STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366095	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pavilion at Edgefield for Nursing and Rehabili	836 West 34th Street NW Canton, OH 44709

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on observation, interview, and facility policy review, the facility failed to ensure snack items were available at all times for residents. This had the potential to affect all 61 residents who received meals/snacks from the kitchen. Findings Include:Observations on 05/11/26 from 9:00 A.M. to 9:41 A.M. during the initial facility tour revealed no snack trays/storage visible anywhere on all three residential hallways.Observation on Monday, 05/11/26, during the kitchen tour at 10:10 A.M. revealed in the dry food stock room the shelf was empty of snack items for the residents.Interview on 05/11/26 at 10:15 A.M. with the Dietary Manager #260 confirmed the shelf in the dry food stock room was empty of snack items. The Dietary Manager #260 stated food ordering was completed on Mondays, and the food delivery was on Thursdays, with the food items being stocked and put away in the kitchen on Thursdays. There were snack items available as of last Friday, though the Dietary Manager stated they were not sure why the shelf was empty of snack items for the residents.Interview on 05/11/26 at 1:13 P.M. with Resident #12 revealed there were no snacks available this past Saturday or Sunday. Resident #12 stated there were snacks after supper and before bedtime and the staff would pass the snacks out or they could get them from the nurse's area, though Resident #12 stated she had to purchase her own snacks sometimes since they didn't give them snacks on a regular basis.Interview on 05/11/26 at 1:31 P.M. with Licensed Practical Nurse (LPN) #282 revealed the evening snacks for the residents were not available routinely. LPN #282 stated the kitchen staff were to deliver the snack trays around 7:00 P.M. Sometimes the trays came out later, and sometimes the trays don't come out at all. When the snack trays were delivered, they were kept at the nurse's desk and passed out by the night shift staff.Review of the facility's policy titled Frequency of Meals dated 2001 revealed evening snacks will be offered routinely to all residents.This violation represents non-compliance investigated under Complaint Number 2995524.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366095	A. Building B. Wing	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pavilion at Edgefield for Nursing and Rehabili	836 West 34th Street NW Canton, OH 44709

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and facility policy review, the facility failed to maintain a clean and sanitary area around the dumpsters and failed to ensure facility trash was placed in the dumpsters. This deficient practice had the potential to affect all 61 residents residing in the facility. Findings Include: Observation on 05/11/26 at 10:40 A.M. revealed a fenced area with two large dumpsters inside the fence. There were multiple full clear trash bags around the outside base of the two dumpsters laying on the ground and partially under the dumpsters. There was also a small couch sitting next to the dumpster fence that was not wrapped in plastic.Interview on 05/11/26 at 10:45 A.M. with the Dietary Manager #260 confirmed the multiple clear trash bags on the ground around and under the dumpsters and the small couch which was not wrapped in plastic. The Dietary Manager #260 stated the dietary staff and the housekeeping staff monitor the dumpster area and clean up around it as needed.Review of the facility's policy titled Grounds dated 09/2008 revealed facility grounds shall be maintained in a safe and attractive manner.This violation represents non-compliance investigated under Complaint Number 2995524.