

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365567	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2025
NAME OF PROVIDER OR SUPPLIER Slovene Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 18621 Neff Rd Cleveland, OH 44119	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews and record review the facility failed to provide food at appetizing temperatures. This had the potential to affect 189 of 196 facility residents. The facility identified seven residents (Residents #119, #120, #126, #149, #155, #166, #186) as receiving nothing by mouth (NPO). The facility census was 196. Findings include: An observation on 08/18/25 at 08:20 A.M. of tray line revealed a test tray was prepared and placed on the food cart at 8:23 A.M. and transported by dietary staff to the [NAME] North unit where it arrived at 8:26 A.M. The test tray remained on the cart in view of the surveyor, until all other trays were distributed to residents. The test tray was removed from the cart at 8:42 A.M. by Kitchen Manager (KM) #354 who used a facility thermometer that revealed all foods were not at appetizing temperature. The waffle was 92.4 degrees Fahrenheit (F), the cream of wheat was 135.6 degrees F, and the ham was 92.4 degrees F KM #354 verified at the time of the observation that the ham and waffle were not hot and not served at appetizing and palatable temperatures. An interview on 08/18/25 at 11:11 A.M. with Resident #121 revealed her breakfast was delicious but staff had to reheat it on the floor because it was served cold to her. An interview on 08/18/25 at 12:59 P.M. with Certified Nursing Assistant (CNA) #316 revealed there were complaints about cold food all the time. An interview on 08/19/25 at 11:09 A.M. with Resident #127 revealed food was usually cold when delivered to the resident room. She said when she eats in the dining room the food was not cold. Review of the Resident Concern Log from January 2025 through August 2025 revealed cold food concern on 01/23/25 and 06/24/25. This deficiency represents non-compliance investigated under Complaint Number 1378227 (OH00166201).</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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