

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365880	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Coshocton		STREET ADDRESS, CITY, STATE, ZIP CODE 100 South Whitewoman Street Coshocton, OH 43812	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations, staff interviews, and facility policy review the facility failed to maintain sanitary conditions in the kitchen during meal service by not wearing facial hair covering and handling food with bare hands. This affected one resident (Resident #5) and had the potential to affect all residents residing in the facility. The facility census was 54.</p> <p>Findings Include:</p> <p>A review of the medical record for Resident #5 revealed an admission on [DATE] with diagnoses including but not limited to dementia, weakness, and indigestion. Resident #5 required assistance from staff to complete activities of daily living (ADL) tasks and was independent with eating.</p> <p>A review of Resident #5's physician orders revealed an order dated 05/15/25 for a regular, mechanical soft texture, thin liquids consistency diet and preferred small portions.</p> <p>A review of Resident #5's admission Minimum Data Set (MDS) assessment dated [DATE] revealed Section K - Swallowing/Nutritional Status was marked as receiving a mechanically altered diet.</p> <p>A review of Resident #5's plan of care dated 05/21/25 revealed Resident #5's dental status as having no teeth requiring soft textured foods and mechanically altered textured foods.</p> <p>Observation on 06/12/25 at 11:30 A.M. revealed [NAME] #222 preparing Resident #5 a cheeseburger for the lunch meal. [NAME] #222 placed a slice of bread on the plate using bare fingers. [NAME] #222 placed a scoop of ground meat onto the slice of bread using a serving scoop and then picked up a slice of cheese with bare fingers and placed the cheese on top of the ground meat. [NAME] #222 finished preparing the sandwich by placing the other slice of bread on top of the cheese with bare fingers.</p> <p>An interview on 06/12/25 at 11:40 A.M. with [NAME] #357 confirmed [NAME] #222 did not use gloves or utensils to handle the slices of bread and the cheese while preparing Resident #5's cheeseburger during service of the lunch meal.</p> <p>An observation during the lunch meal service tray line on 06/12/25 from 11:20 A.M. to 11:50 A.M. revealed [NAME] #222 and [NAME] #351 were standing behind the steam table preparing trays and serving food. Both [NAME] #222 and [NAME] #351 had facial hair that was not covered by a beard covering.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 06/12/25 at 11:40 A.M. with [NAME] #357 confirmed both [NAME] #222 and [NAME] #351 had uncovered facial hair while preparing meal trays and serving food.</p> <p>An interview on 06/12/25 at 11:50 A.M. with the Dietary Manager (DM) #246 revealed [NAME] #222 should have used gloves or a utensil while preparing Resident #5's cheeseburger when handling the slices of bread and the slice of cheese. DM #246 also stated facial hair should be covered while preparing and serving food and there were beard covers available for use in the kitchen.</p> <p>A review of the facility's food handling policy dated 09/01/21 revealed food would be stored, prepared, handled and served so that the risk of foodborne illness was minimized.</p> <p>Review of the resident diet list provided by the facility revealed all residents received food prepared in the kitchen.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00166119.</p>