

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2025
NAME OF PROVIDER OR SUPPLIER The Sanctuary at Tuttle Crossing		STREET ADDRESS, CITY, STATE, ZIP CODE 4880 Tuttle Road Dublin, OH 43017	

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>Based on observation and staff interview, the facility failed to store, prepare, distribute, and serve food in a safe and sanitary manner. This had the potential to affect all 49 residents residing in the facility. The facility census was 49. Findings include: Observation of the kitchen on 08/14/25 at 9:35 A.M. revealed the freezer temperature was 12 degrees Fahrenheit on the outside thermometer and 9 degrees Fahrenheit on the inside thermometer. Further observations revealed the freezer had built-up chunks of ice on the floor with pieces of pasta embedded in the ice and a chunk of hair stuck to the ice on the floor. The walk-in refrigerator, when opened, had a strong mildew odor and an unknown black substance along the entire length of the side and back walls. A pool of water had accumulated in the glass surrounding the lightbulb, which was slowly dripping onto the floor, causing the floor to be wet and the refrigerator felt very humid. The ceiling of the refrigerator had dust buildup in front of the fan. Interview on 08/14/25 at 9:44 A.M. with Kitchen Staff #192 confirmed all the above findings. Interview on 08/14/25 at 9:50 A.M. with Dietary Manager #152 confirmed the findings and stated she had no cleaning logs for the kitchen. Observation of the kitchen on 08/14/25 at 11:29 A.M. revealed additional concerns, including an unknown black substance behind the dishwashing sink, dirt buildup around the entrance door, black buildup behind and under the trash can by the handwashing sink, and dirt accumulation on floors and walls in corners and behind shelving. Interview on 08/14/25 at 11:35 A.M. with Dietary Manager #152 confirmed the above findings. Observation on 08/14/25 at 11:47 A.M. with Kitchen Staff #173 revealed food tray temperatures at the end of the 200 hall as follows: chicken 119 degrees Fahrenheit, vegetables 128 degrees Fahrenheit, and stuffing 137 degrees Fahrenheit. When tasted, the food was warm but not hot. Interview on 08/14/25 at 12:01 P.M. with Kitchen Staff #173 confirmed that the food was not hot and holding temperatures were below the 135 degrees Fahrenheit mark. The facility confirmed all 49 residents receive meals from the kitchen. This deficiency represents non-compliance investigated under Complaint Number 2577530.</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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