STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366183	A. Building B. Wing	03/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seasons Nursing and Rehab	456 Seasons Rd Stow, OH 44224

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 42011 Based on observation, resident and staff interview, taste of a test tray, and review of the facility policy, the facility failed to ensure meals were served at a palatable temperature. This affected nine residents (#3, #6, #12, #13, #23, #27, #33, #40, and #45) and had the potential to affect all 47 residents residing at the facility who receive food from the kitchen. Findings include: Interviews on 03/03/25 between 10:07 A.M. and 11:00 A.M. with Resident #3, #6, #12, #23, #40 and #45 revealed their food was not warm enough when served. Observation and interview on 03/03/25 at 12:11 P.M. of the food/tray service in the dining room revealed the steam table sat in the dining room in front of the kitchen entrance door. Dietary Manager #221 and Dietary Assistant #232 were plating the residents food from the steam table. The meal included meatball subs with mozzarella cheese, French fries and strawberries and bananas mixed with cottage cheese. There was no steam coming from the steam table and the plug to the steam table was lying on the floor and not plugged in. Dietary Manager #221 stated there was no outlet within reach that supported the cord. The steam table was purchased approximately six months ago, and was used to serve all the residents meals since purchased but was never plugged in. Dietary Assistant #232 stated she poured hot water in the pans to keep the food warm prior to putting the food on the table. Observation revealed Dietary Assistant #232 lifted the pan the french fries were in and confirmed the water in the pan below it was chilled to touch. Interview in the dining room on 03/03/25 between 12:16 P.M. and 12:24 P.M. with Residents #45, #23, #13, and #27 stated their food was cold and was often served cold. Observation on 03/03/25 at 12:35 P.M. revealed six resident trays were served to resident rooms on a food cart. The last tray was a test tray. (continued on next page)

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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 03/03/25 at 12:40 P.M. with Dietary Manager #221 confirmed all residents trays were passed. Dietary Manager #221 observed, obtained food temperatures and tasted the food on the test tray with the surveyor. The cheese on the meatball sub appeared stiff and translucent. It was not appealing to the eye. The temperature of the french fries were 79 degrees Fahrenheit (F), the meatballs were 82 degrees F and the cottage cheese with strawberries and bananas were 59 degrees F. The meatballs tasted nearly room temperature; the french fries tasted cold/chilled inside. Dietary Manager #221 also tasted the food and confirmed the french fries tasted cold and the meatballs were not warm enough to taste palatable. Dietary Manager #221 stated the temperatures of the food were obtained after cooking it on the stove. Dietary Manager #221 confirmed the food temperatures were never obtained after placing it on the steam table and before serving it. Interview on 03/03/25 at 2:45 P.M. with Resident #33 stated his food was not hot enough when served. Review of the facility's undated policy titled Food Temperature Logs revealed to maintain a high level of quality assurance and to monitor potentially hazardous food temperatures as per state and federal health regulations thus ensuring that foods are provided in a safe, palatable manner. Food temperatures must be recorded on hot and cold foods prior to service. All employees are responsible for notifying their supervisor of any food items that are not in the regulated safe acceptable service ranges (below 41 degrees F or above 135 F). This deficiency represents non-compliance investigated under Complaint Number OH00161296.

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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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. 42011 Based on observation and resident and staff interview, the facility failed to ensure equipment used for storing and serving residents hot foods from was in good, working condition. This affected nine residents (#3, #6, #12, #13, #23, #27, #33, #40, and #45) and had the potential to affect all 47 residents residing at the facility who receive food from the kitchen. Findings include: Interview on 03/03/25 between 10:07 A.M. and 11:00 A.M. with Residents #3, #6, #12, #23, #40 and #45 stated their food was not warm enough when served. Observation and interview on 03/03/25 at 12:11 P.M. of the food/tray service in the dining room revealed the steam table sat in the dining room in front of the kitchen entrance door. Dietary Manager #221 and Dietary Assistant #232 were plating the residents' food from the steam table. There was no steam coming from the steam table and the plug to the steam table was lying on the floor and not plugged in. Dietary Manager #221 stated there was no outlet within reach that supported the cord. The steam table was purchased approximately six months ago, and was used to serve all the residents since purchased but was never plugged in. Dietary Assistant #232 revealed she poured hot water in the pans to keep the food warm prior to putting the food on the table. Observation revealed Dietary Assistant #232 lifted the pan the french fries were in and confirmed the water in the pan below it was chilled to touch. Additional interviews in the dining room on 03/03/25 between 12:16 P.M. and 12:24 P.M. with Residents #45, #23, #13, and #27 stated their food was cold and was often served cold. Interview on 03/03/25 at 2:45 P.M. with Resident #33 stated his food was not hot enough when served. This was an incidental finding during the complaint survey.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42011 Based on observation, resident and staff interview, record review and review of the facility policy, the facility failed to ensure the resident's environment was maintained in a safe, sanitary. and comfortable environment. This affected one resident (#40) and had the potential to affect all 47 residents residing at the facility. Findings include: Record review for Resident #40 revealed an admitted [DATE]. Diagnoses included bipolar disorder, seizures, and anxiety disorder. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #40 was cognitively intact. Observation on 03/03/25 at 10:24 A.M. of Resident #40's room revealed the walls had several deep gouges (make (a groove, hole, or indentation) with or as with a sharp tool or blade), in all of the walls. The walls were also dirty. There was a vent on the floor next to Resident #40's bed that was not secured to the floor and was approximately two to three inches shorter than the hole made for a floor vent. The bottom cove base was torn and partially removed from the walls. There was embedded dirt in all corners and base of the floor. Resident #40 stated it was always like that and he doesn't like it. Observation and interview on 03/03/25 at 10:35 A.M. with the Director of Nursing (DON) of Resident #40's room confirmed the walls with several long deep gouges, the missing and broken cove bases, the corroded dirt on the floors, and the unsecured vent on the floor that did not cover the entire hole. The DON confirmed the walls in the hallways of the facility had multiple chips, gouges and dirt on the walls, the cove bases had multiple areas throughout the facility that was beveled out and or missing pieces. The doorways leading to the shower room and entrances to additional hallways had multiple chips throughout the facility, large areas of missing and scraped paint and large gouges and indentations on both sides of the doorway frames. A vent located on the floor in the hall in front of room eight was indented in, not secured, beveled up on both sides and when stepped on, it lifted from the floor revealing the hole underneath. The DON confirmed all the above. Review of the facility policy titled Resident Environmental Quality dated 11/29/22 revealed it is the policy of this facility to be designed, constructed, equipped, and maintained to provide a safe, functional, sanitary and comfortable environment for residents, staff and public. This was an incidental finding discovered during the complaint survey.