterscotch pudding with the alternate vegetable being zucchini. Review of the Thursday lunch spreadsheet for 05/21/26 revealed residents were to receive either asparagus cuts or zucchini as the vegetables for the meal and three ounces of honey glazed ham. Review of the Resident Council Minutes dated 04/28/26 revealed an unnamed resident complained they did not receive what they ordered for meals.Observation of meal service on 05/21/26 from 11:45 A.M. until 1:25 P.M. revealed at 12:10 P.M. [NAME] #400 had placed a quarter sized slice of ham on a resident plate and handed it to Dietary Aide (DA) #410 to place on the resident tray for meal service. Observation of the pan of honey glazed ham on tray line revealed the pieces of ham were not the size of three-ounce pieces. When questioned by the surveyor on the portion size, [NAME] #400 obtained a scale and weighed the quarter size slice of ham that had been placed on the plate and confirmed it weighed 1.5 ounces which did not meet the three-ounce portion size per the spreadsheet. [NAME] #400 confirmed the 1.5-ounce portions had been prepared as the portion size. Further observation during tray line revealed they had to cook more ham and honey glaze during tray line because they ran out of honey glazed ham halfway through tray line in order to provide the correct three-ounce portion to the residents. Further observation of the lunch tray line meal service revealed at 12:50 P.M. there was no more sauteed asparagus cuts for the last nine trays. District Dietary Manager (DDM) #411 proceeded to open a can of cooked carrots and heat the carrots in the microwave without adding any seasoning to the carrots. The carrots were removed from the microwave and served to the last nine trays which DDM #411 identified were trays for Resident #14, #18, #25, #28, #31, #42, #46, #56, and #73. An interview at this time with DDM #411 verified she had run out the vegetable on the menu and replaced it with unseasoned carrots out of the can and did not notify the nine residents of the substitution. An observation on 05/21/26 at 1:50 P.M. revealed Resident #46 had not eaten his carrots. An interview at this time with Resident #46 revealed he did not really like cooked carrots. On 05/21/26 at 1:55 P.M. an interview with Resident #73 revealed she was tired of carrots because they had them all the time. Resident #73 stated there was no seasoning on the carrots and she did not like the carrots. This deficiency represents noncompliance identified during investigation of Complaint Number 2999727.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and review of facility policy the facility failed to ensure food was stored, prepared and served under sanitary conditions. This had the potential to affect all 91 residents receiving meals from the kitchen. The facility identified one resident (#9) who did not eat by mouth (NPO). The facility census was 92. Findings include:Observation during the initial tour of the kitchen on 05/21/26 at 8:15 A.M. revealed a 25-pound box of rice was open to air with the rice exposed to the air in the dry storage room. An interview at this time with Manager-in-Training (MIT) #412 verified the rice was open to air and should be in an airtight container. Observation on 05/21/26 at 11:50 A.M. in the facility kitchen revealed the stainless-steel pans stored under the microwave were stored wet. An interview at this time with District Dietary Manager (DDM) #411 verified the pans were wet and should have been air dried prior to storage. Observation on 05/21/26 at 12:20 P.M. in the facility kitchen revealed the plastic warming bases were stacked together wet on a storage rack. An interview at this time with DDM #411 verified the bases were wet and should not have been stored unless air dried. Observation on 05/21/26 at 12:35 PM revealed DDM #425 was making a toasted cheese sandwich with rubber gloves on, and she touched the knob on the stove with her left gloved hand then went over and opened a drawer with her right gloved hand to get a spatula out of the drawer. DDM #425 then touched both of her rear pant pockets so she could get something out of her back pocket for Dietary Aide (DA) #421. Without changing gloves or washing hands, DDM #425 then went back over the stove and picked a piece of bread up with her contaminated gloved hands to continue making the toasted cheese sandwich. An interview at this time with DDM #425 verified the findings and verified she did not change gloves nor wash her hands and put on clean gloves prior to directly touching the bread to make the sandwich. Observation of the kitchenette off of the main dining room on 05/21/26 at 2:13 P.M. revealed the box of iced tea connected to the drink dispensing system had a best by date of 02/05/26. An interview on 05/21/26 at 2:14 P.M. with DA #410 verified the iced tea had a best by date of 02/05/26. Review of the facility policy titled, Food Storage-Dry Goods, dated 02/23 revealed all dry goods would be appropriately stored in accordance with the Food and Drug Administration Food Code. Review of the facility policy titled, Warewashing, dated 12/24 revealed all dishware, service ware and utensils would be cleaned and sanitized after each use. All dishware would be air dried and properly stored. Review of the facility policy titled. Food Preparation, dated 02/26 revealed all staff would practice proper handwashing techniques and glove use.This deficiency represents noncompliance investigated under Complaint Number 2999727.