

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/26/2024
NAME OF PROVIDER OR SUPPLIER Wilmington Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 75 Hale Street Wilmington, OH 45177	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49771</p> <p>Based on observation, staff interview, resident interview, and policy review, the facility failed to ensure food was served warm and palatable. This had the potential to affect all but one Resident (#32) who received food from the facility's kitchen. The facility census was 58.</p> <p>Findings include:</p> <p>Review of the lunch menu for 12/26/24 revealed the residents received a choice of fish patty or chicken fingers, broccoli casserole, dinner roll and Jello for dessert.</p> <p>Observation of meal line service on 12/26/24 from 11:00 A.M. to 12:30 P.M., revealed the lunch meal consisted of a choice of a fish patty or chicken fingers, broccoli casserole and Jello for dessert. Cooking temperatures obtained at this time by using a facility thermometer revealed the fish patty was at 180 degrees Fahrenheit, chicken fingers at 190 degrees Fahrenheit and broccoli casserole at 182 degrees Fahrenheit. Steam table holding temperatures obtained by using a facility thermometer, at the time of plating, revealed the fish patty was at 202 degrees Fahrenheit, chicken fingers at 205 degrees Fahrenheit and broccoli casserole at 197.5 degrees Fahrenheit. Food and beverage items prepared for this meal were confirmed to be consistent with the printed menu. Further observation continued as dietary staff plated the lunch meal from a steam table in the kitchen. As the tray line neared an end, the surveyor requested a test tray be prepared and placed on the B-Hall food cart. Observation was made as the test tray was prepared, placed on the cart at 12:28 P.M., and transported by [NAME] #605 to B-Hall nursing unit where it arrived at 12:30 P.M. The test tray remained on the cart in view of the surveyor, until all other trays were distributed to residents. The test tray was removed from the cart at 12:50 P.M. by [NAME] #605 who used a facility thermometer that confirmed the temperatures of the fish patty, chicken finger and broccoli casserole. The fish patty was 97 degrees Fahrenheit, chicken finger 92 degrees Fahrenheit and broccoli casserole 109.5 degrees Fahrenheit. [NAME] #605 verified the test tray temperatures and the surveyor taste-tested the fish patty, chicken finger and broccoli casserole which were found to be at an unsatisfactory temperature, bland in taste and presentation of food items on the plate was not pleasing to the eye. [NAME] #605 verified the fish patty, chicken finger and broccoli casserole were not hot by the time the test tray was served, and the plating was not pleasing to the eye.</p> <p>Interviews on 12/26/24 from 1:00 P.M. to 1:20 P.M. with Residents #14, #16, #28 and #52 verified the fish and chicken were overcooked which made the breading hard and the meat dry, and the broccoli casserole was dry and had no flavoring.</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
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 12/26/24 at 9:02 A.M. with the Administrator verified there is one Resident (#32) who did not receive food from the facility's kitchen.</p> <p>Review of a policy titled, Food Preparation and Handling, revised 01/05/23, revealed food items are prepared by methods designed to maintain safe temperatures, avoid cross-contamination, prevent food borne illness, conserve maximum nutritive value, and develop and enhance flavor.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00160920.</p>		