

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/05/2024
NAME OF PROVIDER OR SUPPLIER  MT Alverna Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  6765 State Road Parma, OH 44134	

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>35768</p> <p>Based on observations, interview, review of facility menu and review of staff training, the facility failed to follow menus in regard to portion sizes and recipes in regard to food preparation. This affected 29 (#78, #80, #81, #82, #83, #86, #87, #88, #89, #91, #93, #96, #100, #101, #103, #104 #107, #108, #112, #113, #114, #115, #116, #118, #122, #123, #124, #125, and Resident #126) of 49 residents residing on the east wing of the third floor.</p> <p>Findings include:</p> <p>Review of the menu for the current week revealed lunch on 10/23/24 was chicken dumpling soup, country fried chicken with gravy, roasted potatoes and carrots, pudding, and milk. The portion size of the chicken dumpling soup indicated an eight ounce serving and to use an orange-colored scoop.</p> <p>Observations of meal service on the third floor servery on 10/23/24 at 12:15 P.M. revealed staff were plating country fried steak without the gravy. During the observation Dietary Director (DD) #201 asked the staff why are you not putting gravy on the steak? Dietary Aide (DA) #202 stated the gravy is not on the meal ticket so I wasn't sure if I should put it on the steak. DD #201 stated you guys are killing me! DA #202 then stated, I don't have anything to serve the gravy with. DD #201 then directed DA #202 to use the scoop with the holes it, it should be able to keep enough gravy to cover the steak. DA #202 followed the direction provided; however, the gravy, which was watery (like an au jus), ran through the holes and did not cover the fried steak. DA #202 and DD #201 verified using the scoop with holes was not effective. Continued observations at approximately 12:17 P.M. revealed DA #203 ladling soup into small bowels using a green scoop which provided 4.5 ounces. Most of the bowels were observed to have mainly broth and little to no chicken, dumplings or vegetables. When questioned, DA #203 said I am using the correct scoop, if I fill the bowl with more chicken, dumplings and vegetables, we will run out of soup quickly. DD #201 verified the wrong scoop size was being used to portion the soup for the meal.</p> <p>Review of the recipe for the brown gravy revealed staff were to brown flour into shortening, add water or stock gradually, stirring constantly with a wire whip: cook until smooth and thickened.</p> <p>Interview on 10/23/24 at 2:14 P.M., [NAME] #200 revealed no flour was available so corn starch was used to thicken the gravy. [NAME] #200 stated I can't make it the right way if I don't have the stuff.</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
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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>Review of staff training dated 10/16/24 revealed [NAME] #200, DA#202 and DA #203 received education including kitchen sanitation, proper food storage, tray prep/meal prep, and proper food temperature maintenance and serving.</p> <p>Review of the facility census dated 10/23/24 revealed Residents #78, #80, #81, #82, #83, #86, #87, #88, #89, #91, #93, #96, #100, #101, #103, #104 #107, #108, #112, #113, #114, #115, #116, #118, #122, #123, #124, #125, and Resident #126) resided on the east wing of the third floor.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158730 and OH00157687.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>35768</p> <p>Based on observations, resident interviews, staff interviews, review of facility menus, review of staff trainings, and review of policies and procedures, the facility failed to maintain appropriate and appetizing food temperatures. This had the potential to affect 29 (Resident #78, #80, #81, #82, #83, #86, #87, #88, #89, #91, #93, #96, #100, #101, #103, #104 #107, #108, #112, #113, #114, #115, #116, #118, #122, #123, #124, #125, and Resident #126) of 49 residents residing on the east wing of the third floor.</p> <p>Findings include:</p> <p>Interview on 10/23/24 at 8:37 A.M. with Resident #74 revealed foods that were supposed by hot were served warm.</p> <p>Interview on 10/23/24 at 8:53 A.M. with Resident #89 revealed the food was not hot.</p> <p>Observations of food preparation in the third floor servery on 10/23/24 at 12:22 P.M. revealed country fried steak and roasted potatoes with carrots being plated for meal delivery. After the foods were placed on a plate, a cover was placed on the plate and the plate placed on tray. Interview with Dietary Aide (DA) #202, at the time of the observation, revealed the facility stopped placing the plated meals on heating pallets. A test tray was requested.</p> <p>The test tray arrived onto the third floor east unit at 12:28 P.M. and was sampled at 12:39 P.M. with Wound Nurse #204. The country fried steak was salty, lukewarm and dry to taste and the potatoes and carrots were cool to taste. The temperature of the steak was 98 degrees Fahrenheit (F), and the carrots and potatoes were 78 degrees F. At the time of the test tray, Wound Nurse #204 confirmed the above findings.