STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365323	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marion Pointe	409 Bellfontaine Avenue Marion, OH 43302

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	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45751 Based on observation, interview, and policy review, the facility failed to ensure a clean and sanitary environment in the dry storage room in the kitchen. This had the potential to affect all residents who receive food from the kitchen. The facility census was 37. Findings include: Observation on 03/26/25 from 8:36 A.M. to 9:07 A.M. of the dry storage area in the kitchen revealed mouse droppings and urine in a box of thickened orange juice. Mouse droppings observed in the following: silverware container holding packets of ketchup, mustard, and A1 sauce with several packets of ketchup chewed into, on top of box with lasagna noodles, on several unopened boxes, on the top of three peanut butter tubs, on the bottom of soda cans, a bag of chocolate sprinkles, in a box of unopened lime gelatin packets (urine as well as droppings), and all over the storage area. One bag of French-fried onions was observed to be chewed through. Two bags of macaroni noodles, one bag of regular noodles, box of lasagna noodles, large box of shell noodles, and one bag of chocolate sprinkles were opened and not dated. Interview on 03/26/25 at 8:53 A.M. with Dietary Staff #135 and #134 revealed the facility has been actively working on getting rid of the mice. Dietary Staff #135 stated if a mouse would chew through any food products, they would throw it out. Dietary Staff #135 verified the mouse droppings and urine throughout the dry storage area and on the food products. Dietary Staff #135 verified the French-fried onions were chewed through. Dietary Staff #135 stated they are in the process of putting all small single packed items in clear plastic containers with lids so the mice can't get to them. Interview on 03/26/25 at 8:59 A.M. with Dietary Supervisor #136 revealed he verified the mouse droppings and urine throughout the storage area. Dietary Supervisor #136 stated they clean rack to rack to try and clean up the droppings and urine, but it had only been a few days and it is all back again. Dietary Supervisor #136 stated that they have been treating for mice for two months. Interview on 03/26/25 at 10:25 A.M. with the Administrator revealed she was upset with the response from the dietary staff. Administrator stated the dietary staff was aware of the cleanliness issue but did not relay that to the appropriate staff. Administrator stated they have an awesome housekeeping staff that could have cleaned the storage area daily. (continued on next page)

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
	365323	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marion Pointe	409 Bellfontaine Avenue Marion, OH 43302

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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	Review of policy titled, Sanitation-Dietary Services, not dated revealed all kitchens, kitchen areas, and dining areas are kept clean, free from garbage and debris, and protected from rodents and insects. Review of policy titled, Food Receiving and Storage, not dated revealed non-refrigerated foods, disposable dishware and napkins are stored in a designated dry storage unit which is temperature and humidity controlled and kept clean. Dry food and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use. This deficiency represents non-compliance investigated under Complaint Number OH00163794.