

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365351	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/02/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Galion		STREET ADDRESS, CITY, STATE, ZIP CODE 935 Rosewood Dr Galion, OH 44833	

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>45751</p> <p>Based on observation, staff interview, record review, and review of manufacturer guidelines, the facility failed to ensure the dishwasher reach the minimum temperature to sanitize dishware properly. This had the potential to affect all residents who receive food from the kitchen. The facility identified only one resident who did not receive food from the kitchen. The facility census was 46.</p> <p>Findings include:</p> <p>Observation on 12/02/24 at 9:30 A.M. of dishwasher revealed the dishwasher as model ES 2400. Wash temperature was observed to be 110 degrees Fahrenheit (F) and rinse cycle of 130 degrees F.</p> <p>Interview with Dietary Aide #200 verified the wash cycle was only 110 degrees F. Dietary Aide #200 stated she believed it should be at 120 degrees F.</p> <p>Review of the facility's Dish Machine log for November 2024 revealed there were no temperatures documented from 11/13/24 through 11/17/24 for breakfast and lunch. No documentation for 11/19/24 and 11/22/24 for any meal. All other documentation revealed temperatures of 120 degrees F.</p> <p>Review of the dishwasher guidelines revealed the minimum wash temperature was 120 degrees F.</p> <p>This was an incidental finding discovered during the complaint investigation.</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
---	-------	-----------