

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>Based on review of the Resident Council minutes, observation, staff interview, resident interview and review of the mealtime policy, the facility failed to ensure meals were served in a timely manner. This affected five residents (#13, #31, #47, #48, and #56) of five residents reviewed for frequency of meals and had the potential to affect all 47 residents who received meals from the kitchen. The facility identified one resident (Resident #4) as receiving nothing by mouth (NPO). The facility census was 48. Findings include: Review of the Resident Council minutes dated 01/08/26 revealed meals were often late. Review of the Resident Council minutes dated 02/05/26 revealed meals were often late. Review of the undated facility mealtimes posted at the second-floor nurses' station revealed the second floor was the second cart and should be delivered to the floor at 11:50 A.M. Observation and interview on 03/23/26 at 12:45 P.M. revealed that lunch trays came to the second floor. Licensed Practical Nurse (LPN) #433 verified that the lunch trays for the residents on second floor were 55 minutes late and confirmed the posted mealtime delivery of 11:50 A.M. Interview on 03/24/26 at 8:17 A.M. with Dietary Manager (DM) #449 stated that the times that were posted were when they started tray line for the food cart. When questioned, DM #449 verified the posted mealtimes stated the trays were to be delivered to the second floor at 11:50 A.M. Interviews on 03/24/26 at 1:46 P.M. with Residents #13, #31, #47, #48, and #56 during a resident council meeting for the recertification survey revealed that late meals were a concern. Review of the mealtime policy dated 2023 titled, Frequency of meals, revealed that the facility scheduled three regular mealtimes comparable to normal mealtimes in the community. This deficiency represents non-compliance investigated under Complaint Number 2693841.</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: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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>Based on observation, staff interview and facility policy review, the facility failed to maintain the kitchen in a clean and sanitary manner and failed to ensure foods were stored in a manner to prevent contamination and spoilage. This had the potential to affect 47 of 48 residents that received food from the facility. The facility identified one resident (Resident #4) as receiving nothing by mouth (NPO). The facility census was 48. Findings include: Tour of the kitchen on 03/23/26 from 8:10A.M. through 8:40 A.M. revealed [NAME] #451 and Dietary Aide (DA) #452 were serving breakfast. [NAME] #451 and DA #452 had full beards with no beard covering on. The mixer on a floor stand had food splatter on the back splash, white mix on the top of the mixer, and there was dried food splatter on the stand. In the dry storeroom, there was a bag of vanilla wafers that were not labeled and dated. The walk-in refrigerator's gasket was ripped and had mold on it. In the cooking area, the shelf on the stove had grease, dust, and food residue on it. The wall near the microwave had food splatter on it. There were grease drippings on the stove. In the dish area, there were missing tiles on the floor. Interview on 03/23/26 at 8:40 A.M. with [NAME] #451 verified the above findings. Review of the kitchen sanitation policy dated 05/14 and revised on 06/25 titled, Environment revealed that all food preparation areas, food service areas and dining areas will be maintained in a clean and sanitary condition. This deficiency represents non-compliance investigated under Complaint Number 2693841.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2026
NAME OF PROVIDER OR SUPPLIER Hall of Fame Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2714 13th Street NW Canton, OH 44708	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations, staff interview and review of the facility policy and procedure, the facility failed to ensure a homelike environment. This affected three residents (#9, #10, and #15) of six residents reviewed for physical environment. The facility census was 48. Findings include: 1. Observation on 03/23/36 at 10:42 A.M. of Resident #9's room revealed a hole in the bathroom door. Interview at this time with Housekeeper (HSK) #429 verified the observation. 2. Observation on 03/23/26 at 11:19 A.M. of Resident #15's room revealed a urinal and a pair of scissors were observed on the floor. Interview at this time with Licensed Practical Nurse (LPN) #422 verified the observation. 3. Observation on 03/23/26 at 2:08 P.M. of Resident #10's room revealed long deep gash in the lower part of the bathroom door, and there was a large missing chunk on the rim on trash bin. Interview on 03/23/26 at 3:39 P.M. of Resident #10's room with Director of Maintenance (DOM) #428 verified the observation. Review of the undated policy titled Safe and Homelike Environment revealed housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly, and comfortable environment.</p>		