

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Momentous Health at Sidney		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Buckeye Ave Sidney, OH 45365	
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 - Potential for minimal harm</p> <p>Residents Affected - Many</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 observations, staff and resident interviews, and review of the facility weekly menus, the facility failed to ensure sufficient supply of coffee was available for residents as per the facility menu and failed to ensure menus were available for resident review. This had the potential to affect 38 out of 38 residents who receive meals from the kitchen, the facility identified one (#13) who does not receive meals from the kitchen. The facility census was 39. Findings include: Review of the facility's weekly menu contained documentation to support coffee would be offered daily with breakfast. Further review revealed of the weekly menu revealed documentation for alternate vegetable and assorted dessert but did not specify what vegetable or dessert was to be served for lunch or supper. Observations on 12/02/25 at 8:50 A.M. revealed the weekly or daily menu was not posted/displayed in the dining area or common areas for residents to review. Interview on 12/02/25 at 8:58 A.M. with Resident #22 stated he was not offered coffee with his breakfast that morning. Interview on 12/02/25 at 10:24 A.M. with Resident #18 stated he had to drink hot chocolate with his breakfast because the facility did not have any coffee available to serve. Interview on 12/02/25 at 10:50 A.M. with Dietary Manager #205 stated he only had enough coffee for one pot to be served at breakfast and that he had to run to the grocery store after breakfast to buy more for rest of the day. Dietary Manager #205 stated he was not aware that some residents did not receive coffee as requested for breakfast. Dietary Manager #205 confirmed the facility did not have a menu posted for meals being served. Dietary Manager #205 stated most residents come to the kitchen to ask the kitchen staff what would be served that day for the meals. Dietary Manager #205 stated the weekly menus were created by a contracted food service company and that the weekly menu did not specify what vegetables or dessert was being served daily. The facility confirmed 38 out of 38 residents residing in the facility receive meals from the kitchen, the facility identified one (#13) who does not receive meals from the kitchen. Interview on 12/02/25 at 11:42 A.M. with State Tested Nursing Assistant (STNA) #200 confirmed the facility did not have a weekly or daily menu posted in the dining area or common areas of the facility. STNA #200 stated staff and residents would go to the kitchen to ask what meals were being served on that day. Interview on 12/02/25 at 2:01 P.M. with Resident #23 confirmed the facility did not post the menu for resident review. Resident #23 stated he had to ask the staff daily what meals were being served for that day. This deficiency represents non-compliance investigated under Complaint Number 2677510.</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: 366033
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