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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365785 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/24/2025 |
| NAME OF PROVIDER OR SUPPLIER Willowood Care Center of Brunswick | | STREET ADDRESS, CITY, STATE, ZIP CODE 1186 Hadcock Rd Brunswick, OH 44212 | |

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) |
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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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and policy review the facility failed to ensure the kitchen was maintained in a clean and sanitary manner. This had the potential to affect 68 residents receiving meals from the kitchen. The facility identified four residents (Resident #25, #47, #70, and #71) who did not eat by mouth (NPO). The facility census was 72. Findings include: An observation was conducted on 09/22/25 at 10:40 A.M. of the facility kitchen with Dietary Manager (DM) #300 and revealed the following sanitation concerns: there was a moderate build-up of grime around the air vents above the range where food was prepared, a moderate build-up of dirt and grease on the wall behind the convection oven extending to the extinguisher bottle of the hood fire suppression system, and grime underneath the ice machine. The ice machine exterior had scale build up on the front and sides of the ice machine, and inside of the ice machine walls, when DM #300 wiped the walls with a paper towel during the observation, a black substance wiped off onto the paper towel from the interior walls of the ice machine. There was also a layer of dust on top of the ice machine, grime under the fountain drink machine, and dried, sticky residue on the side of the fountain drink machine. On the vent register cover behind the food steamer, and on the fire extinguisher box nearest to the door leading to the dining room, both were heavily coated with streaks of dried debris. On the hot beverage machine there was a moderately heavy layer of dried-on ground coffee. The above findings were verified with DM #300 at the time of the kitchen observation. Review of the policy titled Sanitation of Food Service Department, dated 2008, noted the food service staff would clean and maintain the cleanliness of the food service department through a comprehensive cleaning schedule and staff will be held accountable for cleaning assignments. This deficiency represents non-compliance investigated under Complaint Number 2584630.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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