

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2025
NAME OF PROVIDER OR SUPPLIER  Loveland Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  501 North Second Street Loveland, OH 45140	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 25908</p> <p>Based on observations, staff interviews, and policy review, the facility failed to properly label and store food as well as ensure expired products were disposed of. The facility also failed to maintain clean equipment. This had the potential to affect all 73 residents who receive food from the kitchen. The facility census was 73.</p> <p>Findings include:</p> <p>1. Observations on [DATE] from 8:00 A.M. to 8:15 A.M., in the kitchen, revealed a shallow pan with croutons, covered not dated and a pan with rolls covered with plastic wrap not dated. Observation of the ice machine outside of the kitchen had a scoop in an attached container. The container holding the scoop had a yellow sludge on the bottom with stagnant water. The container had no holes for drainage.</p> <p>Interview on [DATE] at 8:20 A.M., with Dietary Staff #106 confirmed the undated food and condition of the ice scoop.</p> <p>51520</p> <p>2. Observation of the kitchen on [DATE] at 8:55 A.M., with the Dietary Director (DD) #18 revealed there were 11 undated chocolate cakes, 1 undated pitcher of iced tea, 2 undated pitchers of lemonade, and 1 stick of butter with a substance on its wrapper in the walk-in refrigerator.</p> <p>Interview on [DATE] at 8: 59 A.M., with DD #18 confirmed there were 11 undated chocolate cakes, 1 undated pitcher of iced tea, 2 undated lemonade pitchers, and 1 stick of butter with a substance on its wrapper in the walk-in refrigerator.</p> <p>Observation of the kitchen on [DATE] at 9:00 A.M., with the DD #18 revealed the steam tables had a build up of grime and debris.</p> <p>Interview on [DATE] at 9:01 A.M., with the DD #18 revealed the steam tables had a build up of grime and debris.</p> <p>Review of the policy titled ,Food Storage, dated on [DATE], stated all food will be covered, dated, and labeled.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the undated policy titled, Basic Cleaning Equipment, stated all equipment will be washed and sanitized after every use.</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>51520</p> <p>Based on observation, staff interview, and review of policy, the facility failed to ensure the garbage cans in the kitchen food preparation area garbage receptacles were covered to prevent cross contamination and pest control. This had the potential to affect all 73 residents who receive food from the kitchen. The facility census was 73 residents.</p> <p>Findings include:</p> <p>Observation on 04/16/25 at 9:05 A.M., revealed the kitchen garbage receptacle by the primary handwashing sink and the garbage receptacle on the opposite side of the dishwashing sink next to a prep-area counter were not covered.</p> <p>Interview on 04/16/25 at 9:06 A.M., with Dietary Director #18 confirmed the garbage receptacles in the kitchen food preparation areas were not covered with lids.</p> <p>Review of the undated policy titled, Garbage Cans stated the facility should cover the garbage cans when not in use.</p>		