

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365927	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER Regina Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5232 Broadview Rd Richfield, OH 44286	

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 - Some</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>Based on observation, menu spreadsheet review, portion control chart review, diet order review, and interview, the facility failed to ensure the menu was followed for nutritional adequacy. This affected four residents (Resident #61, #65, #71 and #33) and had the potential to affect all 54 residents (Resident #1, #2, #3, #4, #6, #8, #9, #10, #11, #12, #15, #17, #20, #22, #23, #25, #29, #31, #32, #33, #35, #36, #37, #40, #41, #42, #43, #45, #46, #47, #48, #49, #50, #52, #55, #56, #57, #60, #61, #62, #63, #65, #66, #69, #71, #72, #74, #76, #79, #80, #81, #83, #84, and #89) who were served food from the 2B kitchenette/dining. The census was 90.</p> <p>Findings include:</p> <p>Review of the Week Three Menu Spreadsheet for lunch for residents ordered a pureed texture diet revealed to use a four-ounce scoop for pureed chicken and a half of a cup scoop (four ounces) for pureed cauliflower.</p> <p>Review of the Week Three Menu Spreadsheet for lunch for residents ordered a regular diet revealed to use a half of a cup (four ounce) scoop for cheesy potato casserole.</p> <p>Review of the Week Three Menu Spreadsheet for lunch for residents ordered a ground texture diet revealed to use a four-ounce scoop for ground chicken.</p> <p>Review of the undated Portion Control Chart revealed a #16 scoop was two ounces, a #12 scoop was two and two-third ounces, a #10 scoop was three ounces, and a #8 scoop was four ounces (half of a cup).</p> <p>Interview on 06/11/25 at 9:00 A.M. with Registered Nurse (RN) #3 revealed Resident #19 was ordered a pureed diet and RN #3 had requested the resident receive double portions.</p> <p>Observation on 06/11/25 at 11:25 A.M. in the 2B kitchenette/dining room on the second floor revealed Dietary Aide (DA) #7 placed serving scoops in each individual food pan on the steamtable. At 11:36 A.M., DA #7 began serving food to Resident #61, Resident #71 and Resident #65's meal trays. DA #7 used a #16 scoop (two ounces) to serve the pureed cauliflower, a #16 scoop (two ounces) to serve the pureed chicken and partially filled the two-ounce scoop of country gravy for all three residents. DA #7 continued serving and used a #10 scoop (three ounces) to serve the scalloped potatoes. Lastly, DA #7 used a #12 scoop (two and two-third ounces) to serve the ground chicken to serve Resident #33's meal. Interview, during the observation, with DA #7 and DA #8 verified incorrect serving sizes were being served.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 365927
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 06/11/25 at 12:25 P.M. with Chef #2 verified residents received less food than the amount indicated on the menu spreadsheet.</p> <p>Interview on 06/11/25 at 12:45 P.M. with Registered Dietitian (RD) #6 verified it was the expectation for the dietary staff to follow the menu spreadsheet for serving scoop sizes.</p> <p>Review of the diet order report dated 06/11/25 revealed Residents #1, #2, #3, #4, #6, #8, #9, #10, #11, #12, #15, #17, #20, #22, #23, #25, #29, #31, #32, #33, #35, #36, #37, #40, #41, #42, #43, #45, #46, #47, #48, #49, #50, #52, #55, #56, #57, #60, #61, #62, #63, #65, #66, #69, #71, #72, #74, #76, #79, #80, #81, #83, #84, and #89 were ordered either a regular texture diet, ground texture diet or pureed texture diet.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165764.</p>		