STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366044	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gardens of Paulding The	199 County Road 103 Paulding, OH 45879

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, review of a cleaning checklist, staff interview, and policy review, the facility failed to ensure the kitchen was properly cleaned and maintained in a sanitary manner, and failed to ensure food items were stored in a manner to prevent contamination. This deficient practice had the potential to affect all 39 residents who received food prepared in the kitchen. The facility census was 39.Findings include:Observation on 05/20/25 at 8:40 A.M. revealed food debris, small pieces of paper and paper towel, and dirt accumulation at the entryway of the kitchen. Further observation of the kitchen revealed the interior of the microwave contained an unknown splattered yellow substance. The gas stove had loose charred substances in the corners of the burners along with rice-like debris scattered around the burner surfaces. The standˆup refrigerator contained an unknown dried substance with visible streaking at the bottom of the unit and the exterior door had multiple unidentified splatters. Continued observation revealed the dry storage area contained multiple broken orange plastic pieces scattered across the floor along with visible dirt accumulation. A scoop was also observed stored inside the flour bin within the dry storage area.Review of the cleaning checklist dated 05/19/26 revealed all items were marked as completed by the night shift.Interview with Dietary Director (DD) #1 on 05/20/26 A.M., during the kitchen observations, revealed the entry area to the kitchen was only cleaned once per month an stated there was not enough time in the routine schedule to clean the area more frequently. DD #1 verified all observations noted above at the time of the findings.Review of the facility policy titled, Sanitation and Food Safety, dated 08/01/23, revealed the kitchen area shall be kept clen, free from litter, and rubbish.Review of the undated facility policy titled, Cleaning Instructions, revealed to store scoops in a covered container.This deficiency represents non-compliance investigated under Complaint Number 2966042.

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