

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365740	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Astoria Place of Clyde, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Helen Street Clyde, OH 43410	

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 - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>31638</p> <p>Based on food sample, resident interview, staff interview, and policy review the facility failed to assure residents were served food at an acceptable temperature. This affected 20 residents (#32, #34, #35, #37, #38, #39, #40, #42, #43, #44, #46, #47, #50, #51, #52, #53, #56, #58, #61, and #62) who received meal trays on the 200 hall. The facility census was 53.</p> <p>Findings include:</p> <p>Interview with Residents #13 and #15 on 01/21/25 between 11:28 A.M. to 1:35 P.M. revealed meals on the hall trays were served cold at times. The residents stated sometimes they would ask staff to reheat the food, or they ate just ate the food cold.</p> <p>Observation of meal tray service on 01/21/25 on the 200 hall revealed the food cart arrived to the hall at 11:42 A.M. Staff began to serve the trays to residents within two minutes. A test tray was checked for food temperature at 11:51 A.M. with Dietary Assistant #535. The shrimp temperature was 100 degrees Fahrenheit and the french fries were 118 degrees Fahrenheit. The food tasted cold and the shrimp had no flavor.</p> <p>Interview with Director of Nutritional and Food Services #540 on 01/21/25 at 11:53 A.M. verified the food temperatures and acknowledged the food temperatures were below required temperatures for serving.</p> <p>Review of the facility policy titled Food Production dated 01/02/24 revealed food items will be prepared to conserve maximum nutritive value, develop and enhance flavor and to be free of injurious organisms and substances.</p> <p>This violation represents non-compliance investigated under Complaint Number OH00160861.</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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