

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365794	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER Pataskala Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 East Broad Street Pataskala, OH 43062	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain the kitchen environment and store food in a sanitary manner. This deficient practice has the potential to affect all residents who receive meals prepared in the facility kitchen. The facility identified four residents (#32, #73, #81, and #90) who received nothing by mouth. The census was 58. Findings include: 1. Observation of the facility kitchen occurred between 10:29 A.M. and 11:58 A.M. on 06/23/26. The facility had both a walk-in freezer and walk-in refrigerator in the kitchen. A number of food items were observed in these areas opened and undated. Observation of the walk-in freezer found a bag of sausage links, bag of meat patties, Ziploc bag of waffles, bag of chicken wings, and a plastic tray of cupcakes all opened and undated. During an interview at 11:16 A.M. on 06/23/26, Dietary Aide (DA) #34 confirmed that the items listed in the walk-in freezer were opened and undated. Observation of the walk-in refrigerator found a bag of lettuce, bag of parmesan cheese, and crates of pasteurized eggs that were opened and undated. During an interview at 11:19 A.M. on 06/23/26, DA #33 confirmed that the items listed in the walk-in refrigerator were opened and undated. Review of the facility's Sanitation Inspection policy (reviewed 08/25) indicated the facility will conduct inspections to ensure food service areas are clean, sanitary, and compliant with regulations. The policy directs staff to inspect refrigerators and coolers daily. 2. Observation of the facility kitchen occurred between 10:29 A.M. and 11:58 A.M. on 06/23/26. The facility had a dishwasher in the kitchen that was observed during this time. The dishwasher was a low temperature dishwasher (American Dish Service model AFC-3D-S.) The dishwasher had requirements for sanitary function printed on the dishwasher. Those requirements stated a wash water temperature minimum of 120 degrees Fahrenheit (F), a rinse water temperature minimum of 120 degrees F, and a minimum 50 parts per million (ppm) chlorine sanitizer rinse. A wash cycle observed from 10:57 A.M. to 11:00 A.M. on 06/23/26 showed wash water at 128 degrees F and rinse water at 136 degrees F. Activities Manager (AM) #24 performed a chlorine test at 11:00 A.M. using a Hydrion test strip, which should turn purple if chlorine is above 50 ppm. The strip did not change color. During an interview at 11:00 A.M. on 06/23/26, AM #24 confirmed the test strip did not change color. AM #24 confirmed that the test strip should have changed color to indicate adequate chlorine content, but it did not. Review of the Sanitation Inspection policy (reviewed 08/25) further stated that the dietary manager will conduct weekly inspections to ensure food service areas meet sanitation regulations. 3. A second observation was conducted of the facility kitchen between 2:52 P.M. and 2:54 P.M. on 06/23/26. The top of the Baker's Pride oven had a noticeable layer of dust that adhered to the finger when touched. A stainless steel shelf above the stove burners was coated with grease, appeared yellowish, and felt sticky. During an interview between 2:52 P.M. and 2:54 P.M. on 06/23/26, after observing and touching the top of the oven and shelf above the stove, DA #48 confirmed the presence of dust on the oven and grease on the shelf. Review of the Food Preparation and Sanitation Audit dated 04/29/26, completed by Dietitian #95, documented that the tops of the oven and range required cleaning. Review of the facility's Sanitation Inspection policy (reviewed 08/25) reiterated the requirement for weekly inspections to ensure food service areas remain clean and compliant with sanitation and food service regulations. This deficiency represents non-compliance investigated under Complaint Number 3036428.		

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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