

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/24/2024
NAME OF PROVIDER OR SUPPLIER  Otterbein Sunset House		STREET ADDRESS, CITY, STATE, ZIP CODE  4020 Indian Rd Toledo, OH 43606	

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 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>47057</p> <p>Based on observation, staff interview, and review of the facility policy, the facility failed to seal and date opened food items in the freezer. This had to potential to affect all 19 residents residing in the facility.</p> <p>Findings include:</p> <p>Observation on 06/24/24 of the kitchen's freezer from 7:20 A.M. to 7:45 A.M. revealed an opened, unsealed, undated bag of Alaskan polluck, an opened, unsealed, undated bag of turkey sausage, an opened, unsealed, undated bag of seasoned beef patties. Interview on 06/24/24 at 7:25 A.M. with Dietary [NAME] #202 verified the finding.</p> <p>Interview on 06/24/24 at 1:26 P.M. with the Administrator stated all residents were getting food from the kitchen and there were no residents nothing by mouth.</p> <p>Review of the facility's Food Storage and Policy and Procedure, last revised 05/2013, revealed all food is to be stored, labeled and dated properly to assure stock rotation and prevent food illness.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154237.</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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