

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER Rae Ann Geneva		STREET ADDRESS, CITY, STATE, ZIP CODE 839 W Main Street Geneva, OH 44041	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>37095</p> <p>Based on observation, interview and policy review, the facility failed to serve food at appropriate temperatures. This had the potential to affect 61 residents who eat food prepared by the facility (all residents except Resident #21, #28, and #62). The total census was 64.</p> <p>Findings include:</p> <p>Interview with Resident #56 on 12/26/24 at 8:27 A.M. revealed the food was often served cold.</p> <p>Observation of a test tray for breakfast on 12/26/24 at 9:22 A.M. revealed it contained scrambled eggs, toast, and canned pears. The toast tasted unpalatably cool. The eggs tasted unpalatably lukewarm and had a temperature of 123 degrees Fahrenheit. No concerns were noted with the pears. The food was served on a room temperature plate and covered with a clear plastic lid.</p> <p>Interview with Dietary Director #301 on 12/26/24 at 9:25 A.M. confirmed the above findings. She said residents had raised past concerns with the food temperature. The facility did not have a plate warmer and only had five rubber dish containers to maintain heat.</p> <p>Review of the facility's food and nutrition services policy dated 10/2017 revealed food was to be served at a safe and appetizing temperature. It did not specify an exact range for warm foods to be served at.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00160288.</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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