

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365691	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2024
NAME OF PROVIDER OR SUPPLIER  Legacy Mentor		STREET ADDRESS, CITY, STATE, ZIP CODE 8200 Mentor Hills Drive Mentor, OH 44060	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>38522</p> <p>Based on observation, interview and review of the menu and spreadsheet, the facility failed to provide the alternate entree at the appropriate portion size. This affected two residents (#24 and #73) of two residents observed to receive the alternate on lunch on 12/18/24 out of 98 residents receiving food from the kitchen (Resident #53 was ordered nothing by mouth). Facility census was 99.</p> <p>Findings include:</p> <p>Review of the menu for Week Two revealed a meal on Wednesday (corresponding to 12/18/24) lunch including cheese ravioli with marinara sauce with a portion size listed as one cup.</p> <p>Review of the diet guide spreadsheet for Day 11 Wednesday (corresponding to 12/18/24) lunch revealed the entree of cheese ravioli with marinara sauce was to be provided in a one-cup portion for those on a regular diet.</p> <p>Observation on 12/18/24 starting at 11:37 A.M. revealed trayline was set for the lunch meal consisting of chicken, cranberry orange sauce, Brussels sprouts, garden blend rice, dinner roll and an alternate of cheese ravioli in marinara sauce. Observation while Certified Dietary Manager (CDM) #399 took temperatures of the foods to be served revealed the ravioli had a green-handled spoodle in it that provided a four-ounce (half-cup) serving.</p> <p>Continued observation on 12/18/24 at 11:51 A.M. revealed meals began to be served for residents eating in the dining room. Two trays were observed to be plated receiving the ravioli entree and [NAME] #415 was observed to be providing one four-ounce scoop of the ravioli both times.</p> <p>Interview on 12/18/24 at 12:37 P.M. with CDM #399 and District Manager (DM) #398 verified eight ounces (one cup) of ravioli was supposed to be served at the lunch meal and if staff were going to use a four-ounce scoop to serve, then two scoops of ravioli were to be provided. Two residents were identified as receiving the alternate of ravioli, Resident #24 and Resident #73.</p> <p>Interview on 12/18/24 at 3:41 P.M. with Resident #73 verified he received ravioli at lunch this date.</p> <p>Interview on 12/18/24 at 3:56 P.M. with Resident #24 verified she received ravioli at lunch this date.</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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F 0803  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	This deficiency represents noncompliance investigated under Complaint Number OH00160242.		