

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2026
NAME OF PROVIDER OR SUPPLIER Glendora Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1552 North Honeytown Road Wooster, OH 44691	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed ensure the resident's received the proper portion size on the diet tickets. This affected Resident #20 and had the potential to affect eight other residents who were to receive ground chicken salad for the meal. The facility census was 38. Findings include: Review of the medical record for Resident #20 revealed an admission date of 5/28/25. Diagnoses included Alzheimer's disease and diabetes mellitus. Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #20 was moderately cognitively impaired and required set up assistance from staff for eating. Review of the physician's orders for March 2026 revealed Resident #20 was ordered a regular diet with dysphasia advanced texture and thin consistency liquids. Observation of lunch tray line service on 03/19/26 at 12:15 P.M. revealed Resident #20's meal ticket stated she was supposed to get ground chicken salad utilizing #10 scoop (3.75 ounce). [NAME] #107 plated Resident #20's ground chicken salad using one scoop with #16 scoop (two ounces), placed the other food items on the tray, and the put the lid on top of the plate and put into the food cart. Dietary Aide (DA) #109 pulled Resident #20's tray out of food cart and [NAME] #107 verified the scoop that he was portioning the ground chicken salad out was a #16 scoop (two ounces) instead of a #10 scoop (3.75 ounce). Observation and interview on 03/19/26 at 12:17 P.M. with [NAME] #107 revealed the serving size should be three ounces and went to the scoop chart in the kitchen, which showed the #16 scoop was only two ounces. [NAME] #107 then changed out the scoop to a #10 scoop to serve ground chicken salad from the tray line. Interview on 03/19/26 at 1:30 P.M. with Dietary Manager (DM) #108 revealed she thinks [NAME] #107 was nervous and that was why he got the wrong scoop out. DM #108 stated she should have checked the serving utensils prior to tray service. Review of the undated recipe for chicken salad revealed that a #10 scoop of chicken salad should be placed between two slices of bread. This deficiency represents non-compliance investigated under Complaint Number 2786863.</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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