</p> <p>Interview on 10/23/24 at 1:00 P.M., with Dietary Director (DD) #201 revealed he had been working at the facility for approximately eight months. During those eight months DD #201 terminated half of the kitchen staff due to work performance. DD #201 stated he had been hiring and training staff on all aspects of kitchen procedures including storing and prepping food and infection control practices. DD #201 further revealed the kitchen staff were not conducting a tray line that was effective in keeping food warm. New procedures included taking the food to the serveries on each floor to plate, and once plated the food was covered a lid. DD #201 confirmed since the serving procedures changed, staff no longer used warming pallets.</p> <p>Review of staff training dated 10/16/24 revealed [NAME] #200, DA #202 and DA #203 received education including tray prep/meal prep, proper food temperature maintenance and serving. The trainings revealed the staff had either passed their orientation or demonstrated competency.</p> <p>Review of the facility's undated policy Guidelines for Holding Food, revealed food should be held at 135 degrees F or higher.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's undated policy Serving Food Safely, revealed staff should follow the guidelines to maintain food at a safe temperature of 140 degrees F or above. It also indicated to remember the temperature rules to keep food hot (140 degrees F or above) with warming trays.</p> <p>Review of the facility census dated 10/23/24 revealed Residents #78, #80, #81, #82, #83, #86, #87, #88, #89, #91, #93, #96, #100, #101, #103, #104 #107, #108, #112, #113, #114, #115, #116, #118, #122, #123, #124, #125, and Resident #126) resided on the east wing of the third floor.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00158730 and OH00157687.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35768</p> <p>Based on observations, interviews, staff training, and policy review, the facility failed to maintain a sanitary kitchen and failed to ensure food and liquids were stored in accordance with professional standards for food safety. This had the potential to affect all 142 residents residing in the facility and receiving food from the facility's main kitchen.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>Observations of the kitchen on 10/23/24 at 11:30 A.M. revealed wet and dry food debris that covered the floor of the entire kitchen. The garbage receptacle had a lid that split in the middle to allow trash to enter the can, the lid had a heavy layer of dry food debris covering the lid. The reach in refrigerator had dried food and liquid debris on the shelving. The dispensing spouts for the coffee maker had caked on dry liquid. A five-gallon bucket, which was located on the dirty side of the kitchen near the dishwasher, had broken porcelain plates and other miscellaneous items in it and it was filled with fruit flies. The observations of the kitchen were verified with Dietary Director (DD) #201. DD #201 then directed kitchen staff to start cleaning the floor.</li> <li>Observations of the kitchen refrigerator on 10/23/24 at 11:50 A.M. with Dietary Aide (DA) #202 revealed an undated container with a small number of strawberries and grapes located at the back of the refrigerator.</li> </ol> <p>Interview on 10/23/24 at 11:50 A.M. with DA #202, revealed the container of strawberries and grapes were from last week and outwardly questioned why no one took it out of the refrigerator.</p> <ol style="list-style-type: none"> <li>Observations of the kitchen refrigerator on 10/23/24 at 11:50 A.M. revealed eight undated containers of tomatoes and cucumbers. There were also two small individual serving sized milk containers that were opened and a half gallon of apple cider undated. The observations were verified by the Dietary Director (DD) #201.</li> </ol> <p>Interview on 10/23/24 at 11:50 A.M. with Dietary Aide (DA) #202 and DA #203 revealed the two small milk containers and the apple cider was from the staff. They stated the staff kept placing their personal items in the refrigerator.</p> <p>Review of the staff training dated 10/16/24 revealed [NAME] #200, DA #202 and DA #203 received education including kitchen sanitation and proper food storage. The trainings revealed the staff had either passed their orientation or demonstrated competency.</p> <p>Review of the facility policy titled, General Storage Guidelines, undated, indicated staff should label ready-to-eat foods prepped in-house that are held for more than 24-hours. Staff must label the name of the food and date by which it should be eaten or discarded. The policy also indicated that staff were to keep storage areas clean and dry, and they were to keep clean floors, walls and shelving in coolers, freezers, and dry-storage areas.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	This deficiency represents non-compliance investigated under Complaint Number OH00158730 and OH00157687.