

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Canterbury Villa of Alliance		STREET ADDRESS, CITY, STATE, ZIP CODE 1785 Freshley Avenue Alliance, OH 44601	

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 serve food in a sanitary manner. This had the potential to affect all 70 residents (except Resident #31 and Resident #57 who had orders for nothing by mouth) who received food from the kitchen. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the Foundations Health Solutions Foodservice Audit, dated 05/27/25, revealed a Certified Nursing Assistant (CNA) was observed handling a sandwich with bare hands while assisting residents with meal service.</p> <p>Observation on 05/30/25 at 11:49 A.M. of tray line revealed [NAME] #100 touched a slice of cheese with her bare hands and placed it on a burger patty. Interview at the time of observation with [NAME] #100 confirmed she grabbed the cheese with her bare hand. [NAME] #100 stated that she was told not to wear gloves during tray line by management.</p> <p>Review of a list of resident diets revealed Resident #31 and Resident #57 received nothing by mouth.</p> <p>Review of Infection Control-Dietary/Food Handling Policy revised date of March 2016 revealed staff must wear single-use gloves before handling ready-to-eat food.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00165294.</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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