

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365551	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/19/2024
NAME OF PROVIDER OR SUPPLIER Clovernook Health Care and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7025 Clovernook Avenue Cincinnati, OH 45231	

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>50007</p> <p>Based on record review, staff interview, review of job description, the facility failed to ensure they employed a qualified Dietary Manager. This had the potential to affect all 115 residents who received food from the kitchen. The facility census was 115.</p> <p>Findings include:</p> <p>Interview on 09/18/24 at 9:14 A.M. with Dietary Manger (DM) #92, revealed she did not have a certified dietary manager certificate, certified food service manager certificate, a national certification for food service management and safety from a national certifying body or at least an associate degree in food service management.</p> <p>Interview on 09/18/24 at 11:14 A.M. with the Regional Director of Operations (RDO) #140, verified DM #92 did not meet the minimum qualifications to be a Dietary Manager.</p> <p>Review of a job description for Director of Food Service revealed the Director of Food Service must be registered as a Food Services Director in the state and will assist in planning, developing, organizing, implementing, evaluating, and directing the Food Services Department, its program and activities.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00157178.</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